Reviewer’s report

Title: Decision-making on Therapeutic Futility in Mexican Adolescents with Cancer: a Qualitative Study

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Reviewer: James Anderson

Reviewer’s report:

Overall, this is a thoughtful piece that fills a gap in the literature by illuminating decision making by adolescents, their parents and oncologists in the context of end-of-life in Mexico.

A few broad comments/questions:

Re the Background: What is the connection between the rate of cancer related deaths in adolescents in Mexico, minimal access to palliative care, and the focus on the decision-making process related to adolescent care at the end of life? This should be made explicit. It is reasonable to suppose that the access problem has little to do with decision making and more to do with lack of availability, rendering much of your background moot.

The methods are not clearly specified. What was the qualitative methodology employed? Interpretative description? Grounded theory?

In general, I would have liked to hear more about those features of the decision making that are particular to Mexico, or importantly different than other contexts. The results suggested substantial differences, but the discussion tended to obscure these features by bringing a more familiar normative lens to bear on these issues. Clearly distinguishing the views of the participants from those of the authors would help.

Excellent discussion of the limitations of the study.

Specific comments/questions:

Methods

* Again, the qualitative framework employed is not made clear in the methods section. Howard's descriptive theoretical decision analysis model is mentioned much later in the paper. This should be mentioned up front.

Results:

* Very interesting that (some) of the oncologists view the switch to palliation as a purely medical decision. It would be useful if this was explored more in the discussion.
"They inform adolescents only when the parents authorize it...". This seems problematic, from a respect for autonomy point of view. Is this, in fact, consistent with the norms and laws of Mexico? Even for late teens?

Discussion:

* "The oncologists recognized that it was their duty to provide the parents/adolescents with the information that they (the oncologists) considered to be appropriate and relevant, thereby permitting the parent/adolescent to have "control" over the course of action that was to be followed; that is, the oncologists believed that their role is to orient the choice, making recommendation(s), and to give the parents/adolescents the opportunity to decide whether they accept, or not, the recommendation(s)." Though I see this as an accurate and (a more or less) normatively appropriate way of describing the provision of information, many others would be troubled by the paternalism embedded in this paragraph. An explicit acknowledgment of this in the text would be helpful.

* "the oncologists prefer to avoid possible legal repercussions by giving greater value to the obligation to respect the desires of the parents than to the medical obligation of beneficence. This behaviour manifests the fact that what is legal and what is ethical are not necessarily congruent." The authors are careful to distinguish what is legal from what is ethical. It is one thing, however, to encourage clinicians to go above and beyond the law in the name of ethics; it is another thing to encourage clinicians to practice contrary to the law in the name of ethics. It is not clear, here, which of these options is being endorsed. In other contexts (e.g., Canada, where this reviewer works) there are legal obligations towards children as well as parents. If parents make decisions that are not in the best interests of their child, providers are legally obligated to intervene by, e.g., reporting the parents to the children's aid society (child protective services in the US).

* "First, therapeutic futility is the expression of the combination of a value judgment and a scientific judgment [23]; that is, the value judgment (by the oncologist) of what can be achieved and what merits the effort of an attempt, based on scientific knowledge. Thus, the ethical and practical problem occurs when only the oncologist's own values and objectives are taken into consideration." It strikes me as odd that you specify that the value judgment is made by the oncologist in the first sentence, then note that problems occur when only the oncologist's values are taken into consideration.

* "when parental preferences increase the risk that their adolescent children will be harmed, such preferences becomes inappropriate". This statement is not quite accurate. The key is the ratio of risk to potential benefit. Parents may make decisions that increase risks to their children if and only if they are outweighed by potential benefits...

* "[I]n a clinical context, ethics is process-based and dialogical, rather than rule-based." What does this mean? Haven't you just stated that some parental preferences are inappropriate? Isn't this a rule?
* Page 21: "The preferences of the parents/adolescents are crucially important, but not decisive." I would urge you to state "not necessarily decisive" as the preferences of parents/adolescents are sometimes decisive.

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

Yes

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

Yes

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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