Author's response to reviews

Title: An Ethical Framework for Cardiac Report Cards

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Author's response to reviews: see over
Thank you for considering our paper for publication (MS: 6557194834912079 An Ethical Framework for Cardiac Report Cards: A Qualitative Study). Thank you for the invitation to revise and resubmit this paper. The reviewers’ comments have been very helpful. In response to the reviewers’ comments, several changes have been made to the manuscript; we think this paper has been improved by the revisions.

Reviewer: David Weimer

Comment 1
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The authors begin by asserting that they are providing the first such ethical framework for health care report cards. At the risk of being intellectually self-serving, I would like to point out that William Gormley and I offered a normative framework in our book, Organizational Report Cards (Harvard University Press, 1999). On pages 36 and 37, we set out explicit normative criteria for assessing the social desirability of report cards. Specifically, we set out six criteria: validity, comprehensiveness, comprehensibility, relevance, reasonableness, and functionality. Subsequent chapters develop these concepts in depth and apply them to a large variety of report cards, including many in the health area. (Incidently, a prime example of a cardiac report card, the New York State Cardiac Surgery Report, is discussed in the chapters “Assessing Organizational Performance,” which focuses on issues of validity and comprehensiveness including risk adjustment, and “Organizational Responses,” which deals primarily with functionality, including both desirable responses of service improvement and undesirable gaming and goal displacement. It seems to me that the authors should either explicitly reject this normative framework as an ethical framework, or explain how the one they propose differs from it.

Response 1
Thank you for pointing out this oversight. We have revised the paper by adding the following on page 4 and 14 respectively:

Gormley and Weimer [4] developed a normative framework for organizational report cards through their own expertise as policy analysts, and input from scholars and individuals involved in the design and implementation of organizational report cards. However it was not derived from ethical theory or grounded in the systematically described views of stakeholders.

Gormley and Weimer developed a normative framework for report cards that helped identify some key ethical issues [4]. However, its impact was limited because it was not explicitly grounded in moral
theory or the systematically described views of stakeholders. Our framework is an advance because it is grounded in ethical theory and in the systematically described views of stakeholders, and thus can provide guidance and is applicable in real life policy and practice.

Comment 2
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
On page 6, it would be helpful to know the three pieces given to respondents.

Response 2
We agree that it would be helpful. We have included the following on pg. 6:

We provided three papers based on previous research to each panelist in order to provide background information on the topic. The first paper, *Ethical issues related to cardiac report cards*, identifies ethical issues related to CRCs, and provided panelists with an ethical analysis [11]. The other two papers, *Stakeholders’ views about cardiac report cards* [12] and *Patients’ views about cardiac report cards*, describe stakeholders’ views relating to CRCs (a paper on patients’ views has been submitted for publication).

Comment 3
Discretionary Revisions (which the author can choose to ignore)
I think the manuscript would also benefit from more discussion of the relationship among the principles the authors set out. Are they normatively comparable? For instance, although most of the principles would be interpreted by policy analysts as substantive goals, “Multi-Stakeholder Collaboration” would probably be viewed as an instrumental goal — not something society should necessarily view as desirable for its own sake, but rather something that facilitates achieving the other values of “Transparency,” “Legitimacy,” and perhaps “Equity,” though the latter may suffer because of asymmetries in resources of the various stakeholders as well as the problem of unrecognized interests.

Response 3
This is an interesting point. Our purpose was to describe the views of our participants. According to our panel, the only principle that is purely instrumental is Transparency. We have included the following under Results on pg. 11:

Thus transparency is instrumental because it facilitates other desired outcomes.
Comment 4
Finally, some more reflection on their particular empirical approach to developing the principles would be helpful. I suspect that it is an approach closer to that of the policy analyst, who seeks to recognize all relevant values held by members of society, than the more traditional approach of normative theorists who often work logically from a set of fundamental principles or intuitions.

Response 4
Thank you for asking this question. Please note as mentioned above that an ethical framework, to be valid and useful, must be grounded in both ethical theory and in the views of stakeholders. We have added the following to page 5:

Forming this ethical framework has been a three step process. First, we analyzed the relevant ethical issues in an earlier article. A summary of these issues is presented in table 1. Next we described stakeholders’ views in two previous papers [12] (a paper on patients’ views has been submitted for publication). Finally, this study used a Delphi method with a panel of stakeholders to synthesize these insights into an ethical framework.

