Reviewer's report

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

Version: 2 Date: 6 February 2014

Reviewer: Bert Molewijk

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Review of resubmission for BMC Medical Ethics

Comparison of Ethical Judgments exhibited by Clients and Ethics Consultants in Japan

Dear authors,

Thank you for your resubmission. I can see that you worked hard to improve the paper. I think the paper has improved indeed. I also think that the information and the paper as a whole is more clear. The examples are very helpful as well.

I did not receive/find a detailed letter in which the authors explained how the comments from the reviewers were addressed. I do not know if there was such a letter at all, but I think it is necessary for a good judgment of this resubmission. Without that letter I come to the following major and minor comments.

MAJOR

• In the abstract you mention: ‘How do medical judgments differ from the ethical considerations of CECs?’ On page 4/28 you ask: ‘So, how do the medical judgments of healthcare professionals and ethics consultants differ?’ In the title you speak about ethical judgements. What exactly are you comparing? Do ‘medical’ judgments differ from ethical judgments, and if so, in which way? Can you make this explicit in the paper, and also elaborate on the difference (or not) between the two in the discussion.

• Are the authors members of the CEC national consulting team? If so, what did this mean for the analysis of the cases. In other words: if this is the case, the authors then judge not only their own work but also might reflect on these cases from clients for the second time. This need to be clarified in the methodology section.

• As mentioned in my earlier comments, I think you need to inform us more about discrepancies between the authors when coding the data material (i.e. the reasoning). Were there many discrepancies? What kind of? How exactly did you deal with this? The information given now on page 8/28 is too formal/vague: ‘All authors discussed any discrepancy regarding the interpretation of the data until they reached a consensus’
MINOR

• In the Abstract you mention: ‘Healthcare professionals rely on a clinical ethics consultation (CEC) to review ethical issues in medical care, although healthcare professionals must constantly make medical judgments in practice based on ethical considerations’. Can you clarify in the text what you mean with ‘although’ or change the English grammar?

• On page 5/28 there is a double sentence! Clinical ethics consultants under the Project identify and analyse ethical issues in clinical practice and then provide appropriate ethical advice to clients. Clinical ethics consultants under the Project identify and analyse ethical issues in clinical practice and then provide appropriate ethical advice to clients.

• Could you inform the reader if and by whom the CEC consultants are paid, and whether the clients have to pay for the service?

• Are all cases that were submitted retrospective or prospective cases?

• On page 7/28 you do not mention that the request form requires ‘an ethical question’ and information about ‘the judgment of the client’ while the latter is at the core of your study/data (‘In order to refer cases to the Project for consultation, CEC clients send a request form, which documents the ethical issues and the context of the case, including information on the medical aspects, patient and family preferences, patient quality of life, and social utility.’). Can you clarify this?

• On page 17/28: you mention ‘However, there are limitations to these committees, because examinations of life and death judgments by ethical committees have no legal weight in Japan’. I do not follow the argumentation since this is quite usual in Europe as well (and I wonder whether you/we should want this at all). Please clarify your reasoning/(implicit)opinion.

• On page 18/28 you mention: ‘the CEC client tends to acknowledge the preferences/opinions of clinically involved parties as facts’. Could you make explicit why you think this is (not) problematic?

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6th February 2014

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

Quality of written English: Needs some language corrections before being published

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'