Author’s response to reviews

Title: Should paramedics ever accept patients' refusal of treatment or further assessment? (New title)

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Author’s response to reviews: see over
Explanations of revisions in BioMed Central submission ‘Should paramedics ever accept patients’ refusal of treatment or further assessment?’

Original title: ‘Ethics in ambulance services: A communicative challenge in patient interaction’

I am very grateful for the positive and very reasonable referee comments to the submission. They have really motivated me to clarify, revise and elucidate many aspects of the paper, and I believe that the revised version is much improved. I explain the revisions below, in the ‘Author Comment’ paragraphs that have been inserted after the corresponding sections of the referee evaluations.

In my view, the final paper should not be much longer than the original version. When revising the paper, it has therefore been important to make concise and ‘to the point’ revisions. This is an important point in light of the fact that the referees encourage me to elucidate some of the original analyses. I have elaborated all the main points the referees focus on, but they could (obviously) be elucidated in more detail. I believe that I have now found a good balance between length, readability and content.

Both referees are very positive about the paper. They do not raise any fundamental criticism and their suggestions for elucidations and clarifications concern different aspects of the paper (except for one point: they both hold that fundamental tensions between professional ethical duties should be elucidated in more detail. I have paid special attention to this in the revised version - see below). It has been stimulating to revise the paper in the light of the scope of the comments. Furthermore, the fact that the referees focus on different aspects of the discussion and do not raise fundamental objections has strengthened my belief that the main arguments are sound. This has really motivated me to improve some parts of the original version.

Referee 1 (Clare Delany)

The referee holds that ‘This is a very interesting case study and would likely be of relevance to paramedics’. She has some minor comments, more about the debate in itself than the specific arguments in the paper: ‘In general, my comments are focused on the ethical analysis of this case, and I make some suggestions as to how the ethical issues (from a theoretical
position) about the meaning of patient autonomy and (from a more practical perspective) relating to the paramedic/patient encounter could be further elaborated and refined. In some ways my comments are not so much a critique of the paper as a response/discussion arising from the paper—and eliciting further reflection and debate is no doubt, a goal of case studies such as these.” She has nevertheless some minor suggestions for revisions.

1. The first concerns the title: “I don’t think the title captures the essence of the case and the discussion”, and she suggests two alternative titles.

    Author Comment (AC): I absolutely agree that both the alternative titles the referee formulates are better than the original, and I have now used her second alternative. Thank you for suggesting this!

2. The referee points out that there are “some slight grammatical errors, but they do not impact on the clarity of the discussion”

    AC: I have improved the grammatical presentation of the arguments. The paper has been read and checked by a professional English proofreader.

3. The referee points out that “the abstract does not mention the fact that the patient was about to board a plane and this seems to be an important component of the context of this case and I wonder whether this should be in the abstract.”

    AC: I agree. This information has now been stated in the abstract.

4. The referee suggests that the methodological ‘looking forward strategy’ described in the paper can be supplemented with another version: “I would argue that … the strategy of looking forward is—I agree-- ethically sound but not for the reasons suggested by the author. Instead—it is important to ‘look forward’ because paramedics have an ethical obligation to be able to provide moral justification for their actions. Asking the woman to consider the potentially harmful consequences of the risk she wanted to take for herself and for her family, assisted in the woman’s autonomous deliberations.”
AC: This is a very good comment, and it has led me to revise and rewrite some of the crucial arguments and analyses. Although I believe that the arguments in the original paper were consistent with the view the referee expresses, I have now made it much clearer why and how they are consistent. I discuss this in the ‘Analysis’ section (the most explicit discussion can be found in the beginning and end of the subsection ‘The significance of doubt’). Please refer to this section for a more detailed understanding of how I focus on these issues.

5. The referee focuses on the relation between ethical considerations and the professional duties that paramedics have: “This case is an example of an ethical dilemma where paramedics’ ethical obligations to benefit, not cause harm and respect a person’s autonomous wishes are in conflict. Therefore the discussion could more explicitly state this conflict and also refer (perhaps) to paramedics’ ethical obligations in general terms and how this particular case highlights the complexity of deciding what to do when one principle needs to override the other.”

AC: I agree that this fundamental conflict should be stated more explicitly. The general aspects of the conflict are now presented and discussed in more detail. It has an independent role in the arguments of the paper, and it is linked to other arguments and relevant ethical concepts (like paternalism). The conflict is mentioned and discussed right from the beginning of the ‘Analysis’ section.

6. What if the patient had not deferred to the paramedics’ suggestions? “A challenge that this case does not discuss, but could, is what if the woman still refused. What should the paramedic then do? This may not be finally answered in the discussion, but it probably should be posed to further encourage debate and discussion about this issue.

AC. This is a good point, but I believe that it falls outside the limits of the paper to discuss this possibility in detail (as the referee herself observes). However, I agree that it should be mentioned, and I do this towards the end of the Analysis section. I also use the possibility to clarify my main argument concerning what the paramedics had reasons to believe and doubt there and then. The main point is that they could not know the actual consequences of their actions, so knowledge of this fell outside the
source of their entitlement to put pressure on the patient. I explain this in the last part of the ‘Analysis’ section.

Referee 2 (Evert van Leeuwen)

The second referee holds that the paper is a “good example of the need of persuasive rhetorics to convince the patient that she should undergo treatment.” His comments are less comprehensive than the comments made by the first referee, but they are concise and reasonable. His first comment is that I should

7. “…explain shortly why the communicative strategy of the paramedics can be called ‘brutal’ or rude. Of course persuasive reasoning does not necessarily have to become brutal.”

AC: The idea of brutal communication is now better explained. Furthermore, I have made it clear that I do not mean to presuppose that the communication in the actual case is brutal. Instead I use the more modest concept direct to characterize the paramedics’ speech acts (the idea of brutal communication is then mentioned in the more general discussion).

8. The referee suggests that I should “Pay attention to the emergency elements in the case: the need of instant support without a known history of complaints, the time span in which quick decision-making is necessary because of the timeschedule of the plane, etc. What kind of impact have these factors on the communication between paramedics and patients?”

AC: I absolutely agree. I should have been more explicit about these important contextual factors. They are now stated right at the start of the ‘Dilemma’ section, so that the reader understands the context of the actual dilemma and the further discussion in the paper. It is explained that they had to act swiftly - that they did not have much time to deliberate and seek advice.
9. The referee suggests that I should “Pay some attention to the moral tension between professional autonomy and the autonomy of the patient. Professional autonomy also includes knowledge of the dangers of having a cardiac patient in the air, the health and safety of the other people on the plane, the possibilities to take care during the flight.”

AC: This comment is similar to point (5) made by referee 1. Please refer to my comments above. The point about the other passengers and the need to adopt a comprehensive perspective on the situation and possible consequences is very reasonable. I focus more clearly on this in the revised version (see especially the first part of the ‘Dilemma’ section)

10. “Use of language is ok, but could be a bit more concise in avoiding repetitive Sentences”.

AC: Many sentences have been rewritten and the grammatical presentation of the arguments has been improved (see also point 2 above).

Again, I would really like to express our thanks to the referees for their stimulating and very helpful comments. I express my thanks to the journal and the referees in the ‘Acknowledgements’ section at the end of the paper. Thank you very much!

Halvor Nordby