Reviewer’s report

Title: “I go into crisis when …”: Ethics of care and moral dilemmas in Palliative care

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Reviewer: Jelle van Gurp

Reviewer's report:

I would like to thank the authors for providing a good read. The paper raises a meaningful topic for palliative care. The elaboration is, however, moderate. I hope this review can help to further the quality of this paper.

Main commentaries:
1. This paper aims to introduce an additional ethical framework for studying, criticizing, and educating palliative care, namely the Ethic(s) of Care framework. It is presented as a totally new perspective, and, as a consequence, no other literature concerning the ethics of care in palliative care is used in this paper. Palliative care ethics is portrayed as being focused solely on principlism and/or on virtue ethics. I think this is an oversimplification. First, plenty of literature on Ethics of Care and palliative care exists. I would like to refer, for example, to the extensive work of professors Carlo Leget and Inge van Nistelrooy, who have published considerably about palliative care from an Ethics of Care-perspective. Other palliative care ethics literature also refers, sometimes a little more implicitly, to Ethics of Care (themes). The Ethics of Palliative Care bij Ten Have cs comes to mind, as is Randall and Downie's The philosophy of palliative care. I would suggest to consult these and other relevant references to deepen the introduction.

2. The authors seem to pay for a slight lack of prescience on Ethics of Care. The interview guide looks like a tissue of different questions, not necessarily contributing to finding answers for the research questions. I understand that this interview guide cannot be changed, but with the above mentioned suggestions concerning the improvement of the Introduction there also needs to be a small reflection on the interview guide.

3. I'm puzzled by the different aims mentioned in this article. I think consistency is preferred. - in order to describe the relevance of Ethics of Care in Palliative Care, it is firstly important to explore how HPs make sense and face ethical issues emerging in the care relationship. (introduction, pg 4, line 59)
   - this study aims at investigating how professionals make sense (of?) and handle ethical issues. (methods, pg 5, line 14)
   - this article explores how HPs make sense and face ethical issues emerging in the care relationship. (discussion, pg 11, line 17)
   (note that palliative care slowly seems to disappear in the latter aims).
4. In the discussion, the results are discussed in the light of Ethics of Care only, but I recognize a lot of elements that could be attributed to principlism and/or virtue ethics as well. Examples are described
below. The distinction between the different ethical approaches feels rather artificial and actually distracts from the relevant findings from the interview study.

Minor comments (per line):
p3, line 30: "good communication does not stem from innate quality"; I consider good communication to be partly talent, partly practice and practical wisdom. This is mainly a virtue ethics-perspective. You seem to argue that innate talent is not relevant?

p4, line 6-11: how does this discussion of critique on the four principles relate to you particular aims and questions. Why is this relevant for palliative care, and for developing a communication training? This question is also relevant to the next paragraph, in which virtue ethics is explained, but without any explanation how this relates to palliative care.

p5. It is not exactly clear from the paper (although I can guess), why the Ethics of Care approach in the paper is necessary for developing an ethics communication training in palliative care.

p5, line 34: a "randomly selected sample" is quite unusual, and probably undesirable, in a qualitative interview study. Please explain why a random sample is relevant here.

p6, Table 1. The guiding questions belonging to "recognizing and dealing with ethical dilemmas within the care relationship do not deal with the "caring relationships". The questions are more general. Please explain why.

p7, lines 1-25: You mention "ethics of care principles", "ethics of care pivotal features", and "ethics of care theoretical underpinnings". However, I cannot find an explanation of each of these phrases in the text. You would expect that the ethics of care principles are also guiding the design of an interview guide and are therefore worth mentioning.

p7, line 38: i'm surprised that the interviews only took 20-30 minutes. My experience with talking about moral issues is that it takes a lot more time. Please explain. Did you get enough in-depth knowledge in these short interviews.

p7, line 49: "global care": I would suggest "general care". Global care sounds more like global warming.

p8-9: the results show ample examples of virtuous attitudes (e.g., affection through words, gestures, physical contact; a professional attitude) and a focus on principles, such as autonomy. These results suggest that your discussion/conclusion could be much more nuanced taking the different ethical approach into account. Morality in palliative care is about autonomy as well as relational autonomy, is about vulnerability and having the right character/virtues to deal with this vulnerability. Especially for the development of a communication training I would recommend to intertwine all approaches.

p9, line 46: "relational autonomy, correctness, sincerity and humanity" are big categories and need further elaboration to be credible in this context. It would be valuable to add an overview of the themes and subthemes derived from the data. Now it seems that themes from the data and theoretical concepts are interchangeable, making the quality of your analysis doubtful.

p10, line 40: "the narrated dilemma... etc." The following quotations, however, show that in personal
dilemmas lie hidden principles, specific ethical frameworks (e.g. Christian ethics), virtues, and elements of care ethics. Please do not make it an Ethics of Care exclusive happening.

p12, line 41: "a deep theoretical research on ethics of care": this is not recognizable in the introduction and methods section

p12, line 58: it must be possible to at least provide some characteristics of the interviewees? I would say that is required to be able to adequately value the data.

Kind regards

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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