Reviewer's report

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

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Reviewer: Niklas Juth

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Comments on 'Decisions that hasten death: Double effect and the experiences of physicians in Australia'

1. Is the question posed by the authors well defined? Yes.
2. Are the methods appropriate and well described? Partly so. The qualitative method is well described, but it is unclear what the critical realist position means and how it affects the analysis of the material. Please see more detailed comments below.
3. Are the data sound? Yes.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Well, usually results and discussion are separated. In this article they are merged. However, I do not think it affects the quality of the presentation of data or discussion, so this is merely a formality that the author may ignore.
5. Are the discussion and conclusions well balanced and adequately supported by the data? To some extent. The author convincingly demonstrates that physicians refer to double effect reasoning (while at times at least) being ambiguous towards this kind of reasoning, but use it as a tool to gain support for the action they feel they should perform. This is also the most important conclusion, as far as I see. However, the conclusion regarding the critical realist position is harder to take a stand on, since it is unclear what this position consist in and how it helps the analysis. Also, the normative conclusions regarding revising laws do not follow from the empirical material, of course (otherwise, we would have a case of the natural fallacy). The author here needs to be more modest; perhaps the author can claim the conditional that if we would like physicians to be able to act out of compassion to a larger extent, we perhaps need to change the law. It also sounds incredible to me that Australian law only cares about intent (or that physician thinks so). This would need to be backed up by references.
6. Are limitations of the work clearly stated? Yes
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes.
8. Do the title and abstract accurately convey what has been found? Yes.
9. Is the writing acceptable? Yes.
Minor Essential Revisions

Abstract and passim:

The Principle of Double Effect is referred to as a “medico-legal structure”. First, I do not know what that mean (is it something else than a legislation? What?) Second, the Principle of Double Effect is a moral principle (or rule or doctrine, it has been called all these things). However, I am not aware of any place where it is a law. Is it really in Australia? Or is it only that intent matters when hastening death (as in almost all jurisdictions) and the Principle of Double Effect expresses this kind of thinking? Please clarify.

Abstract: change the sentence “the purpose of this study was to provide a greater understanding of how and why physicians in Australia will hasten death.” to “the purpose of this study was to provide a greater understanding of how physicians in Australia reason regarding how and why they hasten death” or something of the like – of course, we will not find out what they (will) do by interviewing them but how they talk about it.

Page 5 and passim:

The term “euthanasia” is often and increasingly used and defined in accordance with the Dutch definition, which says that euthanasia is the administration of drugs with the intention of ending life at the explicit and voluntary request of the patient. According to this use, for instance, withdrawing treatment that results in the hastening of death would not be euthanasia. It seems that in the introduction, the author sometimes uses euthanasia in line with the Dutch definition and sometimes synonymous to the much broader term “hastening death practices”. For instance, on page 5, the author mentions “non-voluntary euthanasia”, which according to the Dutch definition would be a contradictio in adjecto. The author should be careful to use the term “euthanasia” when the narrow Dutch definition is presupposed and “hastening death practices” when more broad definitions are presupposed or, alternatively, explicitly explain where and why another terminology is used.

Page 6:

It is simply not true that “the PDE … only consider the intent of the physician”. It also considers, e.g., proportionality in outcomes comparing the good and the bad effect. The author should take a generally accepted definition of PDE as the point of departure, e.g. Mangan's.

Please explain or exemplify what is meant by “unique moral or emotional factors that may be relevant.”

Please rephrase or explain what is meant by “complex specificity” in the sentence: “Few jurisdictions other than the Netherlands recognise the complex specificity in end-of-life decision making.”

Page 7 and passim:

If this is a study based on semi-structured interviews (which is claimed e.g. at page 7), there should be an interview guide. It would be useful if this guide was provided as an appendix, both in order to evaluate the method and the result
(e.g. in order to determine to what extent and what way the answers and themes are directed by the questions).

Page 15-16:
In the sentence “she also uses the word “inadvertently”, which implies double effect” the word “implies” is too strong and should be replaced with “suggests” or something of the like.

Page 16:
The author conflates two separate distinctions, that between active and passive and that between intent and non-intended (but, perhaps, foreseen) effects. This is why it is wrong to say, for instance, that: “He emphasises the word “actively” when ending life, which connotes intent.” The difference between these distinctions must be upheld throughout the article.

Page 17:
It says: “Robert mentions “harder to accede”, suggesting that because such a decision is collaborative rather than autonomous by the physician it may be more professionally or legally risky.” I do not understand why this suggest what it is claimed that it suggests, and furthermore I do not understand collaborative decisions are more professionally or legally risky. Please clarify or leave out this sentence.

Page 21:
“These excerpts identify important contextualised structures that uniquely influence in the moment, specifically, those of the patient, himself, and professional and legal ones, and which also situates his experience temporally.” I do not understand this sentence at all. For instance, what does “contextualised structures” mean and what does it mean to have one’s experience temporally situated? Clarify or cross out.

Major Compulsory Revisions
Page 8 and passim:
“Thematic analysis was compatible with the critical realist epistemology and theoretical considerations of the research [34], and particularly useful for examining data that was previously unexplored.” How are they compatible? In what way is it useful? This is unclear throughout the article. These problems recur in a number of places. For instance, in the abstract it is claimed that “A qualitative investigation grounded in a critical realist paradigm was focused on palliative and critical/acute settings.” How can a qualitative investigation (which this clearly is) be “grounded” in a “critical realist paradigm”? The problem is that it is unclear throughout the article what the critical realist position consist in and how it contributes to the analysis of the material. This is the major problem with this article. I do not see that anything of importance in the discussion or conclusions would be lost if the author simply drops this theoretical
superstructure, which seems to me wholly unnecessary. If the author wants to keep it, then it must be clarified further.

Page 12-15:
I fail to see why the paragraphs under the theme and heading Religion and sanctity of life starting with the following sentence are not separated as one or several separate themes: “However, contrary views to such commonly accepted positions on hastening death are also provided by some physicians who consider patient choice and autonomy most important in directing their position on controlling the timing of death.” They provide lines of reasoning that has no necessary connection to religion – they are about other values such as autonomy and compassion to which one may adhere regardless of religious beliefs. Please motivate why these paragraphs should be subsumed under the theme (and the fact that the physicians invoking these values “might reject the sanctity of life position”, p 14, is not enough) or, preferably, separate what is said in one or more themes of their own.

**Level of interest:** An article of importance in its field

**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.