Reviewer’s report

Title: The Ethics of Caring for Hospital-Dependent Patients

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Reviewer: Kasper Raus

Reviewer's report:

Much to its credit, this paper deals with an under discussed but highly relevant topic. When thinking about the future of our health system, much attention is given to chronic care or intensive care. Nevertheless many issues can be raised regarding this third category of hospital dependent patients. Regarding the text I have some suggestions and remarks. I will first give some general remarks and then discuss some more specific remarks.1. My first remark is a suggestion to sharpen the focus of the paper by distinguishing two issues. Regarding hospital dependent patients there are two distinct ethical questions:a)How should we as a society respond to hospital dependent patients? This concerns issues of stewardship of scarce funds in the health care system and the financing of hospitals. As the authors remark, penalizing hospitals financially for readmissions is potentially detrimental to the care provided for hospital dependent patients.b)How should doctors respond and provide clinical care to hospital dependent patients? This concerns issues of clinical care and weighing of benefits and burdens. The paper often switches between the more societal ethical issues and the clinical care ethical issues. I believe it might benefit the reader to more clearly distinguish these two issues.2. The topic of the paper is an overview of some of the ethical considerations regarding HDPs, but could perhaps use some more ethical depth. I will clarify this in my specific remarks. Specific remarks-p. 6, lines 91-92: ‘(…) especially where hospitals are likely to risk financial penalties for their readmission (…)’. This is a highly important remark as it suggests that the care for HDPs may be influenced by financial concerns on behalf of the hospital. This raises a vast amount of ethical issues. As a suggestion, perhaps the authors could expand somewhat more? -p. 8, lines 137-139: 'HDPs (…) may feel more secure surrounded by the unique resources of a hospital'. This is an interesting comment since the authors also remark that 'prolonged hospital stays are associated with increased risks of morbidity and mortality'. Taken together this suggests that HDPs who prefer to stay at the hospital out of sense of security are mistaken and it might be in their medical interest not to stay in the hospital. There is a conflict between non-maleficence (prolonged hospital stays may harm them) and autonomy (they want to stay in the hospital as they feel more secure). Perhaps the authors could briefly indicate how this conflict might be resolved.-p.8, lines 150-151. The authors indicate that HDPs might require repeated use of 'presumed consent'. Perhaps the authors could expand a bit more why this is so? As I understand it, the fact that immediate care is needed does not automatically make active consent impossible. People who are conscious when in need of acute care can still provide consent or refuse care. -p.10, lines 186-187. The authors remark that the principle of justice is 'inherently difficult to consider from a clinical perspective'. As a personal note, I would like to remark that I disagree with that position. Treating individual patients justly also means treating them according to justifiable and ethically relevant criteria. Treating a HDP differently from any other patient because of the potential financial repercussions of discharging and then readmitting, is unfair.- p.10, lines 193-195: 'physicians observe the seemingly disproportionate amount of time, resources,
and care that HDPs need'. Perhaps the authors can expand more? Disproportionate to what? Could one not argue that the resources, time and care they receive is proportionate to the care they require?-p.11, lines 200-202: 'the care provided to HDPs may be considered unjust and unsustainable considering the needs of so many other who are denied the care needed to keep them productively engaged in the community'. Personally, I feel the authors could give some more arguments why this would be unjust. HDPs are indeed in need of much care (perhaps through no fault of their own), but why should this imply that they have lost their rights to resources, care or time? The assumption seems to be that the health care system should aim at restoring productivity and engagement in the community and that therefore HDPs are getting more care than they should as they might never be fully productive again. Although this might be a perspective on health care, it is not a perspective one necessarily shares (I for one don't share it). It might thus need some more argumentation.-p.12, lines 234-235: If success is indeed measured in terms of length of stay, the case of HDPs merely shows that this is a poor measure of success. I fail to see how this 'potentially calls into question physicians' professional competence'. Patients can be readmitted or become HCP despite every possible medical competency on behalf of the physicians.-p.12, line 238: What are 'ethical expectations'?-p.13, lines 254-255: the main goal seems to be to 'alieve (sic?) some of the tensions seen in physicians' ethical obligations to their profession'. The issue in this section seems to be psychological rather than ethical. Physicians feel frustrated that despite their best efforts HDP continue to be readmitted. How is this an ethical issue? It seems a psychological issue that can be resolved by telling physicians that readmission is often no sign of failure (although it most surely can be). In medicine patients can be readmitted despite the best possible care.

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