Reviewer's report

Title: Cesarean delivery on maternal request: can the ethical problem be solved by the principalist approach?

Version: 2 Date: 20 December 2007

Reviewer: Wendy A Rogers

Reviewer's report:

This is a well written paper that uses findings from a study of European obstetricians' responses to maternal requests for caesarean delivery as data for a principlist analysis. The authors conclude that using three principles provides a useful ethical framework for addressing this dilemma, but falls short of providing a definitive answer. The authors conclude that in the absence of evidence of medical harms or benefits, women's authentic choices should be respected but practitioners are not required to offer or promote CDMR.

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

There are two issues that warrant further attention:

1. At present there is no discussion about potential confounders in the results. In at least some health services, providing CDMR is both financially rewarding and convenient (elective surgery rather than spontaneous labour/emergency surgery) for the practitioner In addition, this course of action can be apparently morally justified by an appeal to maternal autonomy. That is, practitioner self interest may be presented as respecting patient choices. This may provide a strong reason for some practitioners to state that their reason for providing CDMR is that of respecting patient autonomy. I'd like to see the authors discuss this, and perhaps make a comment on their results in relation to the differing health services and the opportunities for private practitioners to benefit personally from providing CDMR.

2. In the discussion, the authors focus upon respect for autonomy as central to this question, in part due to the lack of evidence as to whether or not CDMR is beneficial or harmful. I would like to see more discussion of the justice issues here, in particular resource allocation and the costs associated with operative delivery. I note the references to this on page 7: ref 38 (from a Scottish study) indicates that costs of CS are greater than vaginal delivery, but this is refuted by ref 39 which claims the differences are small for elective CS. As ref 39 derives from US rather than European data, I'd like to see more discussion of this issue. My own view is that using the principles, one could develop a cogent argument against CDMR on the grounds of increased costs (to individual women and to the community), taking into account other potential harms identified by the authors including the medicalisation (or even pathologising) of normal female
biological processes.

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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)

The nature of the paper, which is an ethical analysis and discussion, does not easily fit the Methods, Results format. I suggest rewriting the abstract without headings, and altering the paper accordingly into sections with descriptive titles.

On page 5, paragraph 2, there is some text about the results. The reader may find it interesting to have the range of compliance in the text (eg 15% in Spain up to 79% in UK).

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, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have no competing interests regarding this article