Reviewer's report

Title: Top 10 Health Care Ethics Challenges Facing the Public

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Reviewer: Shoshanna Sofaer

Reviewer's report:

General

I found this article frustrating, in large part because the authors fail to provide essential definitions (e.g. what is an ethical challenge), omit significant aspects of the methods used, and fail to justify why the views of a particular group of bioethicists should be of particular interest.

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

1. The authors state that "Patients and families face a number of ethical challenges in the health care setting." To me (and I am not an ethicist but have read a fair number of relevant articles) a person facing an ethical challenge is in a position to resolve that challenge, or at least to try. Yet the challenges discussed are not ones that patients and families have to resolve, but rather challenges that the health care delivery system and those who govern and serve in it must resolve, in order for patients and families to be spared serious negative consequences. This is more true for some of the challenges mentioned than for other. It is definitely true of waiting lists and scarcity of physicians; the top challenge of disagreements about treatment decisions actually has to be resolved both by the health care system and by the patients and families themselves. It is not clear to this reader in what way medical errors represent an ethical challenge (although it is clear that how errors are dealt with, individually and overall, is an issue that has significant ethical implications). Given the above, I believe it is essential for the authors to define, at the outset, what they mean by "ethical challenge," and especially how it was presented to the members of their Delphi panel. They also need, throughout the article, to be clear about who is "facing" as opposed to who is being "affected by" these challenges, individual and several. Finally, they need to make clear why these are best characterized as ethical challenges rather than as serious problems in the health care delivery system.

2. The choice of members of the Delphi panel needs considerably more justification. It appears to this reader to be more of a "convenience sample" than anything else. The authors need to state whether they considered any other approach to sampling; if not, why not and if so, why they rejected these alternatives. They need to clarify whether these 12 bioethicists represent the entire Clinical Ethics Group of some subset of them, and if so how they were chosen as a subset. Another particular concern of this reader is that the group appears to have little if any exposure to issues faced in ambulatory care settings. This means that the focus of their experience is in hospital and related inpatient settings, rather than across the spectrum of health care. Indeed, at points in the article the authors use the term "hospital" specifically rather than talking about health care. Please note that I agree that clinical bioethicists are in an excellent position to weigh in on ethical challenges, I just wonder why a broader cross-section of such individuals, across institutions in the province or the nation, were not engaged.

3. Considerably more detail needs to be given about the method used. In particular, the authors state that the panel members "provided a list of challenges described in their own words." Did the authors then reword those challenges? Did they cluster similar statements? How did they go from the panel
members own words to something around which consensus was achieved? Also, since these individuals are part of the same group, what kinds of interactions did they have during the Delphi process, about their viewpoints? Was there an explicit process for them to discuss their different views? If so, this is NOT a traditional Delphi process. The result might be of interest in any case, but the method is not as described (or not described!).

4. Again related to methodology, it would appear from the discussion in the article that panel members did more than just name and rank order challenges -- they made fairly detailed comments about them. How and when were these comments made and gathered? One example is found at the top of page 5: "According to the panel members, we have an ethical obligation...."

5. The statement at the bottom of page 4 regarding resource allocation in Canada needs some grounding in evidence, at a minimum through citing relevant literature, ideally through the use of actual numbers.

6. In discussing the sixth challenge (p 6), the authors begin by saying it was "associated with withdrawing and/or withholding life-sustaining treatment in the context of terminal or serious illness." In the rest of the paragraph, however, they say the panel was really talking about pain management and palliative care. This is a conceptual leap to this reader. Why isn't the challenge described in terms of pain management and palliative care directly. Incidentally, many in the field of pain management believe it is undertreated in other patients in addition to the terminally ill.

7. It is unclear how the exercise described "be an effective way of bringing these challenges to the public's attention." Only a specific and well designed dissemination effort could actually bring the findings to the public's attention. Just doing the exercise is not enough.

8. The authors actually undermine the validity of their findings in their discussion on page 10 of why disagreements on treatment decisions was the top ranked ethical challenge, by noting that it may be a result of the core experience base of clinical bioethicists (resolving conflicts). If this is so, what do the rankings really represent besides their opinions? And why should their opinions be the only ones considered?

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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)

9. Re item 3 above, the use of the term "survey" is strange at the bottom of page 3.

10. As a non-Canadian reader, it would be important for me to get information on the role of various organizations and groups mentioned, especially at the end of the article, such as the Health Council of Canada.

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Discretionary Revisions (which the author can choose to ignore)

11. After reading page 8, and the mention that the issues are being ranked "from the perspective of the impact on the public" it occurred to me that it would be useful to identify exactly how the panel members determined the relative impact of issues on the public. Did they have explicit criteria or were these implicit judgments. I would expect ethicists to be able to explicate their criteria fairly clearly and those would be of interest.

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: Needs some language corrections before being published
Statistical review: No

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