Reviewer’s report

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

Version: 2 Date: 12 February 2015

Reviewer: Geir Lorem

Reviewer’s report:

Thank you for a well written and important study. The research question is clearly stated and places the study within a field with limited research, but with an increasing international interest. The study thus offers an important contribution and have clear practical/clinical significance. It is a well written methods section. The procedures are for the most part clear, but study limitations should be improved.

The data appears to be sound, but it depends on the clarification of methods and its strength and limitation. One table reports an overview of the findings. It is informative and organized in according to the analysis. The findings are well presented and with many relevant insights. The findings and discussion describe how clinicians try to balance the use of coercion against respect for autonomy and avoiding harm. Good balance between the voices of the participants and researchers interpretation. Discussion and conclusion summarizes the findings and in particular, the section on autonomy offer interesting insight but references to relevant ethical theory and empirical studies will improve it. The internal validity of the study seems good; the external lacks references to other relevant study/ethical theory. The text is well written, and it is easy to follow line of thought.

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.

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?

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.
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.

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.

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?

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?

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

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

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?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

There are no conflict of interests