Author's response to reviews

Title: Attitudes towards Terminal Sedation: An Empirical Survey among Experts in the Field of Medical Ethics

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Attitudes towards Terminal Sedation: An Empirical Survey among Experts in the Field of Medical Ethics. Alfred Simon, Magdalene Kar, Jose Hinz and Dietmar Beck

Dear Editors,

We would like to thank the reviewer for her helpful remarks. We tried to follow all her suggestions:

**Major Compulsory Revisions:**

1. Explain why they decided to use the term ‘terminal sedation’ as a point of departure, rather then, for example, palliative sedation (a term that seems more commonly used at the moment). Since the paper is about labeling the practice of sedation, it is important to explain this in greater depth.

   We decided to use “terminal sedation” as a point of departure, because in the German-speaking area this is still the more commonly used term: A Google search delivers about 700 hits for the German phrase “terminale Sedierung”, but only 226 for “palliative Sedierung”, and in the literature database BELIT of the German Reference Centre for Ethics in the Life Sciences (www.drze.de/BELIT) one can find eight articles using “terminale Sedierung” in the title, but only one using “palliative Sedierung”.

   We added a respective paragraph at the end of the section “Background” on page 3.

2. Related to point 1: in the Introduction, it is mentioned that ‘hardly any valid empirical data ont the use of terminal sedation are available yet’. Rather than focusing on research about terminal sedation, it seems more useful to also include studies that used different terms (such as palliative sedation or sedation at the end of life, e.g. Miccinesi et al, Journal Pain Sympt Man 2006).

   “Hardly any…” is probably not the right “expression”; we changed it into “Only few…”. We are very thankful for the reference to the study of Miccinesi et al. We added two sentences describing the main results of this study.

3. It would be interesting if the authors could write something about the use of terminal sedation in Germany.

   As for Germany, it is true, what we now describe on page 3 as follows: “As regards other countries (including Germany), there are only figures of individual palliative care units. The reasons for why they partly differ considerably may be that there is still no generally acknowledged definition and that the scope of how the term is used varies.” Two of the references refer to German studies.
4. I miss the literally phrasing of the questions, which is very important in a study that researches interpretation of terms and labels.

This is a general problem, since the questionnaire was in German. Nevertheless, we gave at least a literally translation of the variants which were combined to the different scenarios (see page 5 and 6).

5. In general, the discrimination between the ethical and medical respondents is one of the interesting pieces of the paper, that could be elaborated better. E.g.:

- Understanding of the term (page 4): in this Results part I miss the differences in percentages between both groups.

We added the exact percentages on page 5.

- The authors should elaborate in the Discussion about the potential explanations for these differences, and what the implication for clinical practice and the debate is of these differences.

We revised the section “No consistent terminology…” (see page 7).

6. Another important finding of this paper is that sedation for mental suffering is acceptable for 27%–61% of the respondents. Although that is less compared to physical suffering it still strikes me as a rather high %. Do these % reflect true practice? Can the authors comment on that in the Discussion?

Even though there are no empirical data available, from our knowledge of treatment of palliative patients in Germany we assume that in practice terminal sedation is hardly ever applied in treatment refractory depression. We added a respective paragraph on page 7.

7. It is not correct to state that "terminal sedation was LESS acceptable in situation x compared to situation y". Rather one should say that "terminal sedation was considered acceptable BY FEWER RESPONDENTS in situation x compared to situation y.

We modified the text as suggested.

8. In the Discussion, part No consistent terminology, 4th line: They GENERALLY (or: on average) regarded TERMINAL sedation.

We modified the text as suggested.

Minor Essential Revisions:

1. "Moral evaluation": better to explain that you used 3 variables for the scenario's, resulting in 8 variants: the patient's life expectancy, the source of suffering, and the type of decision.

We modified the text as suggested.

2. I think it is better to use wording like 'studied respondents' than 'interviewed respondents' since this was a questionnaire study that did not include face-to-face interviews.
We modified the text as suggested.

3. The numbering of the Tables is not correct.

We checked the tables, but we couldn’t find any wrong numbering.

4. Was it made clear how 'mental distress' was operationalized? Is it existential distress? Depression? Anxiety? Again, in a study about labels and definitions one should be very explicit about the terms used.

In our scenarios we referred to a severe and treat refractory depression caused by the disease. In the description of the variants (page 6) and in the discussion part (page 7) we now make clear that this was meant by “mental suffering”.

If there are any further questions please don’t hesitate to contact us.

With best regards

Alfred Simon
(On behalf of the authors)