Author's response to reviews

Title: Withholding and withdrawing life-sustaining therapy in a Moroccan Emergency Department: An observational study

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Version: 2 Date: 25 June 2011

Author's response to reviews: see over
Dear editor in chief:

Many thanks for your decision letter dated 23 Mai concerning the manuscript MS: 4027928155245663 - Withholding and withdrawing life-sustaining therapy in a Moroccan Emergency Department: An observational study]

Many thanks also for the priority you have offered us to revise the work; so we are glad to send you the revised manuscript where the modified and added sentences were underlined. Indeed, we join to this letter our point-by-point response to the reviewers.

Thank you again for your support concerning our study.

With best regards,

Prof. Redouane Abouqal

Here are the responses to the reviewers:

Responses to reviewer Hans-Henrik Bülow

**MAJOR ISSUE**

Q: The authors state that the study was done without the knowledge of all staff members (last line in the section study design and setting).
However, I am unfortunately unable to understand then, how data were collected?

R: Your point is well taken. Indeed, I have not explained that the doctor was interviewed: Data were collected by a single senior member who was never involved in the decision of withholding and withdrawal of life-sustaining treatment. He interviewed every day the doctor (who documented specifically his action) about all patients who died in emergency department in the last 24 hours. (Data collection page 4 line 19)
Q: The authors state that data were collected by a senior member who was not involved in the decisions of WH and WD. But on top of the 2nd page of the results it is stated: “the decision to limit life-support procedures was recorded in the medical file for only one patient”, and the same is shown in table 1. Did the senior doctor observe what was happening and then concluded from his observations? Unlikely since the study covered a 5 month period.

R: I think that it joined the first response. Data collection was done by interviewing the doctor and not on medical records. If a decision to limit life support was taken, the senior member searched if the decision was documented in medical record or not (data collection): If a decision to limit life support was taken (page 4, line 32) ………………………. “the presence of a written account of the decision in the patient’s medical record” (page 5, line 16).

Q: But if the doctors did not specifically document their actions, document that they held talks with the nurses, document that they talked with the families concerning EOL decisions, and if medical staff did not document that the action they took was because of EOL considerations, how do you then know what was going on??

R: Data were collected by a single senior member who was never involved in the decision of withholding and withdrawal of life-sustaining treatment. He interviewed every day the doctor (who documented specifically his action) about all patients who died in emergency department in the last 24 hours. (Data collection page 4 line 19)

- If the doctor took the decision alone: whether a single emergency physician,
- Or in the presence of several physicians: in presence of a medical staff,
- When the opinions of nurses were taken: involvement of nursing staff in the decision.
- And the opinions of patient and his families: Involvement of patients and families in the decision-making process
Q: How do the authors then know that initiation of the decision-making process WH/WD was done by a single ED physician with the nursing staff in 18 cases (78%), and without the nursing staff in 5 cases (22%) (table 1). And how do the authors know that nurses were involved in the decision making process in 88.9% of the cases if it was not documented somewhere? And how do they know that families were involved in 38 out of 54 EOL decision if it was not documented.

R: I think that, when the reader will know that data collection was based on interviewing the doctor and not from the medical records, these informations were clearer. All informations are obtained and then calculated on the basis of physician responses:

- When the asked doctor took the decision alone, we asked whether the opinions of nurses was taken (18), or not (5).

- Whether the asked doctor took the decision alone, or in the presence of a medical staff, in all cases, we asked whether the opinions of nurses were taken. Thus, on 54 EOL decisions, nurses participated in 48 cases (88.9%).

Q: And I find the figure of nursing involvement in 89% of the cases surprisingly high, because previous studies from Southern Europe have much lower figures. (One example is the Ethicus study where nurses were involved in 66% of the EOL decisions in the Southern part of Europe) and I would expect data from a Muslim country to be lower ------- unless we are talking about male nurses?

