Author's response to reviews

Title: Malnutrition and responsibility in elder care - high-level decision-makers' ethical reasoning. An interview study

Authors:

Anna-Greta Mamhidir (anna-greta.mamhidir@lg.se)
Mona Kihlgren (mona.kihlgren@telia.com)
Venke Sorlie (venke.soerlie@hibo.no)

Version: 7 Date: 2 February 2010

Author's response to reviews:

31 January 2010

Mick Aulakh, M.Sc.
Assistant Editor, BMC Medicine
BioMed Central, Floor 6,
236 Gray's Inn Road
London, WC1X 8HL

Revisions concerning the Manuscript: 2013522163148516
Malnutrition and responsibility in elder care - high-level decision-makers' ethical reasoning. An interview study
Anna-Greta Mamhidir, Mona Kihlgren and Venke Sorlie

Dear Mick Aulakh,

Thank you for valuable comments, which we have carefully considered and addressed in this revised manuscript. Below we are giving a point-by-point response to the concerns.

You requested us to include the name(s) of the ethical committee(s) that approved this study in our revised manuscript.

We have not included the name of the ethical committee, only the year and number of the approval. In Sweden we have few ethical committees covering the different regions and the county councils. The participants in this study belong to a limited and public well known group of persons, so in order to prevent participant identification we have excluded the name of the ethical committee.

Revisions and comments in relation the four referees
All revisions in the different parts of the Manuscript are made in blue colour.
Reviewer: Roger Watson
Therefore I specify the following:

1. Specify a research question.
An open ended question was addressed to the HDMs and they were asked ‘Please tell me about your experiences and perceptions of malnutrition in elder care and about the ethical responsibility’. We used a phenomenological hermeneutic method for the data analysis as this method enables interpretation of lived experiences and can provide a basis for reflection on the area of malnutrition related to ethical responsibility, as confronted by HDMs in elder care. An open ended question is useful if you want to stimulate the participants to elucidate their lived experiences, what is important to them, and how they feel and think. This method gives an opportunity to grasp a deeper understanding of a phenomenon.

2. Explain precisely how participants were obtained.
The sample consisted of eighteen HDMs at the municipality and county council level from two counties in Sweden. Inclusion criteria for the participants were; elected politicians and appointed civil servants, at a planning and control as well as executive level, who had responsibility for both the elder care budget and quality of care. Additionally, at least one year of experience in the position was requested. The names of HDMs were compiled on a list from the two counties. The sampling procedure consisted of drawing names from the list until the desired number of participants was achieved. Thereafter the HDMs were contacted by telephone, information about the aim of the study, the procedure as well as written information was provided. Confidentiality was assured, and the design ensured no possibility of tracing the findings to the participants. Written consent was given after both verbal and written information had been provided. All eighteen HDMs agreed to participate, and date and location for the interviews were decided.

3. Describe type of questioning used.
Please, see the description at point 1.

4. Consider the limitations in the methods and study.
This study has limitations. The present interviews were performed shortly after another interview session. This could have lead to participants’ tiredness. The pause in-between was meant to counteract such feelings. Another threat could be related to the HDMs’ experiences and skills in interview situations, where they often are given general answers instead revealing deeper reasoning, which was desired here. However, during these interviews, the HDMs were able to talk about what was important to them. In interviews that focus on difficulties, an indirect idea of what is ‘good’ may arise through descriptions of what is lacking or what is at stake. Eighteen participants were interviewed, and the risk of data redundancy was considered before the start of the study. We could not find redundancy in this material probably because the interviews were not very long.
They took between 25-40 minutes to perform.

5. Describe retrieval of data if a systematic approach was used.
Please, see the comments at point 1 and 4.

Reviewer: Tommy Cederholm

Major remarks:

1. Provide information on how the interviews were organised as obviously interviews from the same group of decision-makers are used for a somewhat similar paper in BMC Med Ethics 2007.

In our manuscript, under the heading Interviews we have clarified the interview procedure as follows:

Interviews were used for the data collection in this study. The interviews were a part of a larger project focusing on the meaning of being in ethically difficult situations related to elder care as experienced by HDMs [4]. The present interviews started after a pause for about 15 minutes. Before the start, the interviewer highlighted the reports and the research results of problematic nutritional issues and malnutrition in elder care. This was meant to support the participants in their reflections of the area of concern.

2. Reduce the Background text at least by 20%.
We have reduced the Background according to this suggestion.

3. Reduce the no. of references.
The numbers of References have been reduced from 52 references to 41.

4. Provide more information on how the interview subjects were selected.
Please, see our comments above to Roger Watson, at point 2 'Explain precisely how participants were obtained.'

5. Which are the limitations of this study?
Please, see our comments above to Roger Watson, at point 4 'Consider the limitations in the methods and study.'

