

**SDI FINAL EVALUATION FORM 1.1**

**PART 1:**

Journal Name:	<b>Journal of Pharmaceutical Research International</b>
Manuscript Number:	<b>Ms_JPRI_120216</b>
Title of the Manuscript:	<b>Palliative Care Knowledge, Among Physicians in King Abdullah Medical City, Makkah, Saudi Arabia, 2024, Cross Section Study</b>
Type of Article :	<b>Original Research Article</b>

**PART 2:**

<b>FINAL EVALUATOR'S comments on revised paper (if any)</b>	<b>Authors' response to final evaluator's comments</b>
<p>This has improved to some extent                      The English needs to be reassessed throughout – the examples given have bene adjusted but there are many others that need to be corrected  <b>The areas outlined before do not seem to have been addressed:</b>                      Line 293 – age may be important as younger doctors may have received appropriate training / education, which was not provided for older doctors, this needs to be discussed                      Line 307 – it is unclear what beliefs are being discussed here                      The figure of the numbers of participants in the other studies is not needed</p>	<ul style="list-style-type: none"> <li>- <b>Area outlined before has been adjusted with more detailed for better explanation</b></li> <li>- <b>Line 293: Palliative care is often considered a subspecialty that physicians may encounter at the fellowship level rather than during their core medical education or board training. As a result, it is not commonly included in the curricula of many medical universities or board training programs. This trend means that older physicians, who may have had more opportunities to specialize in or be exposed to palliative care throughout their careers, tend to have more experience and expertise in this field compared to their younger counterparts.</b></li> <li>- <b>This lack of early exposure can create a gap in knowledge and skills among newer physicians, potentially impacting the quality of palliative care they can provide.</b></li> <li>- <b>Line 307: Beliefs about the end-of-life encompass cultural, religious, and personal views on death, dying, and what constitutes a good death. These beliefs influence decisions regarding life-sustaining treatments, advance directives, and preferences for care. Palliative care significantly influences beliefs and decisions related to the end-of-life by promoting informed decision-making, focusing on quality of life, providing comprehensive support, and reducing fear and anxiety.</b></li> <li>- <b>Figure can be omitted but it's requested by another reviewer. From authors point view tables alone are sufficient for clear elaborations</b></li> </ul>