Author's response to reviews

Title: Are there morally relevant differences between hymen restoration and bloodless treatment for Jehovah's Witnesses?

Authors:

Niklas Juth (niklas.juth@ki.se)
Niels Lynøe (niels.lynoe@ki.se)

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Author's response to reviews: see over
Dear editor,

We are very much grateful to the unusually helpful and constructive comments from both reviewers. They have certainly improved the manuscript immensely. We have tried to accommodate the comments to the best of our ability and hope the result is (more) satisfactory. We would like to extend an especial thank to Brian D. Earp, whose level of ambition and detail in reviewing our paper is impressive and extremely helpful – he has set a new standard for reviewing for both authors.

Point-by-point answers to the reviewer’s comments:

Reviewer 1 (Earp):

“Title: the word “moral” should almost certainly be added to the title between “relevant” and “differences” – otherwise, we don’t know (although we suspect) along what dimension the differences are going to be analyzed.”

Answer: We agree. Done.

“Abstract: In the abstract, there is a grammatical ambiguity in the first sentence. It reads “…to help young females subject to honour-related threats.” However, “subject to” can mean either “under threat of” (which is the intended meaning) or “to give into” (which is obviously not meant, but which a logical way to read the sentence). So, something like “… to help young females under threat of honour-related violence” would take care of the problem.”

Answer: We agree. Done.

“Introduction: I would like to have seen an introduction giving an outline of the paper, or some general remarks, before getting right into the ‘background’ section. I realize that this function is served, at least partially, by the abstract – but I think that even a small paragraph of introductory material (that doesn’t just repeat the abstract) would improve the reader’s experience, and give a sense of ‘overview’ before jumping into the background section.”

Answer: We agree. Done.

“Line 30. Instead of saying “one is disgracing … oneself” the authors should say, “one is thought to be disgracing … oneself” – i.e., the authors need to be clear that they are not, themselves, endorsing the honor-culture theory, but rather describing what is perceived as being so, by (some) people in the relevant cultural contexts. This is true throughout the ‘background’ section: the authors need to go through and say what is ‘perceived’ or ‘thought to be the case’ re: the meanings (commonly) associated with sex & virginity in an honor-culture context.”

Answer: We agree. Done.

“Line 33: Instead of saying “it is presupposed that the young female …” the authors should say something like, “it is usually presupposed” or some such similar qualifier. This is because the authors should not homogenize the cultural groups they’re talking about: surely, there are at least
some individuals from these cultural backgrounds who dissent from the dominant interpretations, reject the relevant norms, etc.”

Answer: We agree. Done.

“Line 35. The authors say, “since traditional honour cultures are patriarchal, focus has been on the young females rather than the males.” I’m not sure what the explanatory value is of referring to these cultures as “patriarchal” since most societies on earth could be described as patriarchal (see, e.g., Public Policy Advisory Network … 2012), and since patriarchy and honor-based norms are not necessarily linked (i.e., one can have the former without the latter, although probably not vice versa).”

Answer: We do think that all known so called honour cultures are patriarchal (as most societies on earth – we certainly agree to that – in fact we have argued in previous articles that our own culture may not be much better in this regard). We do agree that this does not make the link between patriarchal cultures and honour cultures necessary – one can certainly imagine honour cultures that are not very concerned with sex or gender or that are matriarchal. However, we maintain that in today’s honour cultures, the rule is that they are patriarchal and that this explains the preoccupation with controlling female sexuality. However, acknowledging the correctness of the reviewer’s points, we have added a qualifying “commonly”, signalling that we do not think the link necessary.

“Line 39. Again, instead of saying “Disgrace is brought on the young women’s family,” the authors should say something like, “Disgrace is thought to be brought on the young woman’s family.” That is, they should make it clear that they are not endorsing the theory, but simply reporting on what is commonly thought to be the case, in the relevant cultural context.”

Answer: We agree. Done.

“Line 40. Instead of “The only way of restoring that honour might be to …” it should be: “The only way of restoring that honour is commonly thought to be …” (and so on).”

Answer: We agree. Done.

