Reviewer's report

Title: Do we understand the intervention? What complex intervention research can teach us for the evaluation of Clinical Ethics Support Services (CESS).

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Reviewer: Ben Gray

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The goal of the paper was well summarised. I liked the section establishing that CESS was a complex intervention. The framework analysis approach has a lot of merits but I thought that there were important elements missing to the frameworks described that undermined their usefulness.

The section that discussed outcome evaluation had some limitations. There was no attempt to report the findings of the brainstorming exercise to collect "possible outcomes", with each of the maps merely listing "Outcomes" as an undefined box. By not being explicit as to what outcomes were valued by each of the models it was hard to consider how reasonable the models were. As noted the "Moral Case Deliberation" primarily targeted health professionals whereas the "proactive ethics consultation" targeted patients relatives and health professionals involved. If one of the benefits of the framework is to "make cryptonormative elements explicit" then not including the presumed outcomes misses an important opportunity to expose one of these. Surely the main aim of all clinical efforts is to provide the best outcome available for the patient. I would expect that if we were listing "outcomes" then improved patient outcomes would be high on the list (although really hard to measure) along with some of the other outcomes they have listed such as enhanced collaboration enhanced emotional support and improved moral reflexivity. For the Moral Case Deliberation framework aiming to improve patient outcomes without including them in the discussion would be a good example of a "cryptonormative element" Another benefit of listing this explicitly is that if the task of determining whether patient outcome is improved is very difficult, then a conclusion can be made that determining the benefit of CESS as with many complex interventions will be hard to prove.

There would be many clinical situations where there is not a "good" option available merely a decision between two "bad" options. Thus looking at outcome on the basis of whether the patient is well following the intervention may not be an indication of whether the CESS intervention had value or not.
In a similar fashion, the framework is not explicit about the "inputs." Where does the "description of the case" or "developing shared case description" come from? In the Moral Case Deliberation framework, the implication is that the case is presented by the clinicians. In our paper looking at parental refusal of treatment for cancer, the cases we selected were all seen by the clinicians as refusing treatment because of cultural or religious reasons. Nearly all of the parents reported that the severity of side effects were an important reason for the refusal of treatment. (Gray B and Brunger F. (Mis) understandings and uses of 'culture' in bioethics deliberations over parental refusal of treatment: Children with cancer. Clinical Ethics. 2017: 1477750917738109.) Again, there is a "cryptonormative element" here where it is expected that the clinicians will formulate the problem, rather than having the patient being involved in that formulation.

If we are discussing CESS work on individual patient cases then in many cases this will involve a difference of opinion as to the "right" course between the patient and the clinicians. There is a significant a priori philosophical debate to be had about whether there is any justification for judging one approach being superior to another, no matter how robust the ethical analysis might be. Many of these judgements in the end rest on the level of uncertainty of the outcome of an intervention, the tolerance of risk (of the clinicians and the patients) and the value placed on various outcomes for example how to weigh the benefits of living longer against the harms of adverse side effects. None of the mind maps capture this level of complexity.

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If not, please specify what is required in your comments to the authors.

Yes

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Unable to assess

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