Author’s response to reviews

Title: Ethical challenges experienced by UK military medical personnel deployed to Sierra Leone (Operation GRITROCK) during the 2014-2015 Ebola outbreak: a qualitative study

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Version: 1 Date: 14 Nov 2017

Author’s response to reviews:

We have responded to each of the reviewers’ comments and our response is beneath each of the comments (which have been reproduced verbatim). We thank both reviewers for their careful reading of the paper and constructive comments.

Bridget Haire (Reviewer 1): This is an important and well-written qualitative study of participants involved in a UK military medical deployment in Sierra Leone during the recent Ebola outbreak.

Suggested minor revisions:

1. introduction - the relationship between the researcher and the military could be clarified. Paragraph 2 of the introduction is somewhat ambiguous, such that I googled the author the get a clearer picture. The relationship between the researchers and the military should be explicated further.

Response: we added information about HD (page 4 line 99) to make the relationship clearer

2. It would be useful to introduce the MRoE earlier, to make it clear whether/how these are determined by the specific nature of the engagement, or whether they are standard. I get
conflicting sense of this from the text (suggests some situational variability) and the end note (which suggests very little).

Response: MRoE are now introduced in the introduction page 4 (lines 82-88) to satisfy this point and reviewer 2’s comment (which we have numbered as 2. below). We have tried to address the potential confusion viz situational variability by ensuring that it is clear that Commander Med (the most senior medical commander) may be granted discretion to accept other patients if capacity permits. This discretion was granted in the MRoE for the ETU.

3. This is a similar point to #1. The extent to which the study was done in collaboration with the military could be clearer at a range of points in the methods section.

Response: We explicitly acknowledged of the contribution made by Col Bernthal to the recruitment of our participants in the acknowledgements section, but agree that this could have been made clearer in the method section so this is now more explicit there too (page 5 lines 126-128 and page 6 line 135).

4. A very brief account of the composition/nature of the advisory group would be helpful. Did it include Sierra Leone nationals? UK military? Others?

Response: the members of the advisory group were named and acknowledged in the acknowledgements section. We have added their names and roles/expertise in the method section as requested (pages 7-8, lines 173 – 179). No Sierra Leone nationals were included as the objective for the study was to identify and explore the ethical challenges British military personnel working in the Ebola treatment unit felt that they had encountered, and to understand how they responded to these with a view to improving preparation and training for future humanitarian deployments. All the interviews were conducted in the UK once the participants had returned from deployment.
5. Some participants are asterixed (eg P5*), but I could not find a key to this.

Response: these were added where participants’ words were referred to again, later in the paper to avoid repetition and to highlight the context (within a larger quotation). This explanation has now been added in the Results section, page 9, lines 203-205.

6. The table of ethical concerns listed some very tantalising issues that arose that do not get explored, and I understand that is necessary. The issue of who should be regarded as a healthcare worker does seem pertinent to the the paper, however, and if there are data that could be included on this point (and participants' perceptions of this) that would be very interesting.

Response: this paper reports the main themes that emerged from the data. Some, but not all, of the issues in the table were raised by only one or two participants. We have had to be selective about the content, as the reviewer understands. We feel that to include the data requested would wrongly imply that this was a more prevalent concern than our data suggests.

Typos, etc:

p 4 line 79 tranches were deployed (missing word 'were').

Done – please note that the line numbers have now change; now page 4 line 91

p 27 iii and iv - inconsistent heading treatment

Done – please note that the line numbers have now changed; now page 28 lines 660-661.
James Thomas, PhD (Reviewer 2): The paper reports on a qualitative analysis of military personnel deployed to a medical unit in the midst of the Ebola epidemic in Sierra Leone. It provides a rare, systematic look at ethical perceptions in a highly charged environment. I have a few high-level comments and few particular ones.

1. At a high level: in some places, the authors note that report statements reflect the perceptions of the respondents. Elsewhere (e.g., line 102) the mention of ethical challenges gives the impression that they can be objectively viewed as ethical. The paper would be stronger if the authors would note throughout that these are *perceptions* of the respondents. For example in the sentence beginning on line 101, they might write "the key objectives for this qualitative study were to elicit and explore the challenges of working in the Ebola treatment unit that military personnel viewed as having an ethical element." We then explored how they responded...

