Reviewer's report

Title: Pediatrician's Perspectives on Discharging Against Medical Advice (DAMA) among Pediatric Patients: A Qualitative Study

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Reviewer: Saskia Jünger

Reviewer's report:

Overall comment

The manuscript Pediatricians’ Perspectives on Discharging Against Medical Advice (DAMA) among Pediatric Patients: A Qualitative Study reports on a research which is highly relevant for clinical practice, ethics and medical education, as well as for a cross-cultural understanding of medical practice. The title accurately conveys the scope of the research and the abstract clearly outlines the background, aims, methods and the results of this study. The authors manage to point out the interest and the relevance of their findings. The background section conveys the relevance of this study based on previous research. The aims and the research question are well described and sound very interesting. The authors have chosen an appropriate research design; however, the methods could be described more transparently (details see comments further below). The data are assumed to be sound but this does not always become evident from the description of the results. It should be made more evident how the statements in the results section have been derived from the focus group discussion, e.g. by illustrating the themes and categories with selected quotations from the participants (details see comments further below). The discussion is fragmented throughout the results section. The paragraphs provide important insight regarding the interpretation and implications of the findings. However, a coherent discussion section supported by the literature, placing the findings in the international research context, and stating the limitations of the work is missing. The conclusion section is very clear, concise and meaningful. It summarises the crucial findings of the study and provide an important insight to the reader. I am not a native speaker but I think that this manuscript will need a language revision (details see comments further below).

Major Compulsory Revisions

1. In the paragraph “Research design” the rationale for the choice of the methodology is not well described. The wording “a focus group discussion approach was used to better outline the dynamics...” in my view is not appropriate – “better outline” in comparison to which other method? Also, it is not clear why this method is especially suitable for situations where at least 2 paediatricians are handling one patient. I assume this is since these are physicians from the same team knowing each other and having handled patients together – but this does not become evident to the reader first reading this methods section (it only becomes clear later when reading the “Research setting”
section where it says “...handled by an assigned attending physician team comprised of two pediatric residents.”

2. In general, in the methods section more details should be provided about the procedure of the focus group discussion in the section “Data collection”, e.g. duration, introduction (how was the discussion opened), informed consent.

3. The section “Analysis” in my view is not clear and appears slightly redundant while not providing meaningful and convincing information. The procedure needs to be described much more transparently. Several topics should be addressed more clearly regarding the analysis:

# Which method was used (e.g. qualitative content analysis, Grounded Theory)?
# How were the themes derived from the text?
# Why and how were the themes identified through deduction? Which were the theoretical concepts that where deduced and how was this based on the literature / other sources?
# Was there another researcher cross-checking the categories?
# What does it mean that “dominant themes were identified and refined”? How?
# Optional: provide an example illustrating how a category was deduced from the text.

4. I would strongly recommend to subdivide the “Results and discussion” section into a results section and a discussion of the results. (This should also be adapted in the abstract accordingly).

5. In general, in the results section quotations from the focus group discussion should be provided in order to illustrate the categories and enhance the transparency of the findings and of the categories derived from the data.

6. Results section, paragraph “Definition of DAMA”: the last section of this paragraph should be moved to the discussion section since this does not refer to the results of this study.

7. In general, in the results section it is not always evident that certain statements result from the things that the participants of the focus group have said during the discussion. This is reinforced by the fact that the results and the discussion are mixed up and that sometimes explanatory statements are given. For example, in the section “Factors considered before giving the DAMA order”, at the end of the paragraph “The fourth major factor” it says that “While malpractice suits are not that common in the country, many relatives can complain and threaten the resident. .....” This is very important background information – however, I wonder whether this was said during the focus group discussion (and therefore is a finding from the study) or whether it is rather an explanatory remark by the author and therefore should be moved to the discussion. At least it should be highlighted which parts are findings from the focus group and which ones are background information included to add to the reader’s understanding.

Another example is the first sentence of the second paragraph under “Factors considered before giving the DAMA order” – it says that the first thing the
A paediatrician thinks about is the reason behind such a request. Here it is not clear whether this is a general observation (from own clinical experience, literature etc.) or whether it is a direct finding from the study. Therefore, I would recommend making this more evident by wordings such as “The participants stated that...” or “From the discussion it became clear that...” etc.

