Reviewer's report

Title: Consenting the Vulnerable: The Informed Consent in Advanced Cancer Patients in Mexico

Version: Date: 3 March 2006

Reviewer: Theresa Rossouw

Reviewer's report:

General
The topic of the informed consent process in general and informed consent in vulnerable populations in particular, has been widely discussed in numerous international journals. I however do believe that this article gives an important perspective from a South-American population, and therefore makes a valid contribution to the current ethical discourse.

The article aims to provide qualitative and quantitative data to assess the validity of the informed consent process in a specific vulnerable population. The methods are appropriate and the data sound, although there is room for a more comprehensive analysis with pertinent questions about the understanding of ethical terms among doctors and suggestions from patients and doctors for improving the informed consent documents and process.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. Methods: Please note whether there were sample answers or whether the patients could give their own answers in the questionnaires.
2. Discussion. Human rights language is part of ethical and legal discourses, and does not necessarily feature prominently in the discourses of patients. If patients were therefore not directly asked whether they think the informed consent process was there to protect their human rights, it can be concluded that the informed consent process is not valid.
3. Patients' and Doctors' Questionnaires: Present data more clearly. Suggestion: 3 columns: questions, answers, and response rates. Please give responses as absolute values and percentages.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. Conclusion: It would be worthwhile to consider including alternative suggestions to the current informed consent process in the conclusion, rather than just saying it is not a panacea.

Discretionary Revisions (which the author can choose to ignore)
Reconsider the title to include the question of validity of the process. The term "consenting" a patient, is also not widely acceptable, but can be used for effect - such as a "catchy" phrase.

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: Not suitable for publication unless extensively edited
Statistical review: No

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