“Line 44. The authors say, “In today’s western society, we generally consider …” However, this is a needlessly western-centric way of setting things up; it assumes that the reader is “western” and shares the author’s values as well as cultural framework. Since we have the internet now, papers (such as this one) can be accessed/read by anyone, anywhere on the globe: more inclusive language is probably preferable. Also, the term ‘western’ is increasingly seen as being problematic. So, perhaps something like, “In ‘western’ societies, by contrast, honour-related norms are typically seen as obsolete and dysfunctional” would be better. Although it’s cumbersome, the authors might consider putting ‘western’ in single quotes (like that) throughout, just to acknowledge the scholarly controversy over the term. Up to them.”

Answer: We certainly agree on this important point. We have changed throughout the text accordingly. A brief explanation on our rather sloppy and stereotypical use of “western societies”
– we had in mind a rather specific theory on honour cultures, according to which (very roughly) honour cultures tend to emerge in the absence of a strong state that effectively can enforce a rule of law. However, we did not want to burden the text with this – instead we summarised such “rule of the law”-societies by saying “western”. This is, we realize, problematic although simplifying. We are grateful for the reviewer providing us a way out of the problem.

“Line 47. The authors write, “Some young women adopt the habits of the host country, including sexual relations before marriage.” This is a bit ambiguous/unclear. It’s not so much that ‘western’ societies have a ‘habit’ of premarital sex, as that they are generally more tolerant toward such sex, as a general rule (although of course, in, say, the southern United States – surely a ‘western’ country that hosts immigrants from relevant other cultures – there are widespread ‘indigenous’ honour-based cultures that use shaming to discourage premarital sex as well: e.g., certain conservative Christian groups in the “Bible Belt”). So, clearer would be something like: “Some young women adopt the attitudes and/or behaviors of the host country, including tolerance toward (or engaging in) sexual relations before marriage.” Then: “Since very few of these young females (who have engaged in premarital sex) are prepared …””

Answer: We agree and have changed according to the suggestion.

“Line 51. The word ‘tighter’ should probably be in single quotes (like that) to pick it out, since it’s a somewhat crude way of referring to vaginal tightness (i.e., the young female is being described as being ‘tighter’ – when actually, it is her vaginal opening specifically, to which she should not be linguistically reduced. Putting the term ‘tighter’ in single quotes would make it clear that the authors are not engaging in such linguistic reduction themselves, but rather gesturing at the reduction being committed by those who think, e.g., the young females should be virgins at marriage.”

Answer: We agree. Done.

“Line 56. The authors refer to “the official guidelines” – but what do they mean? As published by what organization? The specific issuing body should be stated, so that the reader doesn’t have to go to the references section to find out.”

Answer: We agree. Done.

“Line 57. I’m not sure “medically futile” makes sense here. Either one adopts a broad definition of medicine, according to which it is the sort of thing that employs ‘medical’ technologies to improve health/well-being – in which case hymenoplasty is probably not futile, since it could plausibly have this effect; or, one adopts a narrow definition of medicine, according to which it is the sort of thing that is geared toward treating disease or deformity (setting aside the obvious debate over the meaning of those terms), in which case ‘medically futile’ is still an inappropriate term, since hymenoplasty is not intended as ‘medicine’ in this sense. Now, the authors are just citing the “official guidelines” here, so I’m not saying that they are using the term improperly themselves; but it seems obvious that the “official guidelines” (if they do in fact use this term) are making a conceptual mistake. Therefore, for the authors to simply reference/cite/include this mistake without any kind of comment is less than ideal. So, either the authors need to say a bit
more about what the “official guidelines” are getting at in the use of this term, perhaps in a footnote, or, if they don’t want to get bogged down in a discussion of the appropriateness (or otherwise) of the term medical futility in this particular passage, perhaps they should just use a different term (e.g., by describing the “official” stance as saying something along the lines that hymenoplasty “has no medical function” … or something like that—in which case it would be clear that the official guidelines are using a ‘narrow’ definition of medicine).”

Answer: We certainly agree to this important point – we think this to be part of our argument against the official view (when reasoning about medical need). Unfortunately, this is the term is used in ref 5 and 6, without signalling awareness of its problems – they are making the conceptual mistake described by the reviewer. We do not want to pre-empt our discussion at this point, nor get into the terminological issue, so we are happy to use the last suggestion by the reviewer.

“Line 58. What ‘human rights’ are being referred to here? The girls’ right not to be killed for ‘bringing shame’ upon her family? The girls’ right to have consensual sex with whomever she pleases without facing social consequences? The latter is probably harder to defend as being a universal right. In other words, this is a somewhat facile and imprecise reference to ‘human rights,’ given well-known debates about the grounding for such rights, the scope of their applicability, etc. (e.g., Dembour, 2006). A parenthetical phrase saying what is meant/what right is being referred to, would help.”

