Reviewer's report

Title: Comparison of Ethical Judgment exhibited by Clients and Ethics Consultants in Japan

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Reviewer: Tsuen-Chiuan Tsai

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Confidential comments to editors

This study aimed to identify differences in the ethical judgment between clients and CEC consultants. The content on the request, response, and consensus were documented in text, and later analyzed by the comparison on the classification of “client/consultant”, “decisional capacity”, “agreement/withholding”. The facts/concepts of reasoning underlying the participants’ ethical decisions were explored for comparisons. The study raised an important issue on two closely related parties when solving ethics problems.

Major Compulsory Revisions

Background

1. AS the main research target is about participants’ ethics judgment, the audience would like to have a clear summary on what are already known in this field. There have been many literature dealing how/why ethics consultants made their ethics decision during the past ten years, including several specific disease (e.g., end-of-life) in a country. The author used two references (10, 11) those are about “vegetative life and Alzheimer’s disease” cannot well summarized the previous works.

2. The 3rd paragraph: The following sentence that appeared at the end of the paragraph is actually not a brief of what have been described in this section. “In brief, ethical judgments depend on societal norms, individual ethical values, interpretation of clinical conditions and laws, and the system in which the judgment takes place.” The reviewer suggested a brief derived from a comprehensive literature review that summarized the key concepts/ facts or factors underlying the ethics judgment.

3. “Summary of CEC activities in this study” described how the study is conducted, therefore, the paragraph should be moved to the “Methodology”

4. The major concern on this study is the classification of a client and a consultant. As described in the last three paragraphs, the “client raised the “request”, while the “consultants” provided responses. The consultants are someone in clinical ethics, medicine, nurses, law, and psychology; the clients are the ones in medicine (doctors, medical team), nurse, ethics (committee member), plus patients (and their related). To the audience, they are probably just playing different roles, but duplicated each other based on their professional/social
background. The authors should argue for the differences on their “foundation” for solving these ethical dilemmas. Who had a “better expertise on ethics reasoning”? The consultants’ expertise on ethics problem solving should be well defined. Further, who knows better about the patient, the disease, and the related contextual factors? Patients are unique even when facing a similar ethics dilemma.

5. The hypothesis of this research is vague, and cannot be well identified throughout the manuscript. Given a hypothesis, due to the vague differentiation between the groups of client and consultant, it remained difficult to validate for a solid conclusion. The research conclusion may indicate the differences of opinions between different expertise levels, or may reflect the difference between the groups in distance and beside.

6. It is difficult to gather a single best decision on an ethics dilemma, even among ethics experts. There have been many reports that allowed several plausible alternatives on solving ethics dilemma. That is the reason why Script Concordance Test appeared to give partial credit on different ethics decision. In this study, the author should describe the process and standard for a consensus to achieve. The author would like know how the consultants collaborated to generate a report with consensus, instead of an individual commend? Who compose the consensus document? The text on the decision and the reasons underlying the decision will greatly influence the analyses.

Methods:

1. The research design seemed a retrospect. The IRB was approved in 2011, while the case collection started in 2006. The size of enrolled cases (60 cases) during a period of five years is deemed small. The authors should information on the pool size and provide the including and exclusion criteria.

2. Both the reasons on the “for” and “against” were provided, and the key consideration/justification/ prioritization that lead to a conclusion are not clearly described. In the majority of situations, the considerations on the “for” and “against” are always correct, but what is highlighted as a key for decision is the most important to report.

3. In the two sample cases, the problems left for being “solved” are not clearly identified. For example, in case A,

Results

1. The sample cases provided in the section of “results” should be moved to the section of “methods”, or as the appendix. The sample should be used to demonstrate how the researchers made qualitative analyses, and provide the qualitative results in the section of “results”.

2. In the paragraph dealing with the justification on the cases without decisional capacity, the reasons are listed for the two groups (page 8~9/25). After reading for several times, the meaning of many items remained confused to the reviewer, and should also appear the same to other audience. The items seemed not mutually exclusive, for example, item 2 and 4 in CEC-team judgments (2. Ambiguous patient preference; 4. Estimation of patient preference). Some items
are similar but wording differently (or similar issues in different scope), for example, item 6 in the client judgment (most appropriate therapeutic methods to manage patient safety) and item 7 in the CEC (the patient's best interest).

Discussion
The two groups are actually not equivalent in the stage of their ethics judgment, and which should be included as a limitation. The client is aware of their problem or incapacity, and surrendered to a second opinion, while the consultant provided principles for follow-up. Often, they are neither in agreement nor in disagreement.

Minor concerns
1. “Summary of CEC activities in this study”, the meaning of the following sentence is vague. What is the weakness (financial? manpower? system supports?)? “...in small and medium-sized hospitals, it was difficult to work for the two because of weakness as an organization.”
2. Methods:
Typical case (B):” Is this is a typing error? (Is it “a change of mind...”?)
“However, after a change of heart, he expressed his wish to his family to continue cancer treatment.”
3. Results: A typical case (A), the 1st paragraph did not well describe the dilemma. Therefore, the problems left for solving is confused. “...How should this patient be treated if the absence of a tracheostomy leads to ethical problems...”
# Should you perform a “tracheostomy” for the patient? or Should you re-intubate the patient via tracheostomy? (the patient has been with a tracheostomy)

Level of interest: An article of limited interest

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests’ regarding all the questions above.