8. In general, the order of the reported findings is often confusing and the thread is difficult to follow. For example, in the section “Factors considered before giving the DAMA order”, end of the second paragraph it says “If the reason for DAMA is modifiable by the paediatricians, their first resource is to fix the situation in favour of the parents to alleviate the difficulties in continuing treatment. When the paediatricians feel like they cannot do much to help their patient’s family, then they sign out the casa as DAMA.” This is a very strong and interesting finding and in my view also has the potential of a main theme / category since the title of the paper refers to the paediatricians’ perspectives. Therefore, I would suggest mentioning this first - maybe in the beginning of the paragraph in relation to the paediatricians’ attempt to find the underlying reason for the DAMA request. It might even be strengthened by introducing it with “In general, the paediatricians’ statements during the focus group discussion show that if the reason for DAMA is...”. Afterwards, I would illustrate this finding with examples such as the attempt to find alternative solutions for financial difficulties by e.g. shelling out money for medications.

9. In general, a separate discussion section should be added. In this section, the results should be discussed more in detail against the international literature and it should be mentioned more clearly in how far the results of this study confirm the findings of previous research or are just different.

Also, cultural issues should be reflected more in detail and possibly contrasted with findings in other countries / cultures. For example, in the last sentence of the “Conclusion” section, it says that every training institution should include ethical, legal and moral aspects of learning into their training programmes. Here, in my view it would be important to point out in more detail the concrete ethical issues that should be addressed and also refer to classical biomedical ethics literature (e.g. Beauchamp, T. & Childress, J. (2001). Principles of Biomedical Ethics. Oxford: University Press; United Nations Educational, Scientific and Cultural Organization (2006). Universal Declaration on Bioethics and Human Rights. United Nations Educational, Scientific and Cultural Organization; Division of Ethics of Science and Technology. Paris, 2006. http://unesdoc.unesco.org/images/0014/001461/146180E.pdf). It should also be considered referring to education programmes with a similar scope reported in other publications in order to reflect on the possible use of such a training / the requirements to enhance its effect on the paediatricians’ skills described in this study.

10. Also, implications for future research could be mentioned, for example a broader questionnaire survey throughout the country based on these explorative results.

11. In the section “Factors considered before giving the DAMA order”, third paragraph, further below, the section starting with “This should be an important
insight as in some studies...” should be moved to the discussion section. This paragraph is very interesting and meaningful since it provides a critical reflection of the findings in the light of the literature and also against the cultural background.

12. In the section “Factors considered before giving the DAMA order”, paragraph “The second major factor”: the last sentence (“This conflict of terms...”) should be moved to the discussion section since it is not a direct finding from the study. It is an important sentence providing implications for the clinical practice and possibly also for medical education.

13. The same is true for the last sentences of the paragraph “The third major factor” starting with “... ; therefore, being a subjective parameter...”. This also should be moved to the discussion section. It is a very important aspect and one of the crucial implications of the study.

14. Again, the last sentences of the section “Implications of a DAMA request on their performance as a paediatrician” rather belong to a discussion, starting from “This attitude stems from...”.

15. A section reflecting on the strengths and limitations of the study is missing. Here, the following aspects should be addressed:

# Strengths and limitations of the research design and the focus group method.

# Possible limitations of the setting, e.g. limitations to the participants' openness due to the fact that they were all part of the same team / unit (and reflection on whether individual interviews might have been a possible solution – or a statement on the author’s observation why she believes that there is no reason to assume a restriction to the participants' openness).

# More critical reflection on the possible social desirability of the residents' answers.

# Limitations of the qualitative data analysis due to the fact that no second researcher has reviewed the themes and categories.

# Statement on the generalisability of the results against the background of the international literature.

16. I am not a native speaker but I am not sure whether the writing of this paper is always acceptable. I think that this manuscript will need an essential language revision. I have attempted to make alternative suggestions in cases where sentences were not easily understandable due to convoluted grammar. However, I have not corrected every single spelling and grammar mistake.