Answer: This is difficult, since not much is being said about this in the official guidelines, but we think that the most charitable interpretation of the guidelines would be something in between the suggestions from the reviewer, something like “The right to have consensual sex without being threatened, exposed to violence or killed (or any other form of sanction that goes against criminal law).” However, we are reluctant to make the guidelines clearer than they actually are. Nonetheless, we acknowledge the point of the reviewer and add the charitable interpretation.

“Line 87. A qualifier is needed: something like, “since he or she [typically/might/could be expected to] lose all old friends and relatives.” This is because we don’t know for sure that this will happen, and it probably doesn’t in some cases.”

Answer: Agreed. Done.

“Line 92. This is ungrammatical. It should be something like: “The case of Jehovah’s Witnesses has actually been used as a paradigm example of …””

Answer: Thanks – revised accordingly.

“Line 104. The word “healthcare” should be “a healthcare professional” (or similar).”

Answer: Again: Thanks – revised accordingly.
“Line 144. A few general questions about this section on “need” … If the argument is supposed to be that a “need” is equally present in both cases, then, do the authors suggest that such a “need” (in the relevant sense) must be demonstrated before the operation could be considered permissible? In both cases, “the patient’s life might be threatened” is offered as the relevant problem, to which an “extraordinary intervention” might solve the problem. But in some cases, a girl’s life may not really be threatened (in that there is a meaningful chance she will actually be killed), but rather, she may be subject to harassment/shame, stopping short of murder. So, must she offer a credible case that her life really is threatened, for the moral analysis to work? By contrast, in the case of JW’s, we “know” that failure to do the transfusion (assuming other options are off the table) is life-threatening in a deterministic, physical sense. So, it’s not clear that “the patient’s life might be threatened” actually signals an equivalent risk in both cases, holding all else equal. Another point about need: the authors are using a very loose definition of this term! “Potentially having a problem, X, to which Y is (or may be) one possible solution, although there are potentially other solutions, as well” is not really enough to show that Y is “needed” on any reasonable gloss of that term. In order for Y to be considered “needed” (even on a very loose definition of ‘need’), we need to be able to rule out alternative solutions. So, I would put the section on “alternative solutions” (currently Issue 9) immediately after this section – Issue 1 – on “need” so that we can have a more meaningful sense of “need” (i.e., by having ruled out alternatives, or shown that the alternatives are equally undesirable in both cases, or whatever).

Answer: As regards the first point, we agree, at least partly. The threat of life may differ as regards Jehovah’s as well, since there is (sometimes at least) a small possibility of surviving some bloodless operation even without extraordinary interventions. There must not be a threat to life, then, in order for the analysis to work – the two types of interventions are quite compatible anyway. We have clarified this. As regards the second point, we partly agree again. According to some conceptions of need (like Wiggins) lack of alternatives are crucial in order for there to be a need. We actually do not agree to this theoretical point. However, we do not want to make this an article about the concept of (health care) needs, so we are happy to use the route suggested by the reviewer and refer to our later discussions on alternatives. Since there are no relevant differences with regard to alternative interventions, there is no difference with regard to need (even if one concedes that the presence of alternatives is relevant to determine whether there is a need).

“Line 145. “If a sexually active young female is unable to imitate a virgin’s signs and produce a bleeding…” needs a qualifier, something like: “If a sexually active young female is unable to imitate (what are presumed to be) a virgin’s signs …” – since, of course, one can be a virgin (i.e., not have had penetrative sex) and yet still not bleed nor have a hymen (for any number of reasons).”

Answer: We agree. Done.

“Line 152. In the discussion on “medical reasons,” the authors should consider making use of the much-discussed distinction between “treatment” and “enhancement” – since, on the definition of the latter term recently proposed by Earp, Sandberg, Kahane, and Savulescu (2014), both hymenoplasty and bloodless transfusions could be considered ethically-justifiable uses of
medical technology -- even if they are not geared toward ‘treating’ a recognized disease -- since in both cases, they would likely improve the person’s well-being (all else being equal), given relevant circumstances.”

Answer: We agree with the argument in the above mentioned article, but think that it would expand our text too much to account for that argument and its relevance for our argument. So, having considered this, we will leave that for another article.

