Reviewer's report

Title: Trust increases Euthanasia Acceptance: A Multilevel Analysis using the European Value Study

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Reviewer: Joachim Cohen

Reviewer's report:

This is a very interesting article evaluating the relation between trust and euthanasia acceptance, both at an individual level and a country level.

The author has done a very thorough work, building up a clear rationale for the analysis and with sound considerations about the concepts to be included the model and its operationalizations.

The paper also provides a thorough review of the relevant literature.

The work is original (the association between trust and euthanasia acceptance has scarcely been empirically evaluated, certainly not at a cross-national level) and the association of interest is highly interesting for the political-ethical debate around euthanasia legalisation, which often speculates about the concept of trust.

The writing of the manuscript is clear. There are some typos that need to be checked.

Publication of the manuscript in BMC medical ethics seems warranted.

I only have a number of minor remarks

Discretionary revisions

Overall, avoid using a term like ‘passive euthanasia’, particularly in this article as it adds to the confusion around terminology.

Abstract: Results: rather than saying that the level of trust was linked with euthanasia attitudes I suggest giving the direction of that association.

Introduction

Remove the reference to the ‘passive euthanasia’. I think you do not need this argument and it creates confusion. It is a separate practice from euthanasia.

Methods: autonomy in the form of moral-relativism: I am not sure why the authors connect both concepts. I think it is more correct to just label this factor as moral relativism and to not link it with autonomy.

The sentence: ‘All country level variables were mean centred for the regression analysis’ is not clear to me.

The statistical analysis needs a bit more explanation. Notably the criteria underpinning the choices to in- or exclude variables (or keep and remove) in the statistical models need to be explained.

Results:
Results that are in the text but not in the tables need to be indicated with “not in tables” between brackets. This is for instance the case for the results for the R-squares.

Tables:
Table 3: The use of bold is confusing. It is explained as denoting the variables of interest, but some of them are not bolded. Also the bolding, to me, seems to suggest a significant effect and this could be confusing for readers as well.

Discussion:
The finding that “it seems that trust in health care at the individual level follows a logic other than that at the country level” is a core finding and deserves more explanation in the discussion. How do they follow another logic? How do both interact according to the author? And how would trust at the individual level have a different effect in high-trust versus low-trust countries.

In the limitations I think the argument of looking at social capital, although probably a viable suggestion, needs to be stressed less prominently. I think it is just one of the possible other aspects to look at to understand the trust-euthanasia association.

I would like the author to shortly reflect also on the possible influence of euthanasia legislation on trust. An often-heard argument in the euthanasia debate is that legalisation would erode trust (in physicians and the health care system). Hence, this makes it also relevant to evaluate not only how trust diminishes slippery slope fears and impacts on euthanasia acceptance, but also how euthanasia legalisation and practice influence trust.

The high levels of trust in the health care system in Belgium, Luxemburg and the Netherlands seem to suggest that legalisation has not eroded trust (although time-trends would be needed at least), but perhaps it is a question that needs further research?

References:
The following relevant reference was not included:
Cohen J, Van Landeghem P, Carpentier N, Deliens L. Public acceptance of

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

no competing interests