Minor Essential Revisions

1. In the background section, the sentence on the rates of DAMA in different patient groups sounds informative. However, I would strongly recommend using a more homogeneous approach (either country or diagnosis or both). I would also suggest referring to adults in contrast to the later mention of DAMA in children. Suggestion: “The rates of DAMA in adult populations vary from around 1 – 2% among psychiatric patients in American studies to as high as 13% in
HIV-positive patients in a Canadian study.” Moreover, I would suggest pointing out possible reasons for these differences, if possible – which would also provide a better connection to the specific challenge related to paediatric mentioned in the next sentence.

2. In the background section, first paragraph, I would suggest changing the sentence regarding the physician's conflict as follows: “However, in cases involving children, sometimes the paediatrician is caught between deciding on what he thinks is good for the child and the decision given by the parents which may be contrary to his appraisal.”

3. With respect to the rates of DAMA in paediatric populations I would strongly suggest including a more general sentence about the variance of DAMA. Suggestion: “DAMA rates were found to vary between countries; for example, in Iran, a paediatric centre recorded a DAMA rate of 5.3% while in Singapore’s Alexandra Hospital, a DAMA rate of 2% was seen. Also a variance over time was observed: In the Zambonga City Medical Center’s (ZCMC) Department of Pediatrics, in 2005, the DAMA rate was recorded at 2.1% but rose to 4.6% for the first six months of 2010. DAMA rates in the paediatric population may even vary within a country. For example, in Nigeria, among different paediatric centres, DAMA rates were recorded from 1.5% to 5.7%.

4. In the second paragraph of the background section, I would suggest starting with pointing out the assumed reasons for DAMA and mention the consequences (e.g. the high observed readmission rates) later on. These will also provide an additional support of the relevance for this study as a bridge leading to the aims of the study.

5. In the background section, second paragraph, I would include an additional sentence between “...little has been mentioned about how physicians experience and perceive such a request to be DAMA.” and “In Weingart’s report...”. Suggestion: “However, there are indications in the literature that the relationship between the physician and the patient plays a role for the likelihood of signing out as DAMA. For example, in Weingart’s ...”.

6. In the background section, second paragraph, the sentence starting with “In Weingart’s report...” is difficult to understand. Suggestion: For example, Weingart’s report on the demographic and clinical profile of patients who were DAMA from a general medicine service in Boston’s Beth Israel Hospital shows that significantly more patients without a personal attending physician signed out as DAMA compared to those... ??? (here it is not clear what the percentages refer to).

7. In the background section, second paragraph, in the sentence reporting on Alfandre’s review it is not clear whether the findings refer to a physician in the hospital or in the outpatient setting.

8. Background section, second paragraph - suggestions for sentence starting with “This concept...”: “This concept leads to the theory that the decision to DAMA may also depend to a large degree on the physician-patient relationship. More specifically, physicians’ perceptions and interpretations of a patient’s or caregiver’s decision to be DAMA and the implications for their response to the
situation are assumed to play a relevant role.

9. In the paragraph “Ethical considerations” I would change the second sentence as follows: “In order to avoid a conflict of interest, the author refrained from the discussions of the IERB during the process of review”.

10. At the end of the paragraph “Ethical considerations” I would change the last sentence as follows: “Moreover, while they were informed that the session was being recorded, it was assured that audio recording and transcript will not reflect the identity... “.

11. Paragraph “Data collection”: I would change the third sentence as follows: “The following central questions were used to ask the residents about their experiences and perceptions regarding DAMA: (1., 2., ...).” Moreover, with respect to the central questions it should be pointed out whether and how these were specified during the discussion and how the discussion was structured.

12. In the results section, it is a very interesting introduction that there were three prominent themes arising from the discussion. I would suggest reinforcing this aspect by providing a table or figure highlighting these three main themes with their respective subcategories. I would propose applying this as well for the other categories / themes described in this results section (either one table per theme or one table / figure giving an overview of all the themes / categories). This would also be helpful for the reader to follow the structure of the results section and the thread of the findings.

13. In the results section, paragraph “Definition of DAMA”, it says “inability to provide in-hospital care to their child because of lost days at work”. Here an explanation of the societal context (in the discussion section) might be helpful to the reader because in many countries (e.g. Germany) it might be just the other way round (i.e. providing home care would be more complicated for someone who is working).

