Reviewer's report

Title: Top 10 Health Care Ethics Challenges Facing the Public

Version: 1 Date: 15 February 2005

Reviewer: Karine Morin

Reviewer's report:

General

I believe there are critical flaws in this manuscript.

The title of the manuscript refers to "health care ethics challenges" yet those who were involved in the study were clearly identified as clinical ethicists. Their expertise beyond clinical ethics is not presented and, therefore, it is questionable how they can address issues of health care policy. Yet, among the list of 10 challenges, many are clearly outside the realm of clinical ethics, such as waiting lists and shortage of family physicians.

Also, for those familiar with Canada, the experiences of clinical ethicists affiliated with a single centre in the largest Canadian city may not be viewed as representative of the challenges facing the entire Canadian public. Moreover, the justification for using a panel of bioethicists (they have greater familiarity than community members) does not explain why this group was not supplemented with hospital administrators, leaders from health care professional organizations, policy-makers, etc. Nor does it justify why the results of the Delphi study were not compared to any surveys of the views of the Canadian population.

Finally, there were countless assertions made without any references to support them. Reliable sources must be referenced in a research paper.

Here are only a few examples:

p.4 "...due to negative attitudes of many citizens toward [eldery and mentally ill] populations." Is there not a survey of the Canadian population's attitude toward those populations

p.4 "... while long-term care, rehabilitation care, and mental health have been grossly underfunded." What are the annual budgets devoted to those and the other areas of health care in Canada? Is there any consensus on the optimal budget? On the basis of what measures?

p.5 "...the Ontario government recently proposed a new contract to the province's physicians." Is this not available through any government document that can be referred to?

p.6 "Research and experience have consistently shown..." Why not provide the references to those research studies?

p.7 Research has shown that substitute decision makers..." Again, no reference.

The section describing the results presents very little information that is not already stated in the "descriptor" of each challenge. It is a sequence of explanations of each challenge that provides very little insight into any of them.
In light of the comments made above about the selection of the experts, the claim that these results provide new knowledge does not appear justified. Also, the claim that the exercise can raise public awareness suggests that the Canadian public has paid little attention to the debates over the past decade about important health care decisions and the parties that make them, when in fact many cases have received considerable media attention (case of Sue Rodriguez before the Canadian Supreme Court, case of Rober and Tracy Latimer, also before the Canadian Supreme Court), as did the whole process of new legislation on reproductive technologies, adopted in March 2004.

Finally, the claim that the study can help re-focus attention on the top challenge is transformed into a discussion of futility. Why the challenge of "disagreement between patient/families and professionals about treatment decisions" has to be illustrated by this "paradigm example" is unclear, and in the context of this manuscript, little benefit is gained from such a narrow example.

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

In this reviewer's opinion, the research methodology (Dephi study) does not support the discussion and recommendations.

This discussion and set of recommendations would probably be better suited in a "debate" article that would take an in-depth look at the challenge of disagreements between health care professionals and patients/families in the Canadian health care system.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because scientifically unsound
Level of interest: An article of limited interest
Quality of written English: Acceptable
Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.