Reviewer’s report

Title: Attitudes towards neonatal euthanasia of the general Austrian population: a survey

Version: 1 Date: 16 June 2014

Reviewer: Ralf Jox

Reviewer’s Report:

This manuscript reports the results of a telephone survey among the Austrian citizens regarding the attitudes towards allowing euthanasia in neonates who might survive long-term but are considered to suffer severely. The topic is clearly within the range of relevant topics to be published in BMC Medical Ethics. Although the number of neonates who fall into this category is not large and the legal situation regarding neonatal euthanasia is quite stable in most European countries, it may still be ethically and practically relevant given extreme single cases. The results show that 36.4% of the Austrian population is in favor of neonatal euthanasia in these cases, in particular citizens who are older, less educated and less experienced in end-of-life care. There are, unfortunately, some shortcomings in the study design that weaken the generalizability of their data. The manuscript is generally clearly structured and well written, but it the introduction and discussion parts lack ethical reflection on the topic and their findings. There are no major points that need compulsory revision, but some minor points that need be improved. I recommend the publication after minor essential revisions.

Major Compulsory Revisions:

None.

Minor Essential Revisions

1) Abstract, line 19-20: The last sentence is a conclusion that cannot be drawn from the data. Please formulate this more cautiously.

2) The introduction should address the question why neonatal euthanasia is a relevant question (why not simply withdraw life-sustaining treatment in these children?) and why this should be studied in Austria. There should be some information about the legal, medical and social context in Austria regarding the care of neonates. Do you have any regulations or professional recommendations on how to deal with end-of-life decisions in neonates? What is the practice in neonatal end-of-life decision making in Austria? Is neonatal euthanasia being discussed in the public or in the medial community?

3) Methods: Please add the exact date when the study was conducted. Was it in 2009? How can you explain the delay in reporting?
4) Methods: the central question about the attitude towards NE (line 106ff) is very vague. Notably, it misses the conditions you outlined before in the introduction (unbearable suffering, parents’ consent…). Please give as much specific information about the formulation and any related information you gave to the participants as possible. Discuss this in the limitation section. A major problem is that you interpreted the categories “undecided” and “do not know” as “approve”, which is not justified. You should distinguish this more clearly in the results section.

5) Study design: The same authors also published a survey on VAE in the Austrian population (ref 15): was this the same survey or a different one? If it was a different one, it is more problematic to compare both results, and it would have been better to ask the same citizens on both topics. (Address in discussion part)

6) Line 183ff: Why is the argument from unbearable suffering not applicable in neonates? Please discuss whether and what difference it makes when suffering is inferred from observation of behavior or clinical data in contrast to the situation when the patient expresses his suffering.

7) Discussion: Please briefly discuss the normative relevance of your results. What can these results teach us about the question whether and how to legalize/allow NE?

Discretionary Revisions

1) Abstract, line 15-16: Please state more clearly in what way the age, educational level and experience with end-of-life care affects attitudes towards NE.

2) Line 40: Does the Groningen protocol not primarily aim to give guidance on how to properly conduct (not only report) NE?

3) Lines 41ff: Could you maybe give some examples for these 3 groups, especially for the latter who was the group you focused your research on?

4) Line 60: redundant phrase (“if it is ethical and if it can be justified”).

5) Line 38 and 62: Please use past tense for events in the past or past projects such as the EURONIC project.

6) Line 77: What is Computer-assisted telephone interviewing?

7) Line 78: Why did you choose to include citizens aged at least 16 years? What is the age of legal maturity in Austria (18)?

8) Methods: Were there any further inclusion or exclusion criteria? Could you verify language comprehension?

9) Line 94: Educational level is not clear (what is difference between high school diploma and university? What is apprentice/vocational?). How did you ask about socio-cultural ideology? It can be doubted whether the self-perceived labels “conservative” and “liberal” as well as “left-wing”, “right-wing” are meaningful categories in a current democratic society where classic political schemes are no longer applicable.

10) Line 98: How did you define “experience in the care of severely ill” or in
end-of-life care? Did you ask about care for severely ill children or neonates? Did you distinguish between professional and private care experience?

11) Line 99: The self-rating of health is a very crude measurement, a 10-point numerical rating scale would have been better.

12) Results p. 7 and 8: Better use other subheadings for the results that have to do with the content of the results. On both pages there is much redundancy between the text and the tables (here you could shorten the paper).

13) Line 130ff: It makes more sense to state this results positively (approval rates instead of rejection rates), as the approval is the new and surprising result.

14) Line 205: Why should knowledge of prenatal care and predictive testing explain more rejection towards NE? Wouldn’t it be plausible to think that people who are more ready to accept an abortion are also more ready to accept NE? See also line 218f. (does not seem consistent).

15) Line 122ff: End-of-life care experience of the surveyed citizens probably largely concerned older adults. How can this explain attitude towards NE?

16) The whole manuscript needs careful editing for language mistakes (grammar, style, commas).

**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