**Reviewer’s report**

**Title:** Clinical ethics dilemmas in a low-income setting - A national survey among physicians in Ethiopia

**Version:** 0  **Date:** 23 May 2019

**Reviewer:** Stuart Rennie

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This manuscript offers interesting mixed-methods based data about experiences of ethical dilemmas among doctors in working in Ethiopia. The specific topic is neglected, and the research team appears to have studied and published related work about medical ethics issues in the Ethiopian context. The manuscript would be a worthwhile contribution to the field of medical ethics as experienced in resource-constrained environments in the African region. Responding to my comments below hopefully will add to the strength of an already impressive manuscript.

**Major comments**

The reporting of qualitative (open question) and quantitative (survey) data is sometimes hard to follow. The manuscript is in fact dominated by the qualitative component, and while to some extent this is a strength (due to the compelling nature of some of the direct quotes), the survey results seem to be little discussed in their own right, and the relationship between the qualitative and quantitative data is sometimes unclear. How does one know that the 'narratives correspond well with the quantitative results'? (pg. 30, lines 22-25) I think the correspondence could be drawn out by quantifying some of the open questions results, i.e. how many of the answers to the open questions cited a certain kind of dilemma? For example, how many of the respondents (n=200) to the open questions cited resource scarcity and allocation of resources when mentioning a dilemma, rather than saying 'numerous' or 'many'. This could strengthen your case for the correspondence between the qualitative and quantitative data, and perhaps there are also divergences worth noting and contemplating.

It is unclear how Table 2 and Figure 1 relate to one another. Table 2 seems more informative, since the responses are disaggregated by response, whereas in Figure 1 the often and sometimes are lumped together. It is also a bit confusing that there are 22 dilemmas in Table 2 and 24 in Figure 1. I would opt for a Figure that combined the strengths of these two: visualization of the complete number of specific dilemmas identified, indicating the whole range of possible responses (often/sometimes/rarely/never).
It is not obvious that one can draw a uniform conclusion about the ethical conscience of physicians in Ethiopia on the basis of their experience of dilemmas, as stated in the abstract and the discussion. That would depend on how they resolved the dilemmas, and besides, the physicians also report unethical practices on the part of their colleagues. So the overall picture is more nuanced.

A profound question is whether physicians in Ethiopia experience more, different, and more demanding dilemmas than other doctors do elsewhere. I am not sure the data presented can lead to any strong conclusions, partly due to scarcity of relevant comparative data, partly due to measurement issues. Intuitively, one may think Ethiopian doctors face heavier challenges, but how would 'moral workload' be measured? Is it something seemingly objective (like dilemma frequency) or more subjective (how dilemmas are processed/managed by physicians)? [I say seemingly objective since a dilemma can depend on the values of the person involved, e.g. beliefs of physicians about abortion]. This is a conceptually complex area. I don't think you can go much further than floating the construct of moral workload and saying this should be an area of future research and analysis.

Minor comments

Was the survey and open question conducted exclusively in English? If so, this could be a study limitation, i.e. expression of dilemmas in their own words if the respondents' English was limited.

How was the coding of the narratives done? The quantitative analysis was done with EPI INFO; were the narratives coded manually (see pg. 9, line 10)?

In regard to the demographic data, was information collected on working in rural vs. urban settings and large/small hospitals/clinics? There might be some interesting differences in dilemmas faced which would come out in a sub-analysis using these variables. Note that 'physicians working in larger referral hospitals' is mentioned on pg. 20 (line 53) but that does not figure as a variable in Table 1. More info would support the claim that the study involved a representative sample (pg. 30, line 17).

It seems odd that end of life care/euthanasia would not figure among the most frequent ethical dilemmas in an environment marked by severe resource constraints. There are a number of possible explanations for this. It could be the way that the questions in the survey were posed. In the limitations section, one could add that this could be due to social desirability bias given the nature of the questions.

On page 10, it says reproductive health dilemmas were experienced infrequently; on page 11, it states that dilemmas concerning abortion were quite frequent. Please reconcile.
The section (pgs. 18-19) called 'Dilemmas concerning disagreement with or without families' has no reference to cultural issues in it, despite the content of the section being dominated by cultural issues.

The quote at the top of page 21 does not seem to fit with the text preceding it or following it. The text preceding is about the abortion law being relatively liberal; the text afterward is about physicians suspecting women to claim rape to gain abortion access. The quote is about physicians feeling they should provide abortion in cases in which the law does not permit it. So the flow of the text is unclear.

"Also, others described how they feel disregarded." (pg. 21, line 40) Disregarded how, by whom?

"While their religious and personal convictions led them to believe that the act was ethically wrong, their concern for the women's lives and the commitment to reducing maternal death made them do it." (pg. 28, line 30). But this is not how the dilemma played out for all with those convictions; some did not 'do it', some provided referrals.

In the abstract, it mentions that you will discuss how to improve resource scarcity as well as ethics teaching etc. as responses to the dilemmatic situations. But in the discussion in the text, only ethics training and support is mentioned. This needs to be reconciled.

'whole field of ethics' should probably be 'whole field of bioethics' (p. 30, line 34)

There are a number of small errors in the text; careful proofreading needed. Some examples:

Page 5: partizipated … (lot of 'z's' used on this page)

Page 8: 'The other question used in this paper', you mean that another question as part of the survey was an open-ended question.

Page 9, line 10: the listed dilemmas, not dilemma.

Page 11, line 30: Period after direct quote, then 'others' instead of 'other'.

Page 14, line 20: should probably read: deliberative dilemmas

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

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

Unable to assess

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Yes

**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

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Please indicate the quality of language in the manuscript:

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