6. Give study design in the Title.
Malnutrition and responsibility in elder care – high-level decision-makers’ ethical reasoning. Is completed with: An interview study

7. The conclusion in the abstract is mainly compiled of potential implications.
Reduce the implications (place them in the Discussion section) and give the conclusions justified by the data instead. Implications are usually hypothesis for new studies.

We have revised the conclusion part in the abstract as follows:
Conclusion: New knowledge about the issue of malnutrition in relation to ethical responsibility was illuminated by persons responsible for budget and quality concerns. Malnutrition was stressed as an important dimension of the quality of elder care. Governing at a distance meant having trust in the staff, on the one hand, and discomfort and distrust when confronted with reports of malnutrition, on the other. Distrust was directed at caregivers, because despite the fact that education had been provided, problems reappeared. The HDMs felt discomfort when confronted with examples of poor nutritional care. This indicates that they experienced failure in their ethical responsibility because the quality of nutritional care was at risk.

8. Discuss more clearly the limitations of education as the only mean for implementing functional nutritional routines.

We have clarified the discussion about the limitation of education related to implementing functional nutritional routines, in elder care. We think that the issue is complex, many aspects have to be considered in order to be successful so we like to extend the knowledge in that; Further research is needed concerning nutrition education programmes in elder care; the content, the form and the implementation.

Reviewer: Ronni Chernoff

Major Compulsory Revisions:

1. I found this paper somewhat confusing. Perhaps it is a matter of changing the title to better reflect what is in the m/s but it has very little to do with malnutrition and ethical decision-making.

We think that our revisions had made this paper much more distinct.

2. Perhaps I am not understanding why governmental high-level decision-makers were selected - may be a difference in the health care delivery systems but in the US HDMs are not involved in ethical decision-making in health care.

The included persons were elected politicians and appointed civil servants, working at a planning and control as well as executive level, with responsibility for both the elder care budget and quality of care. In Sweden, over the last ten year there has been a comprehensive discussion in the health care system and in particular about the malnutrition in elder care. Expert groups of different professionals in the health care system have produced guidelines in order the support the caregivers when dealing with these problems. Also managements at different levels of the system have been involved in the discussion since they are accountable for the overall for the support and prerequisites provided. We think that all individuals are involved and responsible in a health care system but of course related to their assumed role.

3. P5, paragraph 2 - was there any reason that you referred only to dementia patients? What about individuals with other chronic diseases who have lost
Dementia was commented in the discussion since this group were stated by the HDMs as important to protect due to their vulnerable situation.

4. Is there a frequency distribution that indicates the relative weight of the factors identified in Table 1.
We have excluded the table.

5. Can you expand on the ‘lack of structure’ being unethical? To this reviewer this is a management issue and not one of ethics.
We mean that that management issues also are related to the ethic perspectives since the managements have the overall responsibility to secure an ethical defensible elder care.

6. P18 - methodological issues - were names just drawn sequentially or were they randomly selected or did you use a stratified sample? Can you be more explicit?
Please, see our comments to Roger Watson, at point 2 ‘Explain precisely how participants were obtained’.

Reviewer: Samia Hurst
Major compulsory revisions
1. The introduction is rather wordy, and could be tightened considerably.
We have reduced and tightened the introduction.

2. The methods section should include a description of how study participants were selected.
Please, see our comments to Roger Watson under point 2 ‘Explain precisely how participants were obtained’.

3. There is some confusion in the discussion between the choice to comment on what HDMs said, and whether they were correct.
We now think that it is clear what the HDMs stated.

4. Several results point to difficulties in situating responsibility for nutrition in elder care. HDMs are cited as placing responsibility on health care providers, and distrusting them when results are not as desired. They refer to the importance of ‘seeing the whole person’, something an HDM manifestly cannot do. The authors do stress on page 13 that staffing situations were hardly mentioned. They also discuss shifting responsibility to HCP, and to fatalism (p14), as well as HDMs’ ambiguous view of their own responsibility (p15). This seems to be one of the central findings of the study: it should be more clearly outlined and discussed.
We have discussed these aspects above in terms of that the HDMs’ expects the caregivers to see the whole person and to respond adequate to the patients’ nutritional needs. The HDMs govern by distance and both trust and distrust the caregivers’ handling the nutritional problems. We suggest more dialogues between the levels in order to prevent ‘finger pointing’.

5. What would it imply to obtain ‘more equally and fairly distributed’ ethical responsibility in this context? This point is interesting, but its content is currently unclear. A discussion of how the present study can contribute to understanding what this might mean, would also be useful.

We think as mentioned above that a responsibility that is ‘more equally and fairly distributed’ could lead to ununderstanding of what is needed to provide a good quality in every day practice. In reality this means that you can’t have the same expectations of quality if for example the staffs constantly are reduced.

6. The table adds little to the text.
We have excluded the table for the manuscript.

Anna-Greta Mamhidir and co-authors