Author's response to reviews

Title: To Evaluate the Effectiveness of Health Care Ethics Consultation Based on the Goals of Health Care Ethics Consultation: A Prospective Cohort Study with Randomization

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Version: 3
Date: 1 December 2013

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

We are pleased to re-submit our revised manuscript entitled: “To Evaluate the Effectiveness of Health Care Ethics Consultation Based on the Goals of Health Care Ethics Consultation: A Prospective Cohort Study with Randomization”, for consideration as a research article. We thank Editor and Referee 1 for their comments and suggestions on the prior version of the manuscript.

In this revised manuscript, we have done a lot of work to revise our manuscript. We also provided point-to-point responses to Editor and Referee 1 in the following pages.

This revised manuscript has not been previously published and is not under consideration in the same or substantially similar form in any other journals. All authors listed in this revised manuscript have contributed substantially to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be submitted. The authors have no competing interests.

Best Regards,

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Dear Editor,

Thank you for your comments on our work. Our point-to-point responses to your comments are as follows:

1. Thank you for pointing out this issue. We addressed “Informed consent was done and oral consent was obtained in this study” in the first point-to-point response to Referee 1. In this version of revised manuscript, we added “Informed consent was done and oral consent was obtained in this study” to the end of the “Statistical Analysis” sub-section. Furthermore, informed consent was done by the primary care nurse, specialty nurse, or head nurse. All oral consents were made by surrogate decision-makers.

2. Thank you for your reminder of “Allocation Concealment.” Exactly as you stated, the health care team members in this study might know whether his/her patient received HCEC. The difference in the outcome measures may be associated with failure of allocation concealment. Actually this is also an important weakness in several prior studies in evaluating the effectiveness of HCEC published in several prestigious journals. One of our authors has published a paper addressing this weakness in study design. We also addressed this bias in the “Strengths and Limitations” sub-section. (highlighted by yellow)
3. We added “(i.e., the nurse in charge of the patient, head nurse, or the primary care resident)” in the “Data Collection” sub-section. We addressed “when this was done in relation to time of intervention” at the end of the paragraph in the “Data Collection” sub-section. Regarding “when this was done in relation to time of measuring other outcomes”, all the outcome variables were collected concurrently, and this has been stated at the beginning of the paragraph in the “Data Collection” sub-section. Please let us know if we still need to provide any information regarding data collection.

We would like to thank you again for your effort and time in review of our manuscript. In summary, we are grateful for how your feedback has benefited and advanced our approach to the study. We hope that the current version of this edited manuscript is suitable for publication in this journal.
To Referee 1, Dr. Tobin

Thank you again for your comments on our work. Our point-to-point responses to your comments are as follows:

<Major>

1. Thank you for pointing out this issue again. We carefully searched all prior versions of manuscripts, and point-to-point responses to all reviewers, and found that we never stated that the informed consent process was waived. If any part of the revised manuscript has showed so, please kindly let us know and have the opportunity to correct it. We addressed “Informed consent was done and oral consent was obtained in this study” in the first point-to-point response to you. In this version of revised manuscript, we added “Informed consent was done and oral consent was obtained in this study” to the end of the “Statistical Analysis” sub-section. Furthermore, informed consent was done by the primary care nurse, specialty nurse, or head nurse. All oral consents were provided by surrogate decision-makers.

2. We reworded all descriptions in this revised manuscript about “harm”: first, at the end of the “Main Findings” sub-section, we deleted “implying that receiving HCEC did not cause harms to patients”; second, in the second paragraph of the “Appropriateness of Outcome Measurements” sub-section, we changed the last sentence to “The studies also showed that HCEC was beneficial to patients who did not survive to hospital discharge”;
third, in the “Conclusions” section, we deleted “In addition, HCEC did not harm the patients as indicated by the similar mortality rates at hospital discharge between the two groups.” We hope that you agreed with our revisions.

3. We pointed out how we obtained “consensus.” As we have stated and you pointed out, we examined whether a consensus was reached by contacting health care team members. The readers of this paper may be concerned that this is a self-reporting success. However, until now, the health care team members still do not know that we evaluate the effectiveness of HCEC using “whether a consensus was reached” as an outcome measure. We addressed this issue in the “Strengths and Limitations” sub-section (highlighted by yellow). We also added “(i.e., the nurse in charge of the patient, head nurse, or the primary care resident)” in the “Data Collection” sub-section (highlighted by yellow).

<Minor>

1. Following your suggestion, we rephrased it and stated as the following: “there were no statistically significant differences for patient characteristics between the two groups.” (highlighted by yellow)

We would like to thank you again for your effort in review of our study. In summary, we are grateful for how your feedback has benefited and advanced our approach to the study. We hope that the current version of this revised manuscript is suitable for publication in this journal.