Author’s response to reviews

Title: Medical and moral considerations regarding complex medical decisions in older patients with multimorbidity: a compact deliberation framework

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Dear Editor, dear Mr. Salvi,

Thank you so much for reviewing our paper and giving us your highly valued feedback on our work. We are also very grateful for the comments of the reviewers. Attached you will find our revised paper, in which we have tried to do justice to all remarks made. In the following letter we will make the changes explicit and motivate our decisions on how to incorporate the suggestions.

We gratefully accept the assessment of our paper by reviewer 1, Mrs. Anja Declercq, and feel honoured by the confidence placed in our work.

We greatly value the comments by reviewer 2, Mr. Hung-Bin Tsai. Acknowledging his view that our framework is not novel, we would like to emphasize that we have no pretension as such. We describe our framework because we are convinced it is helpful in situations when an acute medical intervention seems to be required with a patient with complex multimorbidity. The case we describe concerns a patient with a femur fracture under the prosthesis, but it might apply to the decision whether or not to start renal dialysis as well. Generally speaking however, in renal failure there is more time to deliberate on the desirability of renal therapy. Although it is possible to start haemodialysis in acute renal failure this buy’s time for the decision making process
whether or not to continue this treatment chronically. A careful and extensive shared decision making process will have to take place. Our framework however is meant to help the physician’s thinking about a regular but urgent medical intervention, for an intercurrent disease in the context of multimorbidity. We realize we may not have made sufficiently explicit the merits of our framework for especially these kinds of circumstances.

In the abstract and the manuscript we have added sentences stressing this particular characteristic of our framework.

To guide such complex medical decisions, we present a compact deliberation framework that could assist physician(s) in charge of the medical treatment of a specific elderly patient to systematize his own thinking about treatment and decisional responsibilities, in case of an intercurrent disease. The framework includes four questions to be addressed when deciding on a single urgent standard curative or life-sustaining intervention in acute medical problems …….

Also in the introduction and the discussion of our article we added a sentence

We present a compact framework for deliberation by the physician that helps to clarify the core elements of the clinical ‘weighing process’, making explicit the different elements. Developed in nursing home medicine it is especially helpful when faced with an acute treatment decision for a single standard intervention in case of an intercurrent disease in the context of a patient with multimorbidity. The framework helps to distinguish……

Our compact deliberation framework regarding whether or not to advice a certain curative or life-sustaining intervention, has helped us when difficult decisions need to be made for acute medical intervention for patients with multimorbidity and an intercurrent disease. The framework provides….

Concerning the remark by reviewer 2 about the cultural differences and the applicability of our framework in oriental societies, we agree with him that the way the (whether or not shared) decision making process is done, may differ widely. However, as we described above and in our paper (and made more clear in this latest improved version) our framework is meant as a tool for the physician in urgent situations to clarify all elements to be considered when deciding on whether or not to treat the intercurrent problem of the patient, in the context of a patient with multimorbidity. With this deliberation framework the physician can recognise all elements to be considered and can realise his own responsibilities in comparison with the responsibilities of patient or the family. After that he will be better equipped to enter the conversation or shared decision making process, regardless of the cultural context.

In his “Further Comments” reviewer 2 remarks on the comparison with the Four Quadrants method. As we already state in our paper, there are many similarities. Our framework was developed independently but not in isolation since we all derive from the important work of Beauchamp & Childress and their Principles of Biomedical Ethics. The development of our framework is also inspired by the debate on futility and the balance between beneficence and non-maleficence. However, our framework is meant to be very practically applicable for physicians in their daily practice, as a vehicle for the physician’s thinking. It emphasizes
different steps in the deliberation process of the physician and helps to distinguish between the different elements of responsibility. We are convinced our framework may function as one of several possible methods to structure the clinical deliberation process and in our practice has proven to be successful as such.

In order to address the comments of reviewer 2, we have adjusted some lines in the discussion.

….. Also, it secures maximum involvement of the concerns of the individual patient. It is primarily aimed at the deliberation process of the physician, helping to prepare for the shared decision making process with patient and/or family, distinguishing decisional responsibilities.

The framework originated from the debate on whether or not to treat[13], in which the question as to whether or not an intervention is futile is a fundamental part of medicine[5]. Our framework provides the individual clinician with a tool to structure thinking. Although it bears some resemblance to the so-called Four Quadrants method [14] it was developed independently. Compared to the Four Quadrants method our framework aims at quick application in daily clinical practice, structuring the physician’s thinking, in a situation because when it is often impossible to quickly organize a clinical ethics and/or a multidisciplinary meeting. The framework offers a convenient and simple way to thoroughly weigh relevant elements, helping to structure this deliberation process when confronted with a more solitary single and/or acute decision in the context of a patient with complex multimorbidity context.

Although in the case of Mrs. W……..

Concerning the second further comment by reviewer 2, we like to acknowledge the very important issue of health literacy and – analogously – death literacy. For many people, being faced with decisions concerning their own terminal illness of that of their loved ones, this is one of the first times in their life that they have to try to grasp such complicated matters, while at the same time dealing with their own emotions. Added to this mix, cultural and religious traditions may influence the deliberation process. Would a physician not recognize the importance of these influences, he would ignore an important part of the way people have to struggle with life and death issues, and thus neglect an essential part of what makes or destroys quality of life and quality of death. The physician plays an important part in assisting patients and family grasping the issues at hand, and making well-considered decisions. Considering this very complex process, it is of utmost importance that physicians have a clear view of their own responsibilities and estimation of chances of effectiveness and balance between risks and benefits considering the aims and preferences of the patient. When the physician is clear in his own mind, he will better be able to counsel patient and/or family in these difficult times.

In order to address these comments raised by reviewer 2, we added a passage at the end of our discussion.

…… effectiveness, the framework will help make explicit the arguments that lead to the decision to treat, including those legal restraints, thereby improving the transparency of the medical decision. Considering the fact that patient and family are often not familiar with complex medical weighing processes, the framework will help the physician to organize his thinking, thus
facilitating the counseling needed in order to reach an optimal decision that is acceptable to all parties involved. Especially the distinction between responsibilities may help to clarify matters when cultural or religious considerations influence the view of patient or family on what should be done. However, all these cultural and national differences may be taken into account when applying the framework, resulting in a carefully balanced outcome. The framework will help to make explicit all these factors and influences.

All in all we are very grateful for the comments raised in the review. We hope we have addressed them satisfactorily in our revised paper. We are convinced the paper has improved due to these comments, and are looking forward to your editor’s decision.

With kind regards, on behalf of my co-authors,

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