“Line 176. Since an empirical claim is being made – i.e., that hymen restoration is “fairly risk free” – a citation should be given for this.”

Answer: Agreed. Done (this is corroborated in ref 4, which we refer to in this instance).

“Line 180. I don’t see how the “prestigiousness” of the intervention is even potentially morally relevant. I think this section should be deleted, unless the authors have a very good reason for including it, which they should then make clear.”

Answer: We agree. The reason that we kept this section in the first place is to pave way for the discussion about the praiseworthiness of different physicians in the end (where prestigiousness seem to make a difference, although it should not). However, when we consider it more carefully, we realize that this actually makes the section more superfluous, since we discuss this anyway. So we are happy to change the text as suggested.

“Line 192. I think “benefits for surgical practice” would be much clearer than “values for surgical practice” – since “values” has different meanings.”

Answer: We agree. Done.

“Line 210. The authors should say, “potentially life-threatening situations” instead of just “lifethreatening situations” – because, in at least the hymenoplasty case, we don’t actually know that the case is life-threatening without some further evidence.”

Answer: We agree. Done.

“Line 219. In this section, some mention of the concept of “assent” should probably be made. There are many cases in which a young person is considered capable of providing ageappropriate “assent” to some intervention, even if s/he can’t strictly provide “consent” (because the cognitive demands for assent are thought to be less than for consent).”

Answer: We agree. Done.

“Line 230. More needs to said about “autonomy-empowering” treatment. First, what is it, exactly – or, roughly, how does it work? Second, would such ‘treatment’ actually mitigate the threat-to-life in cases in which that threat exists?”

Answer: We agree. Done.
We agree. We say something (roughly) about what this means and explain that it will not (in itself) do anything to eliminate possible threats.

“Line 233. More needs to be said about why a differential appraisal of the “reprehensibleness” of the relevant norms gives us ‘no reason’ to treat the patients differently. ‘No reason’ is a very strong claim! So: if someone wants to do something on behalf of norms that are considered especially reprehensible, and if we think that by allowing that action, we reinforce that norm, then we may indeed have a good reason to fail to endorse that action. This is as compared to another action, resting on different norms – and norms that are seen, perhaps justifiably, as being less ‘reprehensible’ – whose endorsement/facilitation, therefore, would reinforce a less problematic norm. So, unless we can show either that the norms are, in fact, equally problematic (**‘reprehensible’**), or that our allowing the action does not in fact reinforce the relevant norms (or etc.), then it seems to me that, at least prima facie, a different appraisal of the norms (assuming that the appraisal is grounded in some morally relevant concern) could in fact justify differential treatment. This isn’t an insurmountable problem; I’m just saying that a little more discussion of this point would be useful before moving on.”

Answer: This is a very good point that we have thought a lot about. We kind of hoped to dodge this issue, but realize that it will not escape the eye of the keen reader and that we have to tackle it head on. We have therefore added a whole paragraph on the issue, defending our stand (Issue 12) which is actually not as strong as the quote suggests.

“Line 235. It says, “The only way to save the JW patients is to offer the additional treatments.” But a qualifier is needed. It should be something like: “The only way to save the JW patients (without putting them at serious risk of being ostracized from their communities) is to offer the additional treatments.” Otherwise the sentence just isn’t true.”

Answer: We certainly agree – that is why we started the next paragraph with saying that this is only an alleged difference (that one may think is true at first sight). However, in order to make it crystal clear that we do not hold this false statement true, we will qualify it accordingly.

“Line 242. Grammar: “as regard costs” should be “as regards costs.””

Answer: Thanks – changed accordingly.

“Line 248. The discussion here seems a bit facile. One argument that some people might make is that honor-related norms are especially “reprehensible” because they are sexist; and since JW norms are not sexist (at least not the ones related to blood transfusion), they are less problematic (at least along this dimension). So, they might say, if doing the relevant intervention serves to reinforce the relevant norm, it is actually worse to do the intervention in the case of the more problematic norm, i.e., the one that, in addition to whatever other problems it has, is also sexist. Now, again, I don’t think this is an insurmountable objection to the author’s view; I just think they need to engage with it a little bit more carefully.”

Answer: We agree and try to address this legitimate concern in the new Issue 12, i.e. the claim that these norms are especially reprehensible (because they are incompatible with human rights –
however, the same argument could be made regarding sexist norms – the point is that they are more reprehensible).

