Reviewer's report

Title: Decisions that hasten death: Double effect and the experiences of physicians in Australia

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Reviewer: Clive Seale

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1. Is the question posed by the authors well defined?

Yes is the short answer. The long answer is that this kind of research doesn’t really have ‘questions’ to drive it, though curiosity plays a part.

2. Are the methods appropriate and well described?

Yes. However the comments about methodology, as opposed to method, are quite superfluous. The stuff about critical realism is irrelevant to the argument of the paper. The comment about ecological systems theory is also irrelevant. PhD students may be expected to produce this sort of thing, but its not needed for this paper.

3. Are the data sound?

Yes, its the interpretation of the data that is a problem.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Not sure what is being referred to here

5. Are the discussion and conclusions well balanced and adequately supported by the data?

No. This is the main problem with the MS. As noted below, the summary of literature contains incorrect interpretations as well as some other problems. I will focus on what the author makes of his data here.

First, the practice of showing a quote and then more or less telling the reader the same thing that the quote has already told the reader is a bit annoying. For example (and there are many) at the bottom of page 11 an interview describes their situation as being like a minefield. Then the author tells us that the interviewee says their situation is like a minefield.

At other times, the author produces interpretations that are not supported in the quote. For example, the quote from Robert at the bottom of page 13 refers to the need for courage and risk-taking, without providing any detail as to what these risks might be. The author produces a list of speculative risks in his commentary on this quote, saying that the doctor’s actions may be monitored by others who
may then become suspicious etc. None of this was mentioned by Robert.

Just after this Peter is said to regard control over death as a matter of choice and necessity, not something under natural, divine or legal control. Yet the quote that then follows does not refer to any of these things.

A third example is on page 16 where the author claims some level of sedation or analgesia is implied by a statement made by Keith. Again, this is purely speculative.

There are numerous examples of this, some worse than others. I do not have the time to list them all but hope I have given a flavour.

Further, the author appears to think that ‘sedation’ is something that is produced by morphine (as in his interpretation of the quote at the bottom of page 16). Of course, morphine can sometimes have a sedative effect, but more usually midazolam is provided for sedation. In fact, running through the piece is a disturbing lack of understanding of the drugs used in palliative care and their purpose, which leads to some pretty erroneous conclusions.

For example, Gary’s comment on page 19 refers to having provided sedation to control his patient’s distress. His comment to the family, that the patient will not wake up again is interpreted by the author as meaning that the doctor knew that the sedation would have death as its ‘consequence’. No evidence for this is present in the quote, and in fact midazolam when appropriately administered—just as in the case of morphine—probably has no impact on length of life (a point which Jenny on page 26 is making, although the author doesn’t seem to appreciate this).

On page 25 there is a very disturbing case of a doctor (Jermey) who may have been panicked by the state of his patient and appears to be describing the administration of an overdose of Midazolam, which he felt had killed the patient. The author’s interpretation of this event is to believe the doctor’s point of view, which is basically that this action might be covered by the double effect idea. Well, no, this is not so. This doctor appears (and I emphasise appears, as we are not provided with dosage information) to have over reacted. Arguably a lower dose would have worked, and was certainly the way to start (as is recommended in all the guidelines on the use of midazolam in these circumstances, which say that dosage should be titrated upwards in response to the symptoms it is designed to treat, which include agitation). This doctor is in need of training. One can certainly not use his case to argue that the PDE is no good because his actions were correct. They were not correct.

Again, I am not going to list all of the problems here, but there are more similar instances in the MS.

Against this main trend of over-interpretation and naivete about drugs and clinical practice, there are some interesting and worthwhile quotes and points made around pp. 20-22, where doctors are shown describing how they get around legal restrictions.
6. Are limitations of the work clearly stated?
Some are, but the author appears unaware of the problems listed above.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes, but their interpretation of that work is quite often biased and inaccurate. The author has rather too much faith in the validity of the findings produced by surveys and demonstrates a worrying willingness to draw unwarranted conclusions from this body of work. For example, at the bottom of page 4 the withholding/withdrawing ELDs and the alleviation ELD appears to be understood as ‘passive euthanasia’ which is very far from the truth. On page 5, the view that doctors felt palliative care was inadequate is not justified by the findings reported. The simple fact of such services being available says nothing much about the doctors’ judgements about its inadequacy and this cannot be inferred from their actions in other areas. They may simply have preferred to do the things they did without recourse to the supposedly ‘available’ service.

In addition, the author keeps referring to ‘ambiguity and inconsistency’ in doctors’ beliefs and positions, and indeed at the start of the methods section claims that there is a literature review somewhere that shows this, though no reference to this review is provided. The review provided in the paper does not, to my mind, support this conclusion, so I am left wondering why the author thinks this is true.

In addition, the author on page 6 presents arguments against the adequacy of the PDE. Since this is supposed to be the main conclusion of the study. It is disturbing to find the author has already decided that PDE isn’t useful any more, before even showing results of his study to the reader. It is highly suggestive of a pre-existing bias, unfortunately a feature of much qualitative social research reporting I am sorry to say (I speak as someone who has done a lot of qualitative work myself).

8. Do the title and abstract accurately convey what has been found?
Yes.

9. Is the writing acceptable?
Yes (if by this you mean clarity / grammar)

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

No competing interests