Reviewer's report

Title: The Ethics of Caring for Hospital-Dependent Patients

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Reviewer: Lucia Wocial

Reviewer's report:

Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors. The authors are to be commended for their attempt to tackle a very complicated ethical issue in the care of hospitalized patients. The authors repeatedly describe the patient population as hard to predict. There is no discussion about what specific interventions or treatment require the patients to remain in the hospital. The manuscript needs at least one case example to help the reader gain some appreciation for the type of patient the authors are describing. I suggest the authors consult literature on "at risk for ethical conflict" (Pavlish) to help explore the type of patient that may be hospital dependent.

Page 4 line 48: This section is confusing. I believe the authors mean "discharge time after time" (repeated hospitalizations with short duration out of the hospital).

Line 55: "can have an acceptable quality of life in the hospital" acceptable to whom?

At one point the authors describe the hospital setting as having high staffing ratios and other resources (intense) and then later state the hospital services are expensive and resources are limited. The implication in this juxtaposition is that the resources in the hospital should only be used for patients who can maintain health after the intervention and or that the time someone spends in the hospital should be limited (if you don't get better in x amount of time, maybe we should stop offering so many resource intense treatments/interventions)?

Beginning on page 6: the section on clinical ethics lacks sophistication. Lines 120-121 on page 7 are confusing. I believe the authors are trying to stay the risk of no treatment (leading to death) is worse than having to live in the hospital. If that is the case, why not come out and state it more clearly? Lines 124-126 put the burden on capable patients and or surrogates to decide when to stop, however the writing implies the authors believe there should be a time when physicians should be allowed to exercise paternalism. At this point it would be a great opportunity for the authors to explore the ethical implications of a system that judges success based on survival not restoration of health (ignores morbidity as an important consideration).

Page 8 line 143: The authors refer to undermining patient autonomy however their discussion is more relevant to the principles of beneficence and justice.

Page 9 line 152-156 This paragraph does not discuss what it would look like if physicians included a broader discussion of goals of treatment, including not just a discussion of what a patient would want, but the likelihood that the patient can achieve the goal.

Page 9 line 165-167: This section should have some citation and a more complete discussion of the concept of secondary gain. In its present writing the section comes across as the sole judgment of the authors.

Page 10 lines 182-184 This writing skirts the issue of discussions about end-of-life planning and uses the excuse that HDP patients are hard to identify. That may be a reason but it is no excuse.

Page 12, line 220 "expectations" who sets these?, lines 226-229, "standard of care" for discharge again, who sets this? are the authors arguing...
that the standards should be changed for resource intense patients? Lines 235-236 "unexplained" pattern, perhaps the authors mean unexplored pattern? Clinicians who specialize in the care of these patient will tell you that to some extent, these repeated discharges happen precisely because the assigned physician is typically viewing the situation from a problem standpoint (what is the chief complain) rather than viewing the patient more holistically. Line 238 "unmet ethical expectations? (obligations??). The manuscript does not have a discussion about whether or not we should consider a more utilitarian approach (survival of the many vs catering to the few) yet this strategy is implied in the writing. There is also no intentional discussion about the injustice of judging a physician's performance based on the behavior of others (something the physician my only influence not control). Without a more clear discussion of these ethical challenges, the manuscripts comes across as physicians whining and I do not believe that is what the authors intend. The problems and challenges are real and troubling.

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

Unable to assess

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

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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