Response: we have made this change throughout the paper

2. What was the mission of the unit? And how did it determine who would be admitted? This needs to be stated early in the paper.

Response: information about the goals of the mission has been added pages 3-4, lines 78-82. Additional information about the MRoE has been added page 4 lines 82-88. See response to reviewer 1 point 2 above.
The discussion and conclusion were unsatisfying. I understand that this research was descriptive. But it also holds the potential to inform future similar deployments. Might there be recommendations for bringing greater ethical clarity to the military personnel for their next deployment? Might there be some ethical reasoning included in the "drills and skills"? Is there room for a process to sort through ethical challenges during the deployment?

Response: our funding for the project as a whole included funding to generate case-based training materials for use by the military. We had not thought it appropriate to refer to these in this paper. We have now added a few lines explaining the rationale for this and providing the website address where these materials can be found (they are freely available). We have also made reference to other impact work that we are currently undertaking with the military and civilian partners in the conclusion. We held an event to discuss the lessons identified from the project (the programme for which can be found here: https://www2.warwick.ac.uk/fac/med/research/hscience/sssh/newethics/bioethics/milmed/ebola/final_programme.pdf) We are considering jointly publishing something on this with those who attended the meeting. It would not therefore be fair to pre-empt that possibility in this paper.

Specific comments

Line 109. How many potential participants were there?

Response: We are unable to answer this question. Not providing this information does not, however, affect the rigour of reporting. It is not included on the COREQ check list (https://academic.oup.com/intqhc/article/19/6/349/1791966/Consolidated-criteria-for-reporting-qualitative) for reporting of qualitative research using interviews and focus group. The COREQ check list suggests that it may be useful to report the numbers of those who declined to participate and their reasons (there is no mention of providing the size of the population from which the sample was drawn). We do not have information on the numbers who declined. It is notoriously difficult to obtain information about why participants decline to take part in research. Those who do not wish to participate in research are not usually asked to explain this decision. We did not have access to the personal email addresses of the potential participants (for obvious data privacy reasons). Recruitment was therefore conducted by a qualitatively trained military staff member (holding a PhD) according to agreed sampling criteria that are described in the paper. Those who wished to participate contacted HD and we had no means of contacting those
who did not choose to do so. Given the chain of command, to ask the military recruiter to seek this information could have been interpreted by potential participants as pressure to participate. Moreover, we did not share information about the identities of those who agreed to participate with the military so as to enable participants to respond candidly to the questions. Thus, it would not have been possible for the military recruiter to have known who had not participated even if it had felt appropriate to approach them for a reason.

Line 151. What was the composition of the project advisory group?

Response: the members of the advisory group were named and acknowledged in the acknowledgements section. We have added their names and roles/expertise in the Method section as requested (pages 7-8, lines 173 – 179)

Line 163. How long were the interviews? This sentence is missing a period. Is it finished?

Response: information about the length of the interviews was included in the table. This has been made clearer in the text introducing the table (page 8, line192). The sentence referred to has also been modified (page 8, line192-194)

Line 384. Could you add a clause or sentence explaining what body mapping is?

Response: this has now been added in an endnote (b) see page 41-42, lines 974-987.

Line 418. Remove d from adverse.

Done – please note that the line numbers have now change; now page 19, line 451.
Line 439. Balance between risk to self and patient care is mentioned as the introduction to Table 2, then again in Table 2. This is a little confusing. Instead of saying this balance is "reflected in" the table, it migh be less confusing to say it is “included in” the table.

Response: the text has been amended both in the main body introducing the table and to the table itself to make this point more clearly (page 20, lines 471 – 476).

Line 442. Table title should be for *preceived* ethical challenges.

Done, page 20

Line 527. Capitalize Number and insert [Downing Street] in square parentheses.

Done – please note that the line numbers have now changed; now page 24 lines 560-561.