Reviewer’s report

Title: Top 10 Health Care Ethics Challenges Facing the Public

Version: 1 Date: 16 February 2005

Reviewer: Jaya Rao

Reviewer’s report:

General

This paper describes the top 10 health care ethics challenges faced by the public. Twelve practicing clinical bioethicists from Toronto, Canada were asked to provide their opinions regarding the top 10 challenges that Canadians may face in health care. A Delphi process was conducted, and consensus was achieved after 4 rounds of rankings. The top 3 challenges were: 1) disagreement between patients/families and health care providers about treatment decisions; 2) waiting lists; and 3) limited access to needed health care resources for the aged and chronically ill and mentally ill patients. This is an interesting study that asks an important question. The authors present the top 10 challenges and recommendations for addressing top challenge.

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

1) The methods section should describe the Delphi process in greater detail. For example:
   a) As part of the Delphi process, the ethicists were asked to brainstorm/provide the top 10 challenges. How many items resulted from this first step? Were there any overlaps in the items that were provided by the ethicists? How many items were available for the Round 1 rankings?
   b) The methods state that consensus was achieved after four rounds. I assume that there were 4 rounds of rankings, and that the initial brainstorming was not included in the rounds. Is this correct?
   c) The Delphi process includes controlled feedback of information. What information was provided to the participants? For example, were they provided with the rankings for each item for the previous round or rounds?
   d) How were the rounds administered (paper/web?) and over what time frame?
   e) Were any items eliminated between rounds, and on what basis? For example, if an item was not ranked by anyone, was it dropped from subsequent rounds?
   f) It might be helpful to the reader if the authors illustrated the point system. For example, if all 12 ethicists ranked the same statement as the top challenge, then that statement would receive 120 points.
   g) The results section seems to imply that there are qualitative data (?) to explain the panel members’ reasons for ranking certain items (challenge #4 or 6) or their perspective regarding the potential implications (challenge #2). Did the panel members meet to discuss the rankings? If so, this should be described in the methods. It also might be useful to have a second table that provided this qualitative information to provide a context for the results section. This information might also help to explain why the panel members differentiated challenge #1 (conflict over treatment) from challenge #6 (conflict over end-of-life decisions).

2) Regarding the results section:
   a) Each challenge is followed by a series of statements. It would be helpful if the authors provided some references for some of the statements, which appear to be based on data.
   b) The surgical innovation is an interesting ethical challenge. Besides the issues raised in the manuscript, the authors may wish to discuss the ethics of performing a sham procedures in a
randomized-controlled trial of a surgical procedure. One example is a recently published study that compared arthroscopy to a sham procedure (Mosely et al NEJM 2002; 347: 81-88). The same issue included an accompanying perspective paper focusing on the ethics of sham surgical procedures.

3) The authors state that some of the challenges may not generalize to other countries. Although this is true, the authors should also acknowledge that the challenges and rankings, which represent the views of clinical bioethicists, may not generalize to other groups. For example, if the same question were posed to physicians or to patients/families, it is possible that a different list of challenges might arise or that the rankings might be quite different.

4) On a related point to #3, the reader might believe, based on the title, that the paper describes the public’s perspective. Perhaps, the title should be revised something like the following: “Top 10 health care ethics challenges facing the public: Views of clinical bioethicists in Toronto”.

5) Regarding the end-of-life discussion that begins on page 10, it might be useful to cite some of the literature on patient/family/physician differences in perspectives regarding goals of care and futility.

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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)

1) On page 9, the authors state that a list of Top 10 challenges, such as the list generated by this exercise, could be useful in raising the public’s awareness or garnering public support for change. Do the authors have any ideas regarding how this (raising awareness or garnering support) might occur? Could this involve a similar process with patients and family members?

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests,