Reviewer's report

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

Version: 3 Date: 26 March 2008

Reviewer: Carson Strong

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The suggestions I made concerning the original version of the paper have been addressed, for the most part, and the exceptions are mentioned below. I have several comments to make concerning the revised version, dealing mostly with a need to clarify some of the new passages.

1. On p. 11 the authors state, "As regards surgical birth, several reports have raised doubts about the influence of elements such as physician's convenience, medico-legal and financial interests, or a tendency to depict vaginal birth as archaic and disfiguring [43,50,54,55]." this statement is vague and should be re-worded. I suspect the authors intend to say something like this: "Several reports have suggested factors that diminish the freedom of the woman's choice, such as..."

2. On p. 12 the authors state, "We therefore believe that a change in policy to grant CDMR is not ethically justified. The application...to reach a general policy conclusion." What do the authors mean by "policy"? Are they referring to the standard of care? The expression "change in policy" implies that they are referring to some policy that already exists. What is that policy? Is it the standard of care they discussed earlier? If not, what is the policy they have in mind? Also, they state, "...to grant CDMR is not ethically justified." But on p. 13 they support agreeing to caesarean delivery in selected cases. This seems contradictory. Perhaps in stating that "a change in policy to grant CDMR is not ethically justified" they are simply stating their disagreement with Erskine, cited in the previous paragraph. At any rate, the statement in question is unclear and needs to be re-worded.

3. On p. 12 the authors state "We do not advocate mandatory vaginal birth." Are the authors expressing the view that the woman's request should always be carried out? If so, this should be stated explicitly. Whatever the author's view might be, it should be stated clearly and explicitly.

4. On p. 13 the authors support "agreeing to caesarean delivery in selected cases." This raises at least two questions. First, what about referral? The authors had stated on p. 9 that referral could be acceptable. Perhaps that should again be mentioned here. Second, the statement implies that sometimes it is acceptable to say "no" to the patient (they supported agreeing to caesarean in selected cases). Is it their view that it is acceptable to say "no" sometimes? If so,
this should be stated explicitly.

5. I would like to raise again a question I previously asked. In the scenario in question, in which the woman is in labor and at that point requests CDMR, why assume that another physician is always available to whom one can refer the patient?

6. Finally, as I pointed out before, the authors have not explicitly answered the question raised by their title—"can the ethical problem be solved by the principlist approach?" Is their answer "yes" or "no"? If "yes", in what sense have they "solved" it?