“Line 257. I don’t understand this sentence: “However, considerations of fairness are …” – What does it mean?”

Answer: We think that considerations of gender equity are (partly) considerations of fairness. However, this is not an important point and seems unnecessary to go into, so we are happy to leave this “bridge-sentence” out.

“Line 263. See Earp (2014) for a recent discussion of the possibility that hymenoplasty might reinforce problematic norms and/or patriarchal structures, and how, potentially to get around this problem.”

Answer: We would like to thank the reviewer for bringing this relevant and important text to our attention – we think it strengthens our argument and quote it in the end of this Issue.

“Line 271. Grammar: “against this kind of … arguments” is ungrammatical. It should be either: “this … argument” or “these … arguments” …”

Answer: Agreed. Done (first alternative).

“Line 277. I think “hymenoplastic” should be “hymenoplasty” to make clear it is a noun.”

Answer: Thanks – changed accordingly.

“Line 280. This discussion of JW norms seems a bit too easy. The specific norm about blood and blood transfusions is not patriarchal/sexist, and so, it’s not clear that upholding this specific norm actually does have anything to do with upholding patriarchal structures, either in practice, or in terms of “expressive” support.”

Answer: We agree – we were not thinking about the specific norm, but rather about the institution as a whole. However, this point is not crucial to our argument and we are happy to leave it out rather than entangle in a discussion about specific norms vs. systems of norms.

“Line 282. The phrase “not exactly famous for” reads as being sarcastic, and should almost certainly be changed. And, again, just because – in general – JW’s may not be committed to gender equality, doesn’t mean that the specific norm about blood transfusion is problematic, simply on account of its being one of a number of norms that are held by JW’s.”

Answer: Again, we agree and have left this passage out.

“Line 282. I think the authors are right that religious norms vs. cultural norms are not quite so obviously separable as many people tend to think. In fact, a good paper making this point recently is “Cultural circumcision in EU public hospitals—an ethical discussion” by Brusa and Barilan (2009), which I think the authors should consider referring to and incorporating into their
discussion in this passage. As it stands, this section moves a little bit too quickly, and doesn’t quite give enough weight to the prevailing argument that ‘culture’ is different to ‘religion’ in a morally relevant way. Again, I don’t think the prevailing argument is very convincing, so I agree with the authors, I just think they need to expand on this point a little bit more, perhaps using the paper by Brusa and Barilan as a model.”

Answer: We are satisfied to note that Brusa and Barilan share our views. However, we fail to note what in terms of substantial argument they provide that we do not (regarding the different moral importance of religious vs non-religious cultural norms). We are therefore unsure how to expand and what the model is more specifically. We hope other readers see more clearly what they add that we lack and simply refer to their article.

“Line 304. Once again, I think the entire discussion of “prestige” is distracting, and obviously not morally relevant. I would recommend deleting this section. The authors could pick up the conversation around line 315, about the different attitudes towards JW norms vs. honor-related norms.”

Answer: For once, we do not agree. It is, we think, important to try to understand why these practices are assessed so differently despite (or so we have argued) the lack of (important enough) morally relevant differences between them – if there is no justificatory difference, there must be an explanatory. We think, and very briefly try to argue, that this to some extent may be understood in terms of different prestigiousness as regards practices, specialties, and patients. Hence, we would like to disregard this specific recommendation.

“Line 321. Again, the use of “our” here, makes it seem very western-centric, and needlessly exclusive. The authors shouldn’t assume that their readers are ‘western’ and share their perspective! Similarly, on line 324, “of course” should probably be deleted, and/or replaced with something like, “we believe.” I would also add “even” before “disgusting” in that line.”

Answer: We agree and have changed the text accordingly.

“Line 328. Yes, JW norms – in general – might be seen as being derived from an ‘old fashioned’ and patriarchal worldview, but (1) there is nothing morally wrong with being ‘old fashioned’ (so that’s not the relevant concept here); and (2) the specific norm about blood being a form of life that shouldn’t be exchanged between bodies, while potentially irrational, is not sexist/patriarchal. So, again, I think it’s a bit too easy to suggest that ALL norms that are held by some group that is patriarchal can be seen as “upholding” patriarchy, even if the specific norm in question does not seem to be related conceptually to invidious sex-based discrimination.”

Answer: We agree. Regarding (1) we have changed the word to “outdated” and regarding (2) we have left that line of reasoning out totally.

