Reviewer’s report

Title: Ethics reflection groups in primary health care, an evaluation study.

Version: 2
Date: 13 January 2015

Reviewer: Gert Helgesson

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The paper presents and discusses experiences from ethics reflection groups in primary health care, with the ambition of evaluating these reflection procedures. It is my view that the paper is well-structured and presents substantial results relevant to the ongoing development of ethics reflection groups in different medical and care contexts. However, I think it can be clarified on a few points:

Minor essential revisions:

1. A number of quotations are presented, without any information of who is quoted, such as a manager or an on-the-floor employee. This is a drawback, since it makes it more difficult for a critical reader to see what support the authors have for their claims (for instance, whether all the positive attitudes regarding some aspect of the ethics reflections actually come from one and the same group or if they are found among all interviewed groups).

2. A clarification is in place regarding the analysis by categorization. The authors explain (page 6): “After agreeing on the main themes and subthemes, we categorized and condensed the most obvious content of the text.” What is meant by “the most obvious content”? Why only the most obvious and not also “the obvious that is not among the most obvious”, or the fairly obvious? There are many ways to do analysis by categorization, and it is a clear advantage that the authors explain that the categorization is purposive, in relation to providing answers to the listed research questions. This explains why not everything encountered is dealt with in the paper – some stuff is relevant, others is not. In my experience of doing categorization of manifest content, all categories finally identified are also presented. What remains not presented is that which you feel is bits and pieces that you cannot make much sense of in relation to the purpose you have. It would be valuable to hear something about the strategy of the authors, which seems to be different.

3. It is described in the results section and underlined in the discussion section that what participants felt was valuable and important was that they discussed specific and down-to-earth, “real” cases and not ethics in a more general way, like ethical concepts or theories. Although this is clearly understandable, it is not clear how they meant that they could learn anything (general) from these discussions if there was no component of generality in the discussions. From the examples given, it seems that discussions must have come up whether the alcoholic really was autonomous, whether desire for food is more or less
important than health for a person in a certain situation, and the like. And was it the case that there never arose a disagreement among members of a reflection group of, for instance, what it takes to be autonomous or for something to be in someone’s best interest? It would be valuable if the authors could describe how participants meant that they learnt anything about ethics from these ethics reflections. Also, it is not described whether the reflections consisted of weighing different arguments in favour of and against the alternative actions available, or if they were just some kind of muddle-through negotiations on the way to a decision. Or am I over-interpreting when thinking that decisions were made in the reflections (about what to do or about what ought to be done in a specific case)?

Discretionary revisions:

4. It is worth considering whether there should be exemplifications from all interviewed categories of employees (as the authors have chosen to sort them) when there is support for a certain claim from all categories.

5. It is described that part of the material presented in this paper stems from field observations. It could be more explicitly pointed out when support for a certain result is also backed up by such observations, and in what context.

6. In the first and second line, last paragraph, page 15, perhaps “… understand ethics as a CRITICAL reflection on their own clinical practice” would catch the results better than just “reflection”.

Level of interest: An article of importance in its field

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:

No competing interests