14. In the section on “DAMA-Terminal” it says “out of hopelessness, the parents decide to bring the child at home”. When reading this I was wondering whether it will not rather be the wish to care for the child at home and stay with it during the last phase of his / her life that makes parent take the child home. Suggestion (only optional, the authors will check whether this fits their findings): “DAMA-Terminal, on the other hand, is given to a case where the child is suffering from a serious condition with a poor prognosis. The parents’ perception that the residents cannot do much to reverse the situation, a loss of hope for cure and the wish to care for the child at home during his or her last phase of life are reported by the participants as indicators of a DAMA-Terminal.

15. In the section “Factors considered before giving the DAMA order” in the second paragraph, further below, I found it a little bit confusing that again the reasons for DAMA perceived by the paediatricians are pointed out (“...the most common reason perceived by the paediatricians is that of ...”). It is difficult to distinguish this from the section on the definitions for DAMA and it took me some time to understand the argumentation behind that paragraph. This is a pity because actually it is a very meaningful and interesting issue. Moreover, it is confusing that the author says “While there are many different reasons that they
receive, the most common reason perceived by the paediatricians is that of financial difficulties. For example, a common reason that is often given to them is that the parents’ perception that the child is already well.” The reader wonders why the latter is an example for financial difficulties. If I understand the underlying thoughts correctly, I would suggest the following alternative:

When confronted with a request from a parent or a guardian to DAMA, the participants in this study stated that the first thing they thought about is the reason behind such a request. Their main motive for this is to determine whether they can still do something to help with the situation and allow the child to receive complete treatment. For this aim, they sometimes are required to interpret a possible “hidden” reason behind the obvious argument stated by the parents. An example given was that financial issues may be the underlying “hidden” reason for the parents asking for DAMA because in their view the child is already well. This occurs when the child shows early favourable responses to the treatment regimen such as in very severe pneumonia cases. ...

16. Second paragraph under “Factors considered before giving the DAMA order”, further below: Here I would suggest changing the sentence “There was no perception that there was a lack of comprehension about the need for complete treatment, as the paediatricians can speak a variety...” into “There was no perception that there was a lack of comprehension on the part of the parents about the need for complete treatment, as the paediatricians reported to speak a variety of local dialects and to be diligent with explaining the situation to the parents” (since this finding is based on the paediatricians’ view).

17. Second paragraph under “Factors considered before giving the DAMA order”, further below, it says “When a resident perceives that financial difficulty is the main reason for DAMA, they always dissuade the family...”. I was wondering whether there was unanimous agreement about this in the focus group? If yes, I would suggest changing the sentence as follows: “There was unanimous agreement among the participants that if they perceive financial difficulty as the main reason for DAMA, they try to dissuade the family to proceed with being DAMA and instead...”.

18. In the section “Factors considered before giving the DAMA order”, beginning of third paragraph: I like the mention of the “nurse factor” and the explanation that it works in two ways. The “nurse factor” might be discussed in the discussion section since on the one hand it might be interesting for the reader to understand this against the cultural background of the Philippines and on the other hand it might provide important implications for the clinical practice (e.g. more team discussions between physicians & nurses about attitudes towards patients and how care can be improved).

19. In the conclusion section, the author reflects on the ethical dilemma that paediatricians face between what they themselves think is adequate care for their patient, the parents’ wishes and the law. This is a very important section since it provides implications for physicians’ professional self-reflection and also for medical education. With respect to the wording I would suggest to slightly change it as follows:
Physicians, specifically paediatricians, being in the service of watching out for the welfare of a vulnerable group (children) are often torn between watching out and fighting for what they think will be appropriate for their patients according to medical practice, giving in to the wishes of the parents and caregivers, and at the same time having to watch out for their own protection against liabilities.

**Discretionary Revisions**

1. In the background section, end of second paragraph: I would remove the sentence “However, their response to these factors will determine...” since I think it is redundant.

2. In the section “Factors considered before giving the DAMA order”, beginning of third paragraph, it says “When asked if this viewpoint is also shared amongst the residents, none agreed”. Here it is not clear which “viewpoint” is meant since in the previous sentence no actual viewpoint is mentioned. I would suggest replacing “viewpoint” by “attitude”.

3. In the section “Implications of a DAMA request on their performance as a paediatrician” it says “This is a good attitude to develop...”. I wonder what is the foundation / reference / theoretical background for the judgement of the attitude as “good”. I would rather describe it as “helpful” or “adaptive”.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.