“Line 339. Re: the conclusion: it occurs to me that there might actually be a couple of morally relevant differences between the two cases (if some of my above comments do in fact entail this, although they may not, if the authors have good counterarguments), but this wouldn’t necessarily mean that we shouldn’t treat the two cases the same (i.e., reject both interventions or accept both
interventions). This is because it could be a balancing act: thus, while there are potentially SOME relevant differences between the two cases, it could still be true that SOME of those differences point in one direction (i.e., in favor of hymenoplasty) while others point in a different direction (i.e., in favor of JW norms), such that, on balance, the cases should still be treated equally with respect to whether we offer the intervention or not. So, all I am saying is that the authors don’t need to actually prove that there are NO relevant differences (or ONLY differences in favor of hymenoplasty) – which is a tough standard to meet – for their general conclusion to hold.”

Answer: We agree. However, we at least try to suggest this valid point of ethical theory is suggested in the first paragraph under the heading of “Differences regarding our evaluation of the physicians”, where we write that two differences (patient safety and cost-benefit) may not be enough to treat the cases differently. And this article is sort of an invitation for anyone inclined to try to come up with differences that are relevant and sufficiently weighty to justify different policies as regards the interventions in question. Hence, we hope to develop this point further in ensuing discussions.

“The title is a little long; could it be shortened to something a more concise?”

Answer: Done.

“Line 76. This is a non-sequitur. The previous sentence said that we were going to be turning to a case of an “extraordinary intervention” (that could be analogized to hymenoplasty), but then the sub-heading here says, “the norms of Jehovah’s Witnesses” (which is not ‘a case’) and the first sentence of the section begins talking broadly about Jehovah’s Witnesses as a branch of Christianity (which is also not ‘a case’). It’s clear what is meant, but the sub-heading and the first sentence of this section do not follow logically from the final sentence of the previous section. Some kind of transition would be helpful.”

Answer: Agreed. Done.

“Line 99. The word “are” should probably be added after “children” and before “taken care of” just for style/ clarity.”

Answer: Done.

“Line 165. The word “for” should probably be added between “and” and “other” in the phrase “… with the former and other authorities …” for logical clarity. So: “with the former and for other authorities” …”

Answer: Done.

“Line 176. The word “is” should probably be added between “and” and “fairly” for clarity. So: “… is an easily performed operation and is fairly risk-free.”

Answer: Done.

“Line 205. In recent years, there has been a move away from considering “the medicalization of
social problems” as being in and of itself a bad or problematic thing. See, e.g., Parens (2013); Earp, Sandberg, and Savulescu (2015). So, not only do the authors have the point that, if one is medicalization, so is the other, but also: even if BOTH are instances of medicalization, this may not necessarily be a moral problem (for either). The papers cited above give some relevant arguments for this view.”

Answer: We have read and agree to the main arguments of these articles. We have added a sentence and a reference regarding this.

“Line 220. On the question of autonomy and being influenced by the norms of one’s group: What if the girl actually rejects the honor-related norm? It seems important to point out that, in a lot of these cases, the girl (or woman) might not actually believe that it is wrong to have premarital sex, but may nevertheless be at risk of being murdered by her family. Is that case different from the one in which the girl actually endorses the honor-related norm (due, perhaps, to her autonomy being compromised by group pressure/indoctrination)? I suppose the same sort of reasoning could apply to the JW case: what about the case in which a JW person actually doesn’t think that blood transfusions are morally wrong, but who nevertheless is likely to be ostracized by his/her community for having the blood transfusion?”

Answer: These are all very good questions. We do not think that this article is the appropriate place to address the relationship between autonomy (or autonomous personal values) and oppressive norms or group pressure (we have partly done so elsewhere). We feel that this merits (at least) an article of its own and leave this to another time. To briefly try to address the issue in this article, we think, runs the risk of causing more confusion than clarification.

“Line 239. I realize that the authors partially get into this later (when they try to say that “religious” beliefs/norms and “cultural” beliefs/norms are not obviously separable on principle), but the JW person is not just faced with “rejecting norms” of his/her community, but actually, at least potentially, giving up or rejecting an actual metaphysical belief (i.e., that blood = life) that he or she may sincerely hold. Even though this belief may seem absurd to outsiders, it seems at least potentially different from being just a “cultural norm.” On the other hand, perhaps the belief that young women should be attacked/killed in order to “restore honor” is a comparable issue: i.e., a moral-metaphysical belief that even the girl herself might sincerely hold. But then, if she does sincerely hold this belief, it is inconsistent with her own worldview to request the hymenoplasty. I’m not sure exactly what the authors should do about this point – and perhaps they should just ignore it – but I offer it as food for thought. I just think that sincerely held beliefs vs. “cultural norms” are not quite so easily conflatable as the authors seem to think.”

