Author’s response to reviews

Title: Autonomy and Couples' Joint Decision-Making in Health Care

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Author’s response to reviews:

Thank you for your comments. Please see our responses below.

Technical Comments:

1. According to submission guideline for debate article  
https://bmcmedethics.biomedcentral.com/submission-guidelines/preparing-your-manuscript/debate,

   - The Abstract should not exceed 350 words and should be structured with a background,  
   main body of the abstract and short conclusion. Please minimize the use of abbreviations  
   and do not cite references in the abstract. Response: Thank you. Abstract is 317 words.

   - The main text should include Background, Main text and Conclusions Please make sure  
   the formatting of your manuscript to adhere to the submission guideline

2. Please place the heading 'Declarations' above 'Ethics approval and consent to participate'  
   as Declarations refer to all the subsections, e.g. Ethics Approval and Consent to  
   Participate, Consent for Publications, etc.

Response: Done.

3. Please include a 'Funding' section in Declarations. All sources of funding for the research  
reported should be declared. The role of the funding body in the design of the study and  
collection, analysis, and interpretation of data and in writing the manuscript should be  
declared. You may want to state None if there is no funding but this section must be  
present.

Response: Added a funding section

4. Upon resubmission, please make sure that your manuscript contains the following seven  
sections under the heading 'Declarations' at the end of the main text: (1)Ethics approval
and consent to participate (2) Consent for publication (3) Availability of data and material (4) Competing interests (5) Funding (6) Authors' contributions (7) Acknowledgements.

Response: All sections are included

5. Upon resubmission, Please remove any tracked changes or highlighting and include only a single clean copy of the manuscript. Please ensure the document is in the final form for publication; please upload only files that are to be published. If you wish to respond to these revision requests, please insert the information in to the designated input box only.

Response: Tracking removed. Single clean copy uploaded

Editor Comments:

Basically, I agree with the two reviewers.

However, there are two aspects in the paper which I find problematic and which, in my opinion, should be addressed by the authors:

1) The authors assume that the woman is the less dominant partner in most couples. First, this is a thesis for which the authors only provide one empirical study from Nigeria. Second, the authors do not provide sufficient reason why they limit their focus to traditional married couples. The model the authors suggest in figure 1 can also work the other way around, i.e. the woman deciding for the man, which seems to be very common too.

Response: Thank you for your comment. The literature suggests that in most traditional marriages, especially in the developing world, the woman is the less dominant partner in most couples. We have a section in the paper that refers to literature on this topic (especially pages 10-12, and references #1, and 16-22). We have also modified the sentence on page 4 (as pasted below) to reflect this and further clarify the rationale for our focus.

Page 4. “Given that in traditional male-female relationships, women are often the less dominant partner in decision-making (Osamor and Grady 2016; Mason 1987; Thapa et al 2014; Adhikari & Podhisita, 2010; Senarath & Gunawardena, 2009), we explore the issue of couples’ joint decision-making in the context of women’s healthcare decisions. While we acknowledge that couples consist of various gender combinations and that this analysis may be applicable for all couples regardless of gender or who is the dominant member, in this paper our focus is on traditional marriage (or similar unions) between a man and woman.”

2) The authors rely on the moral principle of respect for autonomy and state that this entails respect for person’s capacity to be self-determining. In this regard, the concept of "decision-making capacity" or "decisional competence" is of crucial relevance and extensively studied. As I see it, the various studies on decision-making capacity and substitute decision making could be of great value for the argumentation provided by the authors. See e.g., https://plato.stanford.edu/entries/decision-capacity/
Response: Thank you. The concept of decision-making capacity is extremely important to healthcare decisions and the Stanford encyclopedia entry is helpful. For this paper, we assume (described on page 5) that most adults have decision-making capacity (as also described in the Stanford Encyclopedia). We are also aware that autonomous decision-making requires both capacity (agency) as well as the liberty to make decisions. In this paper, we focus more on the notion of liberty and freedom from control.