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REVIEWER'S REPORT

Manuscript No.: IJAR-55479

Title: Patient Controlled Analgesia (PCA) for Hospice Care: Benefits and Risks – A Systematic Literature Review

Recommendation:

Accept as it is
Accept after minor revision
Accept after major revision
Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		<input checked="" type="checkbox"/>		
Techn. Quality		<input checked="" type="checkbox"/>		
Clarity		<input checked="" type="checkbox"/>		
Significance		<input checked="" type="checkbox"/>		

Reviewer Name: Sahil Srivastava

Detailed Reviewer's Report

1. General Comments: This manuscript presents a systematic literature review examining the benefits and risks of Patient-Controlled Analgesia (PCA) in hospice care settings. The topic is highly relevant, clinically important, and well aligned with the philosophy of hospice and palliative care, particularly in relation to patient autonomy, dignity, and comfort at the end of life.

The manuscript is clearly written, logically structured, and demonstrates a sound understanding of palliative pain management principles.

2. Originality: The manuscript's focus on hospice-specific implications, ethical framing, and nursing perspective adds value. The integration of patient autonomy, safety, and dignity strengthens originality within the hospice context.

3. Technical Quality: Clear inclusion and exclusion criteria, Use of recognized databases (PubMed, Google Scholar), Transparent study selection process with a PRISMA-style flow

Limitations (Minor): The review is described as systematic, but no formal quality appraisal tool (e.g., CASP, JBI) is mentioned. The Risk of bias assessment is not clearly reported.

Recommendation: Briefly clarify whether a formal quality assessment was conducted or acknowledge this as a limitation.

4. Clarity and Organization

Areas for Improvement:

- Some sections (especially Discussion and Conclusion) are slightly repetitive
- Certain sentences are overly conversational for a scientific journal

Recommendation: Tighten language, reduce repetition, and adopt a slightly more formal academic tone in the Discussion.

5. Significance and Contribution

The manuscript:

- Reinforces the importance of patient-centered pain management
- Highlights nursing responsibilities in PCA safety
- Addresses common misconceptions about opioid use at end of life

6. Methodology Evaluation

Suggested Minor Improvement:

- Specify whether the review followed PRISMA guidelines
- Clarify if article screening was done by one or more reviewers
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7. Results and Interpretation

- Results are accurately summarized
- Table 1 is relevant and informative
- Discussion appropriately integrates findings with hospice philosophy

However:

- Explicit differentiation between IV PCA, subcutaneous PCA, and intrathecal PCA could improve clarity
- Risks could be summarized once in a concise table or bullet format