Author’s response to reviews

Title: Using animal-derived constituents in anaesthesia and surgery: the case for disclosing to patients

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Author’s response to reviews:

We would like to thank both reviewers for their positive and constructive feedback, we believe that the manuscript is much improved because of it. We have responded to the reviewer comments and have further strengthened the manuscript with a slight restructuring, some additional content and several new citations.

Reviewer 1 (Henrik Lerner)

A well written debate paper on a topic not so much studied, ethical concerns about the use of animal-derived constituents in perioperative care. A paper worth publishing although I have some comments for improvement.
Reviewer: 1. I would like the authors to consider the problem that might arise if one starts to ask questions about consent and there still is a lack of knowledge if animal-derived constituents are present or not, or one still need to use animal-derived constituents although one can take away some of them.

At the moment the text focus on either/or and somewhere in the paper I would like to see a discussion on my suggested two matters for a clarification on the kind of consent there will be. What happens if we at the moment cannot have a full disclosure as suggested at the end of the paper.

This is the reason why I marked no on the question whether the conclusions were drawn adequately.

Response: in the paragraph beginning with ‘These types of systemic obstructions …’ we have addressed the issue of lack of knowledge.

Reviewer: 2. In Background second paragraph, think about the several "-" in the same line.

Response: This has now been amended in light of your feedback.

Reviewer: 3. Page 13, line 43-44. Make a correct reference for the Montgomery v Lanarkshire Health Board case.

Response: The Montgomery v Lanarkshire Health Board case has now been appropriately cited and added to the reference list.

Reviewer: 4. Page 10, line 32-32: Specify and mention the suggestions made by Enoch et al.

Response: We have added the following in response to your feedback: ‘In a study by Enoch et al. published in 2005, it was discovered that very few healthcare professionals were aware of which commonly used dressings contained biological material, and were therefore not necessarily in a position to inform patients [18]. Enoch et al. subsequently recommended that hospitals, higher education institutions and product manufacturers should take immediate action to ensure that healthcare professionals are educated about the biological products they frequently use [18]. The lack of education and easily available information creates a barrier to informing patients who might object to the use of certain biological products, including those with animal-derived constituents. However, there is little evidence to suggest that much has changed in more than a decade.’

Reviewer: 5. Page 14, line 42-45: Starting with "The limited evidence available...". Why make a majority argument? Wouldn't it be better with a benefit of the doubt-argument?
Response: We have altered this as suggested, and now recommend clinicians confer with patients to determine whether the use of animal-derived constituents is a concern, exploring the issue further if this is the case: ‘The available evidence therefore indicates that a significant proportion of patients may want this information disclosed to them, and given the importance of respect for patient autonomy, this implies clinicians should not presume patients are uninterested but rather ascertain if the use of animal-derived constituents is an issue for them. If so, they should, as far as possible, disclose the use of known animal-derived constituents in the patient’s care to ensure their concerns are adequately catered for. In instances where this information is unknown, they will need to make these patients aware of the possibility that some products used may contain animal-derived constituents.’

Reviewer: 6. Page 15, line 22: Starting with "Clinicians may consider...". A reference to the discussion from the Animal Rights position on the matter of feeling harm when animals are used could be added here.

Response: We have added the following in light of your feedback: ‘Some vegetarians have described feeling defiled at the thought of accidentally eating meat—anecdotal accounts describe such an experience as ‘upsetting’—and so it is possible that failing to convey the use of an animal-derived product could cause some degree of psychological harm.’

Reviewer: 7. Page 16, line 30-31: "There are documented cases..." How many?

Response: We have added the following and clarified this in light of your feedback: ‘Sattar et al. describe four cases of medication non-adherence because of patients concerns about the use of certain animal-derived constituents they believed to be forbidden by their religion. This led to either worsening symptoms or relapses of their illness, and therefore a violation of the principle of beneficence. By failing to inform the patient that the medication contained an animal-derived constituent their welfare was compromised, potentially leading to serious harm. When clinician’s fail to sufficiently consider these issues, they risk being perceived as insensitive to their patient’s concerns.’

Reviewer 2 (Ramesh Prasad Aacharya)

(1) Excellent article on sensitive issue. The manuscript flows smoothly and has followed the guidelines of the journal.

(2) Even though the title of the article includes 'perioperative care', it has encompassed the day to day clinical practice as well. I expect this article to sensitize the concerned authorities for appropriate product labeling so that the ethical need for disclosure would be translated into a routine practice.

(3) Defining 'appropriate substitute' and 'emergency treatment' carry ethical dimensions and deserves a paragraph under the subheading "Challenges of full disclosure".
Response: Although not directly related to your comments we have changed the title to make it clear that we are talking primarily about anaesthesia and surgery. We have changed some of the terminology to ensure that our arguments can be utilised by those considering this issue in different clinical contexts. As you have noted, we do intend for our case to be translated into routine practice and challenge healthcare professionals to become more informed about the presence of animal-derived constituents.

We look forward to hearing back from you regarding our manuscript.

Kind regards,

Daniel Rodger,

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