

REVIEWER'S REPORT

The paper provides a clear and accessible description of PCA mechanisms, routes of administration, and clinical applicability, making it useful for multidisciplinary readers.

4. Balanced Discussion of Benefits and Risks

The manuscript appropriately acknowledges both advantages (autonomy, rapid pain relief, consistent analgesia) and risks (sedation, respiratory depression, misuse).

5. Practical Clinical Recommendations

The concluding section offers actionable guidance for clinicians, nurses, and hospice teams, enhancing the translational value of the review.

6. Ethical Awareness

Ethical considerations surrounding end-of-life care and opioid use are well integrated throughout the manuscript.

2. Weaknesses of the Manuscript

1. Methodological Limitations

Although described as a systematic review, the manuscript lacks full compliance with established systematic review standards (e.g., PRISMA checklist, risk-of-bias assessment).

2. Limited Evidence Base

Only five studies met inclusion criteria, limiting the strength and generalizability of the conclusions.

3. Heterogeneity of Included Studies

The included studies vary widely in design, population, and outcomes, making synthesis and comparison challenging.

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4. Database Search Restriction

The literature search was limited primarily to PubMed and Google Scholar, potentially missing relevant studies indexed in other databases.

5. Narrative Bias

Several sections rely heavily on descriptive or opinion-based language rather than analytical synthesis of evidence.

6. Repetition and Length

The Introduction, Discussion, and Conclusion sections contain overlapping content, leading to redundancy.

3. Significance of the Study

This review contributes to the limited but growing body of literature on the use of PCA in hospice and end-of-life care. By synthesizing available evidence, it highlights the potential role of PCA in improving pain control, patient autonomy, and quality of life for terminally ill patients. The manuscript is particularly significant for nursing practice, hospice care policy, and interdisciplinary palliative care teams, as it emphasizes safe opioid use and informed clinical decision-making. Despite methodological constraints, the study underscores an important gap in high-quality research on PCA in hospice settings and encourages further investigation.

4. Key Points

PCA can be an effective and safe method for managing pain in selected hospice patients.

Patient autonomy and immediate access to analgesia are major advantages of PCA in end-of-life care.

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Risks such as oversedation and respiratory depression necessitate careful patient selection and monitoring.

Education of patients, caregivers, and healthcare providers is essential for safe PCA use.

Evidence supporting PCA use in hospice care is limited, highlighting the need for further robust clinical studies.

PCA aligns well with hospice goals when used within a structured, patient-centered care framework.

Overall Reviewer Conclusion

The manuscript is clinically meaningful and relevant, but methodological strengthening and structural refinement are necessary. With appropriate revisions, it has the potential to make a valuable contribution to hospice and palliative care literature.