Reviewer: Gail J Povar

Comment 1
General
The authors address an interesting problem that is a challenge not only for CRCs but for health care delivery in general. The problem of specifying an ethical framework for such efforts is to be clear as to how that framework is to be applied: to collection of data? to reporting to data? to selection of criteria? to the use of data to arrive at evaluative statements? to the use of data to drive policy decisions, including reimbursement and allocation decisions. Each of these domains is somewhat different and specification of the ethical challenges each poses seems to be central to the task the authors have selected for themselves. A rigorous discussion of these issues would be an important contribution to the literature.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
I believe the paper could be significantly strengthened by a preliminary analysis acknowledging and parsing precisely the issues I outlined above in general comments.

Response 1
Thank you for your comment. We have addressed this point on page 5:

An ethical framework can identify points of ethical concern for practitioners, patients, policy makers and researchers. And it can aid in the development, implementation and improvement of future generations of CRCs.

Comment 2
I also think that it is imperative to distinguish between a consensus process to elicit shared values (which is what the authors have done) and ethical analysis and reasoning which is a more formal discipline. More specific detailing of the ethical principles that a priori undergird CRC report cards might help set the tone for the values discussion which follows.

Response 2
We agree. We provided a detailed analysis of the relevant ethical issues in a previous paper that served as a foundation for this study. We have added the following to the methods section on page 5:

Forming this ethical framework has been a three step process. First, we analyzed the relevant ethical issues in an earlier article. A summary of these issues is presented in table 1. Next we described stakeholders’ views in two previous papers [12] (a paper on patients’ views has been submitted for publication). Finally, this study used a Delphi method with a panel of stakeholders to synthesize these insights into an ethical framework.

We provided three papers based on previous research to each panelist in order to provide background information on the topic. The first paper, *Ethical issues related to cardiac report cards*, identifies ethical issues related to CRCs, and provided panelists with an ethical analysis [11]. The other two papers, *Stakeholders’ views about cardiac report cards* [12] and *Patients’ views about cardiac report cards*, describe stakeholders’ views relating to CRCs (a paper on patients’ views has been submitted for publication).

Comment 3
Further, it would be helpful to understand whether the "ethical language" was applied to more informal statements among the delphi group, or whether the authors took the values articulated and then created the "moral" language afterwards. This latter method introduces much more of the authors voice into the process, and is really substantively different methodologically then if the Delphi group used "moral" language and aggregated their perceptions into the different subheadings themselves.
Response 3
We clarified this in response to the previous comment.

Comment 4
Within the various "ethical dimensions" of the framework, there is significant room for clarification and improvement. For instance, the section of equity is very confusing. How should an ethical framework (for the construction? reporting?) of CRC report cards address their distribution among rural/urban settings???? The argument that equity requires fair access to report cards makes sense. Similarly, reporting standards that help the consumer to understand the different individuals or institutions’ challenges is essential to fairness -- an aspect of equity. But the comments regarding resource allocation, unqualified, simply are out of place.

Response 4
We agree that the comments regarding resource allocation require further qualification, and have added the following on pg 17:

A CRC both describing and comparing the availability of health care to citizens by region can serve, in part, as an indicator of how fairly health care resources are being allocated. Thus CRCs should include information on the quality of cardiac care and allocation of resources in different health care institutions and geographic regions.

Comment 5
Discretionary Revisions (which the author can choose to ignore)
--The discussion of what constitutes legitimacy should ideally distinguish more clearly between political legitimacy and moral legitimacy and scientific legitimacy. All three dimensions are subsumed in the article, actually, as the political is implied in "acceptability" and the scientific in the "quality of data" concerns. Moral legitimacy presumably relies on fairness of treatment of the subjects of the CRC report cards-- which includes both concepts of quality and fairness in analysis.

Response 5
We have changed the discussion on legitimacy on pg. 15 as follows:

This framework provides guidance for enhancing the scientific, political and moral legitimacy of report cards data. For example, for report cards to be more scientifically and morally legitimate to clinicians, physician specific quantitative measures should not be reported within report cards unless data meet reliable criteria, such as originating from a sufficiently large sample size over a sufficient period of time, utilizing commonly accepted risk-adjustment methods, and
including a validation process. Such methods will help ensure the subjects of CRCs are evaluated fairly.