R: Indeed, it is a finding. However, the gender of nurses who participated in the decision was not specified. But I do not think this parameter was responsible, since there is no such discrimination in the health field in Morocco (at least that’s what I think, being a woman. It deserves to be studied.)
The figure of nursing involvement in 89% of the cases was surprisingly high, because previous studies from Europe have much lower figures [8,22,32]. This high rates, could be related to the relatively young age of our emergency doctors (mean of age: 32 years), who benefits from the nurse experience 50 years on average. Generally, the ED staff did not feel prepared for caring for the dying in the ED. Nursing staff relied on learning from others and experience [23].

**OTHER IMPORTANT ISSUE**

Q: The reference list contains 40 references. But primarily older studies. There are two studies from 2005, one study from 2008 and another study from 2010. Hereby 36 studies are from 2004 or older. I would suggest that they update their reference list with newer studies.

R: Effectively, we took into consideration your Note, and the following references were included:


Q: The authors list 15 studies from critical care medicine (4-19), but they should also include the Ethicus study which is the largest prospective study ever done.

R: The Ethicus study was included in the references:


Q: The references are not numbered correctly in the text.

- In the 7th line in the discussion they list references (8, 32-34) but it is not number 21 but 22 which is the correct reference here.

R: You are right, the reference 21 is not numbered correctly in the text: However, few studies have focused on this decisions in the ED in Western countries [4-6, 8,23,24,32-34]. (Discussion section: Page 7, line32)

Q: And in the section on limitations 8th line they refer to number 40 which is wrong in this context).

R: You are right, this references is not correct, it was deleted.

The authors have a lengthy discussion about Muslim faith and EOL discussions.

Q: At one place they use reference 36 which is from 1938. It would be reasonable touse more updated material if you want to discuss what is valid thinking within the Muslim society in 2010.

R: the reference 36 which is from 1938, and argument using this reference was deleted. More updated material was used, based on the following references that you suggest for me


R: Thank you for these references, I used the references 2 and 3 but I could not found the first.

Q: In the discussion then see if you can point out major differences/similarities between Islamic physicians/nurses and other Western physicians/nurses

R: The similarities between our results and those in western countries suggest similarities between Islamic physicians and other Western physicians in EOL decisions. Although Islam has some doctrinal differences from Judaism and Christianity. The 3 monotheistic religions, Judaism, Christianity and Islam, believe in the same God and shares essentially the same code of morality [36]. (Discussion section: Page 10 line 3)

Minor issues

Q: Both in the abstract and in the text the authors comment on the use of sedatives and analgesic. However, the statement given is without interest since exact dosing is not documented. They should delete this statement.

R: This statement was deleted both in the abstract and in the text.

Q: The study is referred to as a prospective study? Please clarify what the prospective aspect of this study is.

R: Indeed, it is not a prospective study, it is a survey

Q: It is now common when you write about EOL decisions to use the terms WH and WD and not WDLS as you do.

R: I replaced in all the text WH and WDLS by WH/WD

R: the publishing year was added: 1998

Q: Table 1. Text under the table: Several individuals can involve----- should be canbe involved

R: “Several individuals can involve.....” was replaced by “Several individuals can be involved......”

Q: It would be much easier for the reviewer of you numbered your pages before forwarding them to a journal for publication.

R: The pages are numbered.

Responses to reviewer Philippe Le Conte:

Q: The discussion is too long and has to be reduced:
R: We have reduced discussion section

Q: This sentence “Citizen of Arab Muslim countries are governed by the Sharia law” was replaced by:
R: Morocco is an Arab Muslim country where religious and cultural issues often play a vital role in decision making by families and physicians [27]. Islamic bioethics is an extension of Shariah (Islamic law), which is itself based on: ......... (discussion section: page 8 line 11)

Q: However, the writing is not in fact completely correct and the whole manuscript has to be reviewed:

R: Your remark was taken into consideration, and we have contributed to a new linguistic correctness