Author's response to reviews

Title: The four principles: Can they be measured and do they predict ethical decision making?

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Version: 2 Date: 12 April 2012

Author's response to reviews: see over
Editorial Requests:

1. Ethics - Experimental research that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration (http://www.wma.net/en/30publications/10policies/b3/index.html), and any experimental research on animals must follow internationally recognized guidelines. A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate.

The research was approved by the psychology research ethics committee at the University of Queensland and it now states so in the paper. “This study was cleared in accordance with the ethical review processes of the University of Queensland and within the guidelines of the National Statement on Ethical Conduct in Human Research, clearance number 03-PSYCH-P-02."

2. Competing interests - Please include a 'Competing interests' section between the Conclusions and Authors' contributions. If there are none to declare, please write 'The authors declare that they have no competing interests'.

I had added a section to the paper as requested and declared that I have no competing interests.

Responses to Reviewers:

Reviewer 1

Discretionary Revision

The manuscript starts from the consideration that the system of principles is the only proven system for decisions making and it does not take into account the fact that this has already been widely criticized (see for example Stephen Toulmin and the tyranny of principles). Major theoretical references in the introduction could be appropriate.

Thank you for your comments and feedback. I agree that I start the paper with the assumption that principalism is the dominant approach in medical ethics. I certainly do not mean to imply it is the only approach to ethical decision making in health care, nor for that matter, a “proven” approach but rather the one that has received the most attention in the literature. However, I agree that is worthwhile to point out that the approach has been criticised and that there are good alternatives. Therefore, I have added some more references (Arras, 1991; Kuczewski, 1998; Toumlin, 1981) and a note to this effect in the
introduction. I also elaborate on the usefulness/appropriateness of the other main approach (i.e. casuistry) in explaining the results in the discussion. Thank you for your suggested reference.


**Reviewer 2:**

*The author may regard these comments as irrelevant to the particular type of principlism being addressed here, but I do suggest that a more sophisticated conception of moral decision-making may influence the interpretation of the data, and make the paper of broader relevance.*

Thank you very much for your comments on my paper. It is true that I focussed predominantly on principalism as the primary model (method) of decision making in medical ethics mainly because it is this model that I wanted to test. However, I do not wish to deny that there are alternatives (i.e. that main one being casuistry) and I agree with you that the principalist model has now been adapted/updated, or morphed into something much more relative and less absolute, than in its original conception (predominantly as a response to the criticisms made by the casuists) . I read the following references in response to your comments.


I have incorporated some of these ideas into the discussion, as you suggest, in order to provide a more nuanced and holisitc interpretation of the data. Because the paper is predominantly empirical in nature I did not want to go into too much detail about the nature of the philosophical model underlying the analysis. However, an identification of the differing approaches seems important and therefore I have elaborated where I thought it was appropriate. Many thanks again for directing me to these references and for your feedback.
Specific Additions:


"Westin and Nilstrun\cite{westin2006principles} discuss the principles and whether a certain type of ethical conflict (patient with ischemic heart disease) could be resolved by using "normative" reasoning with the ethical principles. This study was useful in identifying the conflicting nature of the principles for different stakeholders and the difficulties encountered with applying them in practice to a specific case, but it did not take an empirical approach to identifying the importance of the principles and their application. Moreover, it has been criticised for the in which the principles were applied or interpreted manner (principles examined in isolation) in the given case \cite{waltho2006response}.

I have also added a brief discussion of the role of casuistry (case based ethics) in the discussion.

For example:

Overall, and more holistically speaking, these results pose some questions for the importance and use of the principles in an empirical and applied sense. Their worth in terms of conceptualising the moral issues in a scenario seems obvious but if they are not actually used, or able to be used, in decision making by clinicians then it raises questions about their overall utility and applicability (at least in their current guise). There is an ongoing theoretical debate in the bioethics literature concerning the relative merits of the two main methodological approaches: principalism and casuistry. This study highlights this ongoing tension and also reinforces the need to find a middle ground in terms of progressing forward. One approach to this progression is to adapt principalism, in the sense proposed by DeMarco \cite{demarco2005principlism}, who introduces the notion of a mutuality principle as a way of giving principalism a greater moral coherence and future perspective. The other approach is to adapt casuistry in order to develop more usable/case-driven principles\cite{kuczewski1998casuistry}. It remains unclear as to the best way forward, if indeed there is a "best" way.

It seems to me that both of these attempts at finding a middle ground are likely to suffer as long as the focus remains on finding a normative/coherent solution. I suggest that a much more useful strategy is to empirically test the two approaches and to derive a behavioural model that can more accurately describe and predict both how and when these sorts of principles are likely to be used and what other principles may be important.

I have reworked the Discussion and Conclusions Section to integrate these ideas and to avoid any redundancy. Please see manuscript.
Reviewer 3:

An empirical study on the “weight” of different ethical principles in resolving ethical dilemmas. The study deserves to be published, after revision.

Thank you for your comments.

1. The order of sections is unusual: results, discussion and conclusions come prior to description of methodology. Background should be followed by section on methods, then results, discussion and conclusions, references, and appendices.

Sorry about this ordering. I have amended it to the “normal” format and the methodology now follows the background.

2. Please add all four scenarios, not just one. The precise wording of a scenario is important. As an example, blood transfusion for a child of a Jehovah’s witness has at least two different situations: a child bleeding after an accident, or a child with anaemia due to advanced cancer in terminal stage.

I have now added all four scenarios and these can be seen in Additional File 1.

3. Numbering of sections should follow the style of the journal.

The numbering should now be consistent with the style of the journal.

Other changes made:

- References have been removed from the abstract.
- Numbers have been taken out of the abstract and a method section has been added.
- Tables have been placed after the references.
- The Discussion section has been separated from the Results section.
- Discussion and Conclusion sections have been rewritten in order to incorporate the reviewers’ comments and to make the article clearer to read.