Reviewer's report

Title: Ethical challenges in surgery as narrated by practicing surgeons

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Reviewer: Kathleen M Oberle

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Review of Manuscript: Ethical challenges in surgery as narrated by practicing surgeons

REPORT TEMPLATE

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

This is an interesting research question. While some studies have been completed regarding ethical issues experienced by practicing physicians, no research has been directed to the issues identified by surgeons. Such a study can provide insight into the world of the surgeon, which might be particularly useful for fledgling surgeons and those who educate them. I found it very interesting to read, and felt that I learned something important.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

Overall I thought this was very well done. The method of analysis, which is often somewhat neglected in reports of qualitative studies, is clearly outlined.

Comment 1. Minor discretionary revision: I questioned whether they used any field notes or memos or other aids to memory, and whether these were used in the analysis.

3. Are the data sound and well controlled?

In this type of study, I measure soundness of data on whether it resonates with what I understand of the experience, and with descriptions in the literature. Only those who have had the experience can truly assess this, but from my own understanding I think it makes perfect sense. The literature integrated into the discussion supports the findings.

Comment 2. Minor essential revision: That said, I had a few minor problems with the review of literature. In the literature review, some of the conclusions seem rather broad-sweeping. For example, the authors indicate that “surgeons experience emotional discomfort in giving bad news.” I think that is probably true, but I don’t know if it is true for all surgeons. In another example, the authors state, “Physicians have difficulty acknowledging personal errors because they are experienced as personal defeats and thus confirm that the surgeon is vulnerable.” Perhaps these kinds of statements could be qualified in some way, for example, “Research suggests that surgeons feel emotional discomfort in giving bad news”. My concern is that some statements in the lit review
are very definite, but there is no critique of the research, and no indication of how generalizable the findings might be. I don't think major changes are needed; I just think it needs to be qualified. It's also difficult to determine whether the citations are from research-based or conceptual literature, which I think is important. Are the cited authors just speculating that these are problems, or are they basing their conclusions on empirical evidence? There are a number of instances in the literature review where this is a problem.

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

Good discussion. I found that the discussion pulled it all together, and the cited literature effectively placed it in context.

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

Yes.

7. The title and abstract accurately reflect the paper's content.

Yes.

7. Is the writing acceptable?

Generally speaking the writing is sound. There are some minor editorial issues that need to be attended to, such as consistent use of tense, word usage etc. These can be easily corrected. I have given some examples below. The authors should look for consistency throughout the paper.

Comment 3: minor essential revisions. My examples are merely suggestions for how the concerns might be addressed:

Many authors argue that respect and trust in the physician-patient relationship have been eroded in recent years in spite of the physicians’ increased therapeutic armory … but surgeons have to learn to function at an optimal level despite these challenges

There are a few instances where punctuation is a problem. For example:

Henriksen & Hansen [33] found that general practitioners seemed to strive for an ideal of a humble attitude towards problems; being too self confident was regarded as a threat because of the increased risk of downfall."

On page 10, at the bottom of the page, “patients backgound” should read “patients’ background” Page 12: “a couple of year’s back” should read “a couple of years back”

Page 13: that it is important that everyone

Page 16: “They say that it feels tough not to be able to or not to be allowed to help patients. They also say that they sometimes feel guilty if the treatment does not succeed. They also accept the possibility of making mistakes as an essential part of the profession. “ Please vary sentence structure and avoid colloquial usage such as “tough”.

Page 22: The following is awkward. Changes are indicated. “Interdependence and exchange are central aspects aspects of human lives according to the ethics of Løgstrup [43]. He call this “display of life”, meaning that human beings are fundamentally dependent on one another and that we always are giving and receiving something in our relations with others. Human life means expressing oneself with the expectation of being met ?? what does this mean? by others. This means that each individual is challenged to take care of that part of the other’s life that is in one’s own power."
Page 24: Changes needed: “It is not in every person’s or profession’s power to choose i.e. to act as his/her conscience directs [41].

Comment 4: Minor essential revisions:

Another small concern is the use of language, particularly the word “relation”, which seems to be used in preference to relationship or relational. For example the authors state, “The vulnerability of patients is emphasized in the literature of medical ethics. Less is written about the vulnerability of the physicians in their relation to patients, relatives and colleagues. Being involved may engender feelings of helplessness and vulnerability in the physician.” I think I understand what this means, but I wonder if they mean “relationships with” rather than “relation to”. That would make it clearer as to what “being involved” means in the next sentence. Throughout the paper the authors use the term “relation ethics”. In my reading of the literature I have not seen this term. Instead, I believe common usage is more along the lines of “relational ethics”. I think a definition of “relation ethics” and “action ethics” would also be in order. This would address one of my other concerns – that it needs to be clearer why this paper is actually about “ethics” and not just about “being a surgeon”. I think that needs to be made explicit to the reader, as it is just alluded to at present. I think it would help to have a brief discussion about whether surgeons described situations as such, or just talked about their feelings. Throughout the paper I wondered if they spontaneously talked about ethics in this way, or if they differentiated action ethics from relation(al) ethics.

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests