Reviewer's report

Title: Ethical challenges related to elder care. High level decision-makers experiences

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Reviewer: rudolf H ter meulen

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General

The article describes the ethical challenges met by High Level Decision Makers (HDMs) in elderly care in Sweden as well as the responses to these challenges among HDMs. Ethical challenges are raised by lack of resources, poor communication with health professionals, and system failures. The data are gathered by interviews and analysed by using a ‘phenomenological-hermeneutical’ method. The results of the analysis show that in dealing with the ethical challenges HDMs are often suffering from guilt and other psychological problems like loneliness, uncertainty and frustration. The authors emphasize the need to apply the methods of organisational ethics as one of the means to deal with the ethical challenges.

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

The article promises to give insight into the ethical reasoning of HDMs. However, the results only show the feelings of the HDM as a result of dealing with the ethical challenges. There is no insight in the ethical decisions that HDMs are in fact taking or insight into the way they are taking these decisions. On page 3 the authors mention ‘action’ and ‘relational’ approaches in ethics as perspectives to deal with ethically difficult situations. However in the article these perspectives do not come back, unless one considers the feelings of guilt and loneliness as ‘relational ethics’ which in my opinion would be a total psychologising of ethics (even if you call it ‘the meaning of being in a situation’). I advise that the authors include in a newer version a report of some ethical decisions that HDMs took and analyse these decisions from the ethical perspectives mentioned above.

A second serious comment is that it is not clear in which way the responses by HDMs, that is their feelings of inadequacy and loneliness, differ from responses that are typical for high level managers in general. What makes the (psychological) responses to ethical dilemmas special in comparison with the responses that are ‘normal’ for people living at the top at the what, from a methodological point of view, is the independent variable: the ethical challenge or ‘being at the top’? There could be a problem of co-founding here, and I want to advise that the researchers show how they rule this out.

In the conclusion the authors point at the important contribution organisational ethics might make: by discussion with other HDMs or other professionals within the organisation not only the HDM s would probably feel relieved of the psychological pressures, but also the quality of the ethical decisions might very well improve. This latter point should be stressed by the authors. In fact, they should more strongly emphasize the need for organizational ethics instead of leaving the decisions at one person, which is bad for a psychological as well as a moral point of view. The article would be made much stronger if that was explicitly put forward as the main message of it. Particularly relational ethics and hermeneutical ethics could flourish in such a shared approach to ethical decisions. Page 19-20, particularly top of page 20 point indeed in this direction. Particularly the distance between HDMs and professionals (and not only the distance between HDMs and patients on page 20!) should be reduced. It is an issue of debate wether HDMs and professionals should engage with patients in ethical debates. The literature is not univocal about that.

The authors include some existentialist and hermenetical ethics on page 18-19. How does this relate to an organizational approach? Existentialism is a rather individualistic kind of ethics, which could isolate the HDM even more from the discussion in a wider group. Hermeneutics on the other hand offers better possibilities as a way to explore each other's perspective and to come to joint decisions that reflect various interests and perspectives. This could give more philosophical strength to the article. The section on existentialism is rather a loose thread which does not come back in the article. How does it relate to the relational or action perspective? Sartres main thesis is that man should take action, realise his freedom. But
what does that mean for the action ethics? Please note that Sartres existentialism was not a relational ethics at all, but Ricoeur's is.

On page 19 it is said that the action and relational ethics perspective persists simultaneously. I have not seen anything in the results that confirms this conclusion. In fact, managers seem to have NO relation with other people in their organization. How can you say that the relational perspective exists? Or do they WANT to relate but do NOT DARE to engage in a relational approach? That would be an interesting finding.

On page 21 it is said that the phenomenological-hermeneutical method 'seemed to be useful'. Please argue why this method was useful. Why was this method better than 'normal' qualitative analysis?

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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)

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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