Author's response to reviews

Title: Perspectives on the ethical concerns and justifications of the 2006 Centers for Disease Control and Prevention HIV testing: HIV screening policy changes

Authors:

- Michael J Waxman (mwaxman@hotmail.com)
- Roland C Merchant (rmerchant@lifespan.org)
- M Teresa Celada (celada_teresa@wheatonma.edu)
- Melissa A Clark (melissa_clark@brown.edu)

Version: 3 Date: 22 July 2013

Author's response to reviews: see over
Dear Editor,

I thank you and the reviewers very much in reviewing the manuscript that I submitted.

It is obvious that the reviewers were experienced and thoughtful. I very much appreciate all of the excellent feedback that the reviewers gave.

**Regarding the comments and recommendations from referee #2, Dr. Haukoos.**

We changed universal screening to nontargeted screening as Dr. Haukoos suggested.

Dr. Haukoos accurately pointed out that in our discussion section we confused the important details of the ACA stipulations and USPSTF recommendations. This paragraph was revised in the discussion section appropriately.

Dr. Haukoos also suggested that we elaborate on other potential future research, especially as it pertains to targeted versus nontargeted testing. We did expand on this in the discussion section.

We fixed the grammatical errors that Dr. Houck was found in line 5 of the background section.

**Regarding the comments by referee #2, Dr. Johansson.**

*Dr. Johansson comments that the methods section might be enhanced by discussing more on "why this analysis method has been chosen rather than alternative analysis methods" and "what are the advantages and disadvantages of categorizing themes under prespecified headlines"*

We restructured and elaborated a bit in the last paragraph of the background section in order to explain in a little more detail why we chose the type of analysis we did. We added a sentence under protocol development to discuss how the protocol design allowed for the stated goals.

*Dr. Johansson comments that more could be discussed regarding why we chose the questions that we chose in the qualitative interviews.*

We believe that there is sufficient detail in the protocol development section that describes why we chose these four ethical domains and developed the questions that we asked.

**Regarding the feedback on the results and discussion of the paper.**
The analysis could benefit from one or two extra rounds of analysis where the office make decisions on which themes that are important to present under each of the headings. It is better to focus on fewer themes and go a bit more in detail to each of the teams.

Dr. Johansson's feedback was clearly very thoughtful and it is very much appreciated. We definitely understand what he is saying in regards to restructuring the result in the discussion section.

Our research team reviewed the methodology in our paper and discussed at length reworking the format of the paper. While Dr. Johansson’s feedback is very thoughtful and may improve the paper, we think that our methodology and format of this manuscript is sound and should not necessarily be changed. There are a few reasons why we thought we should leave the original format.

First, this manuscript is essentially part 2 of the same qualitative analysis. The first manuscript published in BMC medical ethics entitled, Perspectives on the ethical concerns and justifications of the 2006 Centers for Disease Control and Prevention HIV testing recommendations. The format (not content) used in this manuscript is almost identical to our previous published manuscript. While changing formats may improve the structure of this paper, we argue that it adds to the paper to keep similar both manuscripts that report on the same project.

In addition, Dr. Johansson suggested that we chop (for lack of a better word) much of the text and much of the tables. Our research team discussed this. While we understand that there is benefit in concise writing, it is our belief that, if a word limit is not important (for example in online journals), then including all of the data does not necessarily detract from the paper and potentially adds to the paper. The way the paper is structured right now, the reader can easily identify major themes in the tables, and the complementary material in the text helps the reader understand more about the themes and subthemes in the tables. If the reader chooses to get the crux of the conclusions, the conclusions portion of the manuscript highlights the major findings.

Having said all of this, we did attempt in this revision to address many of Dr. Johansson’s concerns by adding to the discussion portion of our paper.

Dr. Johansson stated, Since results and discussion are merged in this article it is important to have some references to other literature on the same topic in this letter section.... What does this study add to the discussion of this particular theme?

We revised/added to the conclusions of the paper in to contextualize some of the major points of the research project.
Dr. Johansen comments that the discussion section in the paper allows for weighing strengths of the arguments from the informants... Therefore I think more substantive efforts could be done to go into some of the key dilemmas and their arguments.

Again, we did strengthen the conclusions of the paper with some more discussion of the key dilemmas and their arguments.

Finally, the following sentence is now included in the manuscript: The Rhode Island Hospital Institutional Review Board approved this study.

Sincerely,

Michael Waxman

Please contact with me any questions. 401.429.3045. mwaxman@hotmail.com