Dear Dr. Slowther,

Thank you for your review and suggestions. Your commentary has been invaluable to the preparation of our manuscript for the Journal. Please find below an explanation of our revisions.

Best regards,
Akira Akabayashi, MD, PhD

The introduction and background lead the reader to think that the paper is about ethics committees that consider only research (and this is clearly not the case in Japan). The references to international reviews of ethics committees include both research ethics committees and clinical ethics committees while the text implies that they refer to research ethics committees. The introduction and background needs to explain the range of ethics committees (IRB/REC, clinical ethics committee and combined committee (of which the committees in this survey are an example). If the authors are including studies of clinical ethics committees in their references then the definitive UK study is Slowther A, Bunch C, Woolnough B, Hope T. Clinicalethics support services in the UK: an investigation of the current provision of ethics support to health professionals in the UK. Journal of Medical Ethics. 2001;27suppl I:i2-i8.

We have supplemented the introduction with a better description of ethics committees in general as well as how they apply to our study (1st paragraph of Intro). In particular, we defined our sample of ECs as combined ethics committees(last paragraph of Intro). To reference clinical ethics committees in the UK, we have added the study by Slowther et al.

In the method the authors refer specifically to a question in the survey regarding development of a policy on refusal of blood transfusion by Jehova's witnesses. It would be helpful to explain why that particular question was chosen. It would also be helpful to refer to this in the discussion.

We have added the following sentence to our methods section in order to explain why we chose the existence of ethical guidelines pertaining to blood transfusion by Jehovah's Witnesses as an item in our instrument.

"We chose to use number four because the existence of ethical guidelines for dealing with Jehovah's Witnesses in Japan can serve as an indicator of whether an EC is functioning adequately."

In the discussion, we have elaborated on the apparent difference in use of ethical guidelines between medical school and hospital ECs. Please see below.

"Study findings also showed a significant increase in the use of ethical guidelines among both medical school and hospital ECs. However, we also found a difference between medical school and hospital ECs. In 1995-6, 38.5% of medical school ECs compared to 19.1% of hospital ECs used an ethical guideline for blood transfusion by Jehovah's Witnesses. Again this difference was seen in 2002 with 56.5% of medical schools ECs using an ethical guideline compared to 34.3% of hospital ECs. We surmise that this difference is because medical school ECs tend to be more active than hospital ECs in developing policy."

Thank you again for your insightful commentary.