Author's response to reviews

Title: How is organ transplantation depicted in internal medicine and transplantation journals?

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Response to reviewers

We thank the reviewers for their insightful and helpful comments. We have addressed the issues raised and have revised our manuscript accordingly. The changes in the manuscript have been highlighted.

Reviewer 1:

1. *The authors seem to regard this outcome as problematic assuming that it reflects the same over-idealisation that was so well described by Fox and Swazey in 1992. While this may be the case (I personally believe that it is indeed the case), the authors do not show that the current positive representation indeed reflects over-idealisation. In principle, things may have changed (or not) for the better.*

We thank the reviewer for this comment. Fox and Swazey referred to the tendency, in organ replacement, to overidealize the quality and duration of the life of transplanted patients, resulting in “seemingly limitless attempts to procure and implant organs”.[1] Our results (the positive vocabulary associated with organ transplantation, the small number of articles reporting patients’ experiences and ethical issues) support Fox and Swazey’s claim. Organ transplantation on the whole is not called into question and there is no mention of what limits should be placed on this medical treatment. This ideal depiction of organ transplantation could lead patients to feel entitled to the procedure and to participate in transplant tourism or publicly solicit organs via various media.

Reviewer 2:

1. *I think it would have been wise to also consider articles about organ donation in the study, especially given the comparisons the authors make with an earlier study of media articles. Organ transplantation is intimately related to questions of donation in the ethical perspectives and it may be that other points would come through by scrutinizing such articles. This might be an idea for a future study.*

We thank the reviewer for this comment. In our earlier study on Quebec newspapers, we focused on portrayals of organ transplantation and excluded articles on organ donation. We wanted to do the same in this study on medical journals. It would be important to conduct future studies looking at organ donation in order to have a more comprehensive perspective.

2. *I find the scheme of the four prima facie principles from Beauchamp and Childress a rather meager one in considering ethical difficulties in the medical discussion of organ transplantation. What about themes such as vulnerability and integrity, for instance, which are brought up in later editions of Principles of Biomedical Ethics? Since the authors have chosen to also include the category of “patients’ experiences” in the*
analysis I think they by this move, at least partly, make up for this meagerness of the ethical scheme. If this had not been the case I would have been more reluctant in recommending publishing without major revisions.

We entirely agree with the reviewer that Beauchamp and Childress’ four principles do not allow for a full consideration of ethical issues in the discussion of organ transplantation. We have used a principlist approach, because it is the one that has traditionally been referred to in most medical milieux. We acknowledge that there has been an evolution in the thinking of Beauchamp and Childress as reflected in the latest edition of their seminal work, Principles of Biomedical Ethics. [2]

3. One of the major findings in the paper is that internal medicine journals report more ethical issues than transplantation journals. The authors never present any explanation of why this might be so. My guess would be that this simply reflects the division between internal medical doctors and transplant surgeons as representing donors versus recipients of organs. In all previous ethical debates about how and when the terminally ill patient may be considered a potential source of organs and not only a patient being treated for his/her own sake, this division has been quite clear. The transplant surgeons (transplant journals) are always stressing the potential benefits of transplantation whereas the internists (internal medicine journals) are guarding the rights of donors and their relatives. Maybe this history and quite natural division of interests between professions deserve to be mentioned in some way in the paper?

We thank the reviewer for this comment and have included this observation in our discussion.

Reviewer 3:

1. Based upon their finding of many uncertainties in the reported literature that differs from the authors’ earlier report of Quebec newspapers where the only uncertainty was related to waiting for an organ the authors raise the following questions in the Conclusion section “Do professionals and physicians play a role in this discrepancy? Does the greater number of success stories in newspapers reflect the medical and transplant community’s desire to promote organ donation? Do the authors have any evidence to suggest the above? For example, have they participated in any interviews given by transplant professionals to journalists in Quebec or elsewhere? If they had not, and there is no published evidence to support their questions, then they are theoretical. If so, should the authors not raise questions about the newspaper publishing and journalistic practices which may have a role in this?

We thank the reviewer for these questions. A Swiss study examining newspaper articles about organ donation and organ transplantation published between 1993 and 2006 showed that most aimed to reassure the public in order to promote organ donation. [3] Journalistic practices no doubt play an important role in shaping public perceptions. As Seale has shown, journalists aim to capture readers’ attention with
sensational, newsworthy scientific discoveries. There is also a tendency to offer readers “feel-good” stories. [4]

2. The authors need to provide a working definition of routinization of a particular form of care and present arguments as to why transplantation would not fit that definition in their opinion.

We thank the reviewer for this comment. We have provided a definition of a “routine treatment” according to Barbara Koenig. [5] We also question how organ transplantation can be viewed a common, routine or standard treatment given its highly technological and symbolic character (the gift of life).

3. The authors state that patients’ feelings were reported in 5.7% and 1.6% of internal medicine and transplantation publications and uncertainty was addressed in 8 and 11% of publications, respectively. In the final paragraph of the Discussion, the authors comment that few articles address the issue of uncertainty related to transplantation which, in this reviewer’s opinion, is inconsistent with their results (8% and 11% in internal medicine and transplantation, respectively). Did the authors formulate metrics/thresholds, a priori, to determine whether each qualitative domain addressed by them had met or not met those criteria?

We thank the reviewer for this comment. We did not formulate metrics/thresholds to determine whether each qualitative domain addressed had met them or not. This is not a usual way of doing qualitative research. [6]

4. Based on their finding that only 6.6% of articles in transplantation journals covered ethical issues the authors state in paragraph 3 of the Discussion section that the two journals in this field are not meeting their stated missions. On what criteria do the authors make such assertions? Is their conclusion based entirely on the comparison with internal medicine journals?

We thank the reviewer for this comment. We based this assertion on our comparison between the transplantation and internal medicine journals. We have clarified this point in the Discussion section of our manuscript.

5. In paragraph 6 of the Methods section, while addressing the qualitative data that are examined, the authors identify ethical issues, vocabulary used, certainty/uncertainty and patient experiences. In the qualitative analysis subsection of results their description does not follow the same sequence. Similarly, while addressing ethical issues in the methods, paragraph 6, they mention autonomy, justice, beneficence and non-maleficence whereas in the results the order is different. It would be easier for the readers if the authors follow one sequence both in all sections.

We thank the reviewer for this comment and have modified our text accordingly.
6. **Methodology:** 1995-2008 as the study period – would it not be appropriate to examine reports published in later years to obtain a more ‘current’ sample of the publications?

We thank the reviewer for this comment. However, we chose to examine articles published between 1995 and 2008, since this matched the period of our study on newspaper articles.

7. **What was the rationale in the choice of 349 articles out of each specialty group?**

   Also, while the 349 represent 31% of the 1120 articles in medicine they comprise only 7.5% in the transplantation field. This introduces problems in sampling.

Among the 1,120 articles in internal medicine journals, only 349 featured organ transplantation as the main topic. The remaining 771 articles were excluded, because they were either letters to the editor, images in clinical medicine or were focused on the following topics: organ donation, surgical procedures (technical details), mechanical heart devices, etc. (See Table 1 for a summary of exclusion and inclusion criteria.)

We sampled 349 articles from the transplantation journals in order to have the same number of articles as in the internal medicine sample.

**References**