Author's response to reviews

Title: Transmural palliative care by means of teleconsultation: a window of opportunities ...and new restrictions

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Author's response to reviews: see over
Dear Mr Aldcroft and Mrs Surbone,

We are delighted that our manuscript entitled *Transmural palliative care by means of teleconsultation: a window of opportunities …and new restrictions* by Jelle van Gurp, Martine van Selm, Evert van Leeuwen, and Jeroen Hasselaar is, in principle, accepted for publication in BMC Medical Ethics.

We thank the reviewers for taking the time to provide us with their thoughtful reviews. We have uploaded our revised manuscript. Below we explain how we have incorporated the reviewers’ constructive comments.

With kind regards, also on behalf of the other authors,
Jelle van Gurp
Referee 1

No major comments

Referee 2 (discretionary revisions)

1. request for further explanation of the theoretical framework underpinning the context-tuned telecare, preferably by adding the perspective of User Studies to the paper.

We’ve uploaded the manuscript including line numbers as an additional file.

We used the literature suggested by the referee (Akrich; Oudshoorn; Verbeek) in the Discussion (line numbers 401-417) to elaborate on our statement made in the introduction (line numbers 101-109) that “we, in line with Don Ihde’s considerations about humans adopting new technologies, think that teleconsultation technology is multistable”.

We have added the following elements to the discussion section:

- Teleconsultation is a compilation of man-designed hardware (computer devices) and man-designed care services (line 403).

- We consider teleconsultation to be “a hybrid affair” [Verbeek, 2008] as it only appears as a compilation of human action and teleconsultation technologies: the latter encompasses a script that frames social action, roles and identities, but end-users will co-design the telecare services as well [Akrich, 1992; Oudshoorn, 2004] (lines 406-409).
This article’s teleconsultation protocol is a first attempt of hospital-based professionals to condition the offered teleconsultation technology to their daily practice. This protocol is the end-point of this study (line 411).

In future studies, we will investigate more closely whether and how the hospital-based professionals are able to manage both the technology and the service according protocol, as well as whether and how other end-users, like patients, families and family physicians, will equally co-design this palliative telecare product (lines 412-415; 513-517).

The mentioned theoretical notions on the possible teleconsultation technology-user relationships could sensitize us to meaningful events for the future studies (line 416 and onwards).

References

