Author's response to reviews

Title: Ethical deliberations about involuntary treatment: interviews with Swedish psychiatrists.

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Author's response to reviews:

Dear Editor,

Thank you for considering our manuscript for publication. Below is a point by point reply to the constructive and well-considered comments by the two reviewers.

Referee 1:
Minor essential revisions: Spelling errors:
4th line from bottom of paragraph under 'Swedish Mental Health Act', should read "confirmed" not "conformed"
Quote under paragraph headed 'Protecting patients from social harms': '...to protect them "from" (not 'form') themselves...
Sub -paragraph 3: better to express it as :"...would want, if they possessed adequate cognitive abilities..."
Heading: "The patient's social circumstances': quotation paragraph 2 - perhaps end after '...relatives that take care of them...' 
-- These errors have been corrected.

Heading: "Respecting the patient's true will": this might read better as 'Respecting the patient's intentions"?
-- We have changed the heading to ‘Respecting the patient’s presumed will’, which we think is more in line with the respondents’ answers. We have also revised the text to clarify this.

I suggest that it might be helpful to readers to briefly describe the kinds of treatments that are provided to patients who are admitted involuntarily, particularly as one respondent refers to mandatory treatments as "brutal". For
example, are patients admitted to secure facilities, or treated by compulsory community treatments, or medicated via injection etc. Knowing the nature of likely treatments may shed further light on the respondents' responses, and perhaps be discussed by the researchers if this usefully expands the debate.

--A description of this has been added to the background section.

Referee 2.

Major Compulsory Revisions

1. The theoretical background is profiled in the paragraph “The Swedish Mental Health Act”, and covers “involuntary psychiatric treatment decisions and circumstances affecting this” from the stated aim of the article. However, the context of “contemporary ethical and legal debate about autonomy” stated in the objective is not covered, and references in the discussion is too limited.

Autonomy is a crucial part of the main objective of the article, it must be part of the theoretical background as well as in the discussion. As a minimum patient autonomy must be clearly defined.

-- The background section has been expanded to cover this.

2. There is also an ongoing and relevant discussion on debrief after use of coercion and Psychiatric Advance Directives to avoid coercion and ensure patient autonomy that seems directly relevant for this text. Why is it not included?

-- The background section has been expanded in order to include this. We agree that it is relevant for the broader context and the ethical discussion. However, the topic was not mentioned by the respondents.

3. The empirical background is insufficient. I agree that there are very limited research, but there are much more to find than the references stated in the introduction – both in Scandinavia and international. The search for literature must offer a more complete picture of the background and status of knowledge.

-- We have added a more thorough empirical background.

4. The methodological orientation is not stated in methods section. e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis. In the abstract, the design (at least for the analysis) is stated as a descriptive qualitative analysis, and the concept ‘saturation’ indicates grounded theory. To avoid confusion, the choice of design must be clearly stated in the methods section.

-- Indeed. We believe the methodological approach is best described as descriptive qualitative content analysis, appropriate references have been inserted.

5. Research ethics. The study is approved by a REC, but it is customary to at least state that it is based on informed consent and include a remark about how was the participants recruited.
-- A description of this has been included.

6. Also relevant for method and ethics: What did the participants know about the researcher? e.g. personal goals, reasons for doing the research. Was a relationship established prior to study commencement?

7. How were participants approached? Did many people refuse to participate or dropped out? Reasons to participate/not participate? What did your participant think about being interviewed?

-- A more thorough description of this process has been included.

8. You state that 8 is a limited number, but claim saturation. I agree 8 might be sufficient if the data is rich and nuanced. In the limitation section, there is a claim to have reached saturation because the last two interviews offered “No new finding”. Repetition is not necessarily a quality for interviews. It could be due to poor interviewing, but it can also be a result of good and focused planning. Please, tell us more about the quality of the data. Did you find the interview data rich and nuanced, and in what way? Was the interviews open for different aspects/stories? What was the duration of the interviews? Was there one or more interviews with the participants?

-- We agree with this comment. We have included a more detail description of this in the metod section and the ‘limitations’ section. One interview took place. Although we only interviewed a small number of clinicians, the data was indeed rich and nuanced. However, since the topics discussed are complex, it would be hard to deny that there are topics and nuances that could be explored further.

9. Participant involvement. Were transcripts returned to participants for comment and/or correction? Did participants provide feedback on the findings?

-- All participants were encouraged to contact the researchers after the interview if they had questions, concerns or issues they wanted to discuss further. However, transcripts were not routinely returned.

10. What is the advantage and limitation of using interviews to grasp (ethical) reasoning?

Minor Essential Revisions
P7 L270 To protect them form themselves. ... should be from
-- Corrected.

Discretionary Revisions
L631 The observation of a difference between junior and senior clinicians is interesting, but does it concur with what you state about generalization under limitations?
-- We agree. When returning to the original data, we think the support for the conclusion in the material is weak and it has been removed.

Additional revisions
We have revised the discussion and some of the headings in the result sections for greater clarity.

We have also removed a quotation about decisional capacity, self-determination and somatic illness in the section about respect for self-determination. Although interesting, the quotation primarily discusses patients' decisional capacity, not involuntary treatment.

Lastly, we would like to thank the reviewers for their thoughtful comments that have helped us improve the paper significantly.

Sincerely,
on behalf of all authors,
Manne Sjöstrand