Answer: These are more good points. From our own empirical investigations and the Dutch study to which we refer, we think there are some evidence suggesting that many of the young females do not share the norms and beliefs of their “home culture” regarding e.g. bleeding when having sex for the first time or regarding the importance of being a virgin when marrying. They sometimes, then, seem to “play along” in views they do not necessarily hold themselves in order to keep up their close relationships. Perhaps this is so regarding JWs as well (we have some anecdotal hear-saying from the local hospital indicating this). So one interesting question is the one regarding the relation between individual beliefs and values and the ones of one’s sub-
culture. Another is the one regarding the difference between (metaphysical) beliefs and norms – we think in both cases we are dealing with interrelated “clusters” of both (we agree that they are separable, though – in the case of JW the norm of not accepting blood is explained by a belief). However, we do not think these points, although interesting, would make any differences for our arguments, so we leave them be this time.

“Line 276. I think “to deceive” should be “in deceiving” for grammatical reasons, but it’s probably discretionary.”

Answer: Done.

“Line 281. Grammar: “they can also be construed as an expression” should probably be “they can also be construed as being an expression” …”

Answer: This sentence is now left out of the text.

“Line 355. The Authors’ information is given in reverse order to the actual authorship order. This should probably be synched up.”

Answer: Done.

“53. Line 368. Some of the references are in Title Case Like This, whereas others are in Sentence case like this (i.e., with only the first letter of the first word capitalized). This needs to be made consistent throughout.”

Answer: Done (only the first letter capitalized throughout according to Vancouver-standard).

Reviewer 2 (Oultram):
“This is a provocative paper which should add to the pre-existing debate on the construction of cultural and religious exceptionalism is medicine. However, before a final decision can be made regarding publication I would ask that the authors consider the following:

The authors examine 14 issues which they use to support the central argument of the paper. However, trying to cover so many in such a relatively short space of time resulted in an analysis that felt rushed. Therefore it might be better to reduce the number of issues covered in favour of increasing the analysis of those that remain. For example, (unless there are good reasons for retaining them) my feeling is that issues 4, 5, and 11 could all potentially be dropped without harming the paper.”

Answer: We agree, both to the general remark and the specific suggestions on what to leave out. We have changed the text accordingly.

“As for additional/expanded analysis I felt that issue number 13 needed further detailing - especially given that the authors themselves recognise this as an important issue. In particular: Lines 262 to 263 The Authors note that “it could be argued . . . . ect”
Please set out the rationale for the argument’

Answer: We agree that Issue 13 is especially important and need to be elaborated, as pointed out by the other reviewer as well. However, as regards the specific point on line 262 and 263 in the original text, we realize that we overstate things when we say that it could be argued that (allowing or performing) hymen reconstruction support patriarchal norms – what we should say is that it has been claimed (in answer to a survey on this we did among physicians). We have tried to extrapolate from this various interpretations of what responders mean when they say things like this: do they mean that it actually promotes these norms or (merely) that it expresses support for them. We have clarified this. Another thing that one could mean is that these norms should be combated to a greater extent (than norms of JW), since they are worse e.g. by being incompatible with human rights. We have added an issue about that (Issue XX) and hence expanded our discussion.

“Lines 270 – 272 The authors need to set out clearly the rational for the ‘expressive argument’ they are seeking to engage with”

Answer: Agreed. We have tried to do so by expanding on this – a section is added on the line of reasoning behind the expressive argument.

“Lines 271 – 279 The authors make two substantive claims / identify two alleged problems with the ‘expressive argument’. I feel both of these need further explanation and justification – at present coverage is too brief Also, please contextualise these points with the main argument in the paper”

Answer: Agreed, we have expanded on this by further detailing, explaining, justifying and contextualising our line of reasoning.

“Lines 280 – 283 I do not understand what this observation adds to the paper? I would recommend that it is removed.”

Answer: We agree. This was not adequately considered when we wrote it and we have removed this passage.