**Reviewer’s report**

**Title:** "Right to recommend, wrong to require". An empirical and philosophical study of the views among physicians and the general public on smoking cessation as a condition for surgery.

**Version:** 0  **Date:** 13 Feb 2017

**Reviewer:** Kylie Morphett

**Reviewer's report:**

This paper reports on an empirical study where physicians and members of the general public were asked whether they agree that smokers should be required to quit smoking prior to surgery. The reasoning behind this is that there is increased risks of complications where people smoke up to, and after, some surgical procedures, leading some organisations and surgeons to refuse surgery to those who continue to smoke. The ethical considerations around this position are interrogated by the authors and compared to public and physician views.

This is an interesting and well written study with a sound justification. The general study design is appropriate, with an appropriate sample size and recruitment methods. I think improvements can be made to the literature review and the discussion, which I have outlined below:

1) The introduction could benefit from a discussion of the current clinical climate, where it is seen as a duty to address patient smoking. There is increasing encouragement to identify and address a patients smoking as an ethical obligation, due to the threat that smoking poses to a patients' health. For example, Richter and Ellerbeck (Addiction, Vol 110) argue that all smokers should be given best-practice treatment (pharmacotherapy + behavioural intervention), regardless of whether they express a desire to quit. Smoking is increasingly seen as a "chronic disease" (US Public Health Guidelines - Fiore et al, 2008) rather than a lifestyle choice, therefore there is an increasing obligation on healthcare professionals to intervene in a patients smoking. This could contribute to a climate where surgeons feel it is their responsibility to intervene where a patient smokes.

2) Much of the authors' discussion centres around the fact that participants agreed with making surgery conditional on quitting smoking, but that risk of surgery is only "moderately" increased if smoking. However participants were not given any information stating that risk was only "moderate." While this is acknowledged by the authors to some extent, they also state that the "bulk of this discussion will be devoted to this apparent paradoxical phenomenon: why does an activity with a moderate risk profile (smoking before and after orthopaedic surgery) give rise to near uniform support making surgery conditional upon its cessation." It seems very likely that if people are informed there is a risk, and it is a risk the
surgeon has deemed appropriate to address/intervene, they are likely to assume that it is a significant risk, therefore one worth avoiding. The authors need to more clearly discuss the limitations of their methodology in this regard. Perhaps reference to literature on how people interpret risk would be beneficial here.

3) The other "odd miscomprehension" that the authors discuss also seems likely to be a methodological artefact. That is, that participants agreed that people should have to stop smoking for surgery, and then commented that this should rather be a recommendation, and shouldn't be strictly enforced. Participants were only given one option in the original question: to agree or disagree that quitting smoking should be required prior to surgery. The open-ended results, while limited due to their small number, are of interest because they show that agreement with this statement is not necessarily wholehearted, but often a qualified agreement. Participants may have agreed to a "recommend" rather than a "require" strategy if the former option was presented as the first of two options. And if people were given the choice of recommend or require, they may have preferred the recommend strategy. This speaks to the importance of allowing open-ended questions in order to allow people to qualify their survey choices, or of conducting qualitative research prior to developing quantitative items.

4) No information was provided on how this vignette was developed. The authors should add some justification of why they chose certain elements of the vignette, i.e., gender, age, surgery type.

5) The discussion around "value impregnation" (Page 12, Line 49 onwards) seems too hypothetical. While some participants provided open-ended responses, participants were not questioned about their values about smoking. As mentioned previously, it is more likely and consistent with the results and method, that people overstated the risk due to the lack of information provided about the "moderate" nature of the risk.

6) While the discussion around paternalism is worth having, there are also ethical issues involved in NOT addressing patient smoking when provided with the opportunity. Moreover, the tobacco industry have used such arguments about paternalism to argue that the "nanny state" is trying to force smokers to quit, and taking agency from people who choose to smoke. The paper by White, Oliffe & Bottorff (2013, Sociology of Health and Illness, Vol 35) could be referred to in this regard.

7) On Page 13, Line 46 the following quote is presented as an example of paternalism "It only shows the doctor cares about the patient." It's questionable whether this quote represents paternalism. Care does not necessarily equate with paternalism.

8) One Page 14, Line 23, the authors discuss why the peri-operative period should be a "preferred" situation to assist smokers with quitting. They state that "We are therefore concerned that the insistence of using this precise moment to discuss the patient's smoking
habits is partly based upon a (paternalistic) wish to reap health benefits from the patient's vulnerable situation at that moment." But the authors provide no evidence that is a "preferred" period. There is an overall encouragement for all health professionals to identify a patients smoking status and assist them to quit at all opportunities. For example, the US Tobacco Dependence Treatment Guidelines (Fiore et al, 2008) state that "Numerous effective treatments exist, and tobacco use assessment and intervention are considered to be requisite duties of clinicians and health care delivery entities." Moreover, it seems that most of the paternalistic attitudes in their results are from the general public, rather than physicians.

9) The authors conclusion that it is right to recommend surgery, but not to require it, seems simplistic based on a previous discussion about the costs and benefits of postponing surgery in order to allow (or require) the patient to stop smoking. As they note "In the case where the expected positive effects are small, and the "costs" in terms of suffering by waiting are large, then the "recommendation" strategy fails." Also, they acknowledge that "If the medical risks of surgery exceed the expected gains, then surgery should not be performed." When it comes down to it, this must be a judgement made by the surgeon, therefore a blanket "recommend" strategy does not seem to hold.

Other minor points

* The reference list is not formatted consistently. Many of the journal titles are not capitalised, but some are; the same with the article titles.

* On page 3, Line 59 it would be good to add how this requirement strategy might be implemented by physicians (e.g., urine cotinine testing or carbon monoxide in exhaled breath), as readers may be curious as to how smoking status is confirmed.

* On page 5, Line 23, a definition of "masking" would be helpful.

* On Page 5, Line 35, the word "plausible" doesn't really fit here. "Defensible" may be a better choice.

* Add information about ethical approval of the study. Were participants provided with an incentive to participate? If so, this should be listed.

* On Page 8, Line 37, it is standard practice to represent very small p valued such as this as p<0.001.

* Page 11, Line 4, remove the "a" - typographical error.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

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