Author's response to reviews

Title: Defining futile life-prolonging treatments through Neo-Socratic Dialogue

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Author's response to reviews: see over
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Mr. Aldrin Ulep  
on behalf of Prof. Antonella Surbone  
Associate Editor, *BMC Medical Ethics*  
BioMed Central  
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RE: MS: 6132579371067417,  
“Defining futile life-prolonging treatments through Neo-Socratic dialogue”  
by Kuniko Aizawa, Atsushi Asai and Seiji Bito

Dear Prof. Surbone:

Thank you for your e-mail dated October 17, 2013 regarding the above-mentioned manuscript. Please find attached our revised manuscript for your review.

We are pleased to note the Reviewers’ favorable comments and appreciate their helpful suggestions, which we have incorporated into the revised manuscript. Please find below our point-by-point response to each of the comments.

We hope that the revised manuscript is suitable for publication in *BMC Medical Ethics*.

Yours sincerely,

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Responses to the Reviewers' Suggestions and Points of Revisions

Responses to Prof. Littig's Comments:
1. Why were these participants chosen?
The participants were chosen among acquaintances of the researchers, as described in the Methods section, because they were expected to illustrate different standpoints on the question “What is a life-prolonging treatment?” When participants could not be found, however, willing volunteers from any background were invited.

For the sake of clarification, we have revised the following sentence: "The following participants were enlisted in each group to illustrate different standpoints on the question: ..." (p. 6, ll. 3-4). We also added the following sentence: "When a participant could not be found, however, willing volunteers from any background were invited" (p. 6, ll. 7-8).

2. Why these hospitals?
The case studies at these hospitals were presented and chosen by participants in the forums as being relevant to the issue at hand and worthy of examination, as described in the first paragraph regarding the results of each forum. The forums were held with different participants in different cities, as stated in the Methods section. In addition, we anticipated that participants would select different kinds of case studies. We also reviewed the origin of the 40 case studies presented and confirmed that many of them were from hospitals. This is how the various case studies were chosen for this study.

To clarify this, we revised a sentence and added a sentence in the manuscript as follows: "These sessions were carried out ... in Tokyo, Osaka, and Kumamoto, which are major cities in eastern, western, and southern Japan" (p. 5, ll. 2-5 from bottom), and "In addition, we anticipated that various types of case studies would be selected and examined in the three forums" (p. 6, ll. 9-10). We also added a sentence to the first paragraph of the Results section: "The origin of the case studies included hospitals (24 cases), home (6), others (4), and unspecified (6)" (p. 7, ll. 3-4). We also added a sentence to the first paragraph of the Discussion section: "These case studies from hospitals illustrated various situations" (p. 22, ll. 6-7).
3. What is the link between the description of the NSD and discussion? Where does the conclusion come from? Have they been worked out by the authors? Was this part of the dialogues?

The answers summarized in the Discussion section were not a part of the dialogues, but worked out by the authors. To avoid confusion, we revised a sentence in the Discussion section to: "We have summarized answers derived in the forums ... as discussed below" (p. 22, ll. 7-8).

4. What is the status of the conclusions?

The conclusions are not perfect, but are what we consider to be the best at this moment. For further insight, please see responses to Prof. Nakaoka's comments below.

Responses to Prof. Nakaoka's comments:

1. Can participants and the results of their discussion in NSD represent opinions of any groups in society?

Participants in our NSD forums do not represent any group in society because the number of participants was limited and were non-randomly selected, but they were serious about collaboratively deliberating on the issue of life-prolonging treatments. The results of their deliberations should therefore be respected. The same is true with regard to forums for participatory technology assessment with a limited number of non-randomly selected participants. In order to reduce bias in each forum, we also conducted three NSD forums, compared and summarized their results, and examined them by reviewing relevant literature in the Discussion section. We therefore believe that our conclusions are significant.

To make this point at the end of the Discussion section, we revised a sentence as follows: “Finally, we collectively evaluate ... as well as limitations of our study” (p. 29, para. 1, ll. 1-2). We also added a paragraph and a sentence to expand on the limitations of the study: “The NSD method used in this study was qualitative ...” (p. 30, para. 2), and “In order to reduce bias ...” (p. 30, para. 3, ll. 1-3).
2. It is to be examined and reexamined if the authors have appropriately and justifiably described and organized participants' views expressed in the NSD forums.

Although we believe that our summary of the study results is appropriate, additional methods could have been planned to improve credibility, such as transcribing IC records of the forums into verbatim texts as well as sending an interim summary of each forum to its participants for authorization. We, in fact, sent a research report and a draft manuscript to participants who had shown willingness to receive the report on their consent forms at the end of the funding period (March 2012). None of these participants disagreed with the manuscript.

To address this point, we added three sentences to the Discussion section: “Although we believe that our summary of the study results is appropriate, … none of the participants disagreed” (p. 30, l. 5 from bottom - p. 31, l. 2). We also added the following sentence: “Our study using the NSD method conceivably generated appropriate answers ...” (p. 31, ll. 2-4).

3. To what extent could the NSD conclusions be checked or modified by arguments and knowledge that the authors acquired elsewhere?

We do not believe that the answers summarized through discussions in the NSD forums need major modification, but consider them to have several advantages over arguments that exist in the literature regarding medical futility in the United States and end-of-life guidelines in Japan, as already mentioned in the Discussion section (p. 29, para. 1). However, we also note that the results of the NSD forums need further examination regarding several points: considering the futility of a treatment based on a patient's (advanced) will in the context of an incurable condition regardless of how imminent death is; accepting futility due to a patient's refusal; implementing advance directives and representation; handling a situation in which family and healthcare professionals have differing opinions on the treatment of a patient has no intentions; and adopting effective measures for obtaining social acceptance when discontinuing treatments according to a patient's intention and best interest.

To stress these points, we added a paragraph to the revised manuscript: "As discussed above, however, the results of the NSD forums need further examination ..." (p. 30, para. 1).
Other Points of Revision:
1. "D" in "Neo-Socratic dialogue" has been capitalized in the title, p.4 line 2 from bottom, and p. 34 notes 15 and 16, to be consistent with one in p. 2 line 11 and p.35 note 17. “S” was also capitalized in note 15.

2. Two indents after headings have been omitted (p.9, para. 1 and p.12, para. 1) to be consistent with the remaining part of the manuscript.