Reviewer's report

Title: Truth Telling and Doctor Assisted Death as perceived by Israeli Physicians

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Reviewer: Pam Oliver

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Truth Telling and Doctor Assisted Death as perceived by Israeli Physicians

Review by Pam Oliver, 8 November 2018

General comments

1. While I appreciate that English may not be the first language of any of the authors, nonetheless both the spelling, grammar and use of English terminology generally in the paper are very poor, so that in many places sentences are ambiguous or the meaning unclear. There are also many typographical errors throughout the paper. It needs very thorough proofreading by a native English-speaker.

2. The authors have used sexist language throughout the paper, which needs to be corrected.

3. Given that Israel has had a campaign towards legalising assisted dying (AD) in recent years, it is good to see some literature coming out of the country on this topic, and also valuable that the research was undertaken by practising physicians. It would be helpful to see the study set in that context; currently there is no reference to the proposed Israeli legislation.
4. The discussion section at present lacks structure, tends to ramble, and could benefit from a set of sub-headings that clarify the flow of the argument/s. The introduction section could also benefit from sub-headings, for the same reason.

5. In general, the authors' have used a lot of surmise in the discussion section, and claims throughout the paper lack evidence from relevant literature to back them up. I've highlighted this for some specific instances in the following comments, but the comment applies to the paper generally.

6. In general, I feel that the Discussion is somewhat light-weight and lacks analysis of the findings in terms of the cultural and sociopolitical contexts in which both truth-telling and end-of-life decision-making occur. The authors do not appear to have undertaken any cross-tabulation of data to discover whether

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<th>Pg / line</th>
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<tr>
<td>7.</td>
<td>2 / 22  Replace 'bad' with 'poor' when referring to prognosis, throughout the paper.</td>
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<td>8.</td>
<td>3 / 29  Sexist language 'his' - replace throughout the paper with gender-neutral language.</td>
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<td>9.</td>
<td>5 / 52  &quot;Missing answers to specific questions amounted to 50-150, …&quot; Confusing - do they mean every question in the survey was missing responses? Percentages of the relevant total would be helpful where numbers are given in this way.</td>
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<td>10.</td>
<td>6 / 2-3 It's not clear why the authors chose to focus on these two particular ethical questions among the 11 apparently included in the survey, especially since they later attempt to set out a taxonomy of practitioner ethical stances. The selection of just these two factors for comparison needs to be explained better in the introduction section.</td>
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<td>11.</td>
<td>6 / 36ffParticipant characteristics: These data would be better presented in a table, with each characteristic compared with the total doctor population in Israel. That comparison should include data for culture and religion, since the authors raise both of these in the Discussion section as potential explanations for data patterns in the findings.</td>
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| 12.       | 6 / 53  The sample appears to have been selected purposively to some medical specialities, excluding others. The authors should clarify why some specialities were excluded (e.g. obstetricians, anaesthetists, oncologists). 'Surgeons' is a broad term; were oncologists in
particular able to be identified as such, since, of all specialists, their practice has probably the greatest relevance to both truth-telling and assisted dying?

13. It's not clear why the authors chose to include psychiatrists in the sample, since (i) they have a very specific and limited role in assisted dying (assessment of mental competence only), and (ii) the notion of a 'bad' (vs good) prognosis can not readily be conceptualised as relevant in the area of psychiatric diagnostics. On this basis, there are validity issues around comparing their attitudes with those of other medical specialties that need to be addressed in the method section.

14. Clarify what an 'HMO' is.

15. The survey instrument needs to be made available, so that readers can view the phrasing of questions and response options.

The response options provided appear to me insufficient. Given that the authors note in the discussion section that cultural factors are known to affect doctors' decision-making around truth-telling, can the authors clarify why there was no option to reply "It will depend on the particular circumstances for the patient and/or family"? Arguably, for questions relating to ethical stance, there should also have been an option to decline to answer the question and/or a 'Not sure' option.

16. Would there not be at least four other combinations - respondents who either were supportive of, or oppositional to, either truth-telling or assisted dying, and answered 'cannot choose' to the other question? These respondents should also be discussed, since collectively they amount to 1/5 of the sample, and dilemmas/uncertainty are an acknowledged factor in medical decision-making.

17. The authors appear to be proposing a typology of doctor attitudinal responses in relation to challenging ethical situations. While such a typology could be valuable, the authors should at least consider existing typologies and theoretical models in relation to both truth-telling and assisted dying decision-making - see for example Gamondi et al's (BMJ: Supportive and Palliative Care, Published Online First: 11 August 2017. doi: 10.1136/bmjspcare-2016-001291) (and others authors') segmentations of doctors' responses to assisted dying requests, and Oliver's (2016) 'social ecology' model of assisted dying decision-making. I'm not fully familiar with the literature on doctors' truth-telling, but a quick scan of that literature indicates that there may be existing typologies for that as well. The authors might consider a taxonomy of medical truth-telling practice (e.g. Gallagher and Jago 'A typology of dishonesty' 2016), depending on practice context (e.g. hospitals vs HMO), rather than a typology of practitioners.

18. The 55.2% of Israeli doctors supporting assisted dying, and only 31% not supporting it are, respectively, much higher and lower proportions than the typical one third
approximately of doctors in support and the 50% or more opposing, especially in jurisdictions where assisted dying is not yet legal. However the authors have compared it primarily to US data - the 2016 Medscape report cited does not appear to have included European data, as claimed. There is no shortage of information on data from European countries where assisted dying is not yet legal, including the UK. This significant finding should be discussed in the Discussion section, in the context of Israel-specific political and cultural/religious factors or other possible contributing factors.

19. 15 / 39ff The authors discuss the age differences primarily in terms of lifestage, skipping over 'zeitgeist' factors; generationality should be at least acknowledged in the context of the literature on generational impacts on changing medical ethics.

The greater support for both truth-telling and assisted dying among younger doctors and those educated within Israel needs to be discussed in terms of potential contributing factors such as generational change, Israeli culture versus European/US culture and how ethics are taught in Israeli medical schools.

20. 16 / 33-34 The Discussion could benefit from a separate 'Implications' section.

21. 16 / 45-50 Ideally, at least some cross-tabulations should have been undertaken to identify interactions of age, gender, place of medical education and religion on respondents' attitudes.

22. 17 / 17 Unclear what 'chartism' means.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

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?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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