Reviewer's report

Title: Depression and Decision-making Capacity: A Systematic Review

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Reviewer: Bettina von Helversen

Reviewer's report:

Before I start I would like to point out that my expertise is not in the field of clinical psychology/psychiatry but cognitive psychology and decision-making. Thus I'm probably not the typical audience BMC Medical Ethics is directed at and some of my comments may only matter to the degree that the article is directed at a wider audience.

That stated, I think the topic of the manuscript is very relevant. I'm still surprised how little empirical research there is investigating how depression affects the ability to make sound decisions and how heterogeneous the approaches to the topic are. Thus this review comes at the right time. However, I have severe reservation about the description of the method and the interpretation and presentation of the evidence. Some may be caused by my problems understanding the article, possibly because I'm not a clinical psychologist and thus not familiar with the tools used to assess competency to make treatment decisions.

I explain my concerns in more detail below:

Major Compulsory revisions

1) I had problems following the methods used to select the articles. The inclusion criteria should be explained in more detail. For instance, it should be stated explicitly what are relevant observational data, what kinds of assessment tools were accepted (and which were/would be rejected). Similarly, it should be explained what requirements need to be met for a substantial ethical analysis.

2. The authors state that one of the main goals of the articles is to review the performance of measures of DMC in depression. But then it is left unclear what these measures are and how the performance of these measures can be evaluated. If this is the goal, this needs to be clarified substantially and the empirical studies analyzed accordingly. I have to admit I'm skeptically this goal can be achieved given the little research on the topic. A goal which maybe more appropriate given the scarcity of research (and I would still find interesting and relevant) would be to analyze in how far the empirical evidence supports the conclusion that depressed patients are incompetent to make treatment decisions. And if this is the case, what is the proportion of depressed patients that are incompetent, what are the main underlying reasons for the incompetency, and what symptoms of depression may be most predictive of being incompetent. In the discussion these findings could be connected with the more
theoretical/ethical analyses of the single case studies.

3) I do not see the value of a systematic review of single case studies and ethical analyses. In a similar vein, it was also unclear to me how the difference between an opinion piece and a case study was defined. It seems to me that a case study focusing on one or two depressed patients whose ability to make treatment decisions was impaired is essentially an opinion piece and does not reflect on the probability that any depressed patient will actually suffer from the possible impairment. A systematic review of single case studies suggests that the number of articles is related to the probability of a depressed patient being incompetent to make a treatment decision. Instead of a systematic review I would suggest that the arguments why depressed patients may be incompetent to make treatment decision that are outlined in the single case studies and ethical analyses are summarized in the introduction of the manuscript, but organized by theory/argument and not by article/author.

4) I could not follow the interpretation of the results and the conclusions drawn. Looking at the evidence reported in the empirical articles, it seems to indicate that the majority of depressed patient is not found incompetent, but there is a sizable minority of 15-30% if patients that is. The single case studies/theoretical analyses seem to suggest a more evasive problem than found in the empirical studies. The authors argue that this difference is due to a measurement problem. I don’t follow this conclusion. In my opinion it is equally possible that the clinical analyses are not reflecting the majority of depressed patients or that appreciation is not necessarily the main problem of depressed patients. In particular since the physicians seem to consider even fewer patients to be incompetent than the MacCat assessment tool. This should be discussed in more detail.

Nevertheless, the claim that the assessment tools are not well equipped to measure appreciation in depressed patients could very well be true. However, if the authors want to argue this, they need to provide the reader with much more information about what defines appreciation, how the MacCat tool measures it and what would be other ways of measuring it. For instance, it was not clear to me what kind of behavior would constitute an impairment according to the MacCat tool in any of the four categories. It also did not become clear to me why the MacCat is not a good measure of appreciation.

5) In the section on Empirical Studies, Patient perceptions it was not clear to me whether the patients were still depressed or questioned after they had recovered from a depressive episode. Although patients’ self report are important, I’m also not sure that they are the best way to measure decision making capacities as the authors seem to suggest. If the self reports are collected while people are depressed, their negativity could be a symptom of the depression. However, if they are collected retrospectively it is difficult to assess in how far they reflect the actual state of mind at the decision time or a retrospective construction biased by the knowledge of the depressive episode.

Minor essential revisions
1) In the empirical research it would be nice if in addition to the main finding it
was reported if and how many depressed patients were considered as being incompetent to make decisions.

2) The authors frequently refer to decision making capacitates of depressed patients in general. However, in fact they only consider a very specific decision making competency, that is making treatment decisions. This focus should be made clearer (in particular in the title and in the abstract) because now the title is confusing and it’s not clear how the results would generalize to other types of decision tasks.

Minor issues not for publication
1) Empirical studies fourth paragraphs (p 10) –the abbreviations ECT should be explained

2) Empirical studies: summary Bean et al.: I did not understand what "discriminated judgment of DMC most" means? Were depressed judged as incompetent according to the tool or to the physician? Did judgments of physicians and the tool differ most on this item?

3) Why is Owen et al., 2008 not included in the review?

4) In the discussion in the second to last paragraph, the authors write “we have to consider…”. It was unclear to me if the authors refer to themselves or to doctors in general. Please specify.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests