Author’s response to reviews

Title: Hospital ethics reflection groups: a learning and development resource for clinical practice

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Author’s response to reviews:

Dear editor and reviewers

First – on behalf of all the authors – I thank you for the good and useful comments to the manuscript. We all find that it has made our manuscript even better.

This is a point-by-point response letter to the remarks.

Editor Comments:

There is no international consensus whether qualitative studies need prior review by research ethics committees, but the tendency goes into this direction. It might be better if you formulate your statement in this respect more cautiously, for example that Danish research ethics committees do not review qualitative studies, as confirmed by the e-mail that you mention. This might not apply in other countries...

This correction have been made in the section: “Ethics approval and consent to participate”

BMC Medical Ethics operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Katherine Wasson, PhD, MPH (Reviewer 1): The manuscript is well-written and clearly articulates the aims and purpose of this qualitative research study. The research contributes to the literature and knowledge about using ERG in multiple hospital settings. Thank you for your work.
There are a few minor revisions to be made.
Spelling and Grammar: These corrections have all been made

Page 4, line 37-38: using not "uing"

Page 4, line 49: should read - training of the ethics facilitator… Page 5, line 57-58: should be "…one exception was the number of retrospective and prospective…” not amount.

Page 7, line 14: Don't end the sentence with a preposition (of).

Page 8, line 5-6: Should read "Another argument about/regarding patients in general…”

Page 9, line 17: should read "One person/participant described himself…”

Methods:

The first author is described as the only author to review and code all the data. Typically in qualitative research, multiple researchers read and code the data. Is there a reason it was done by one person? Is this methodologically sound? Please describe.

We most certainly agree and of course more researchers have been reading the transcripts. The following sentence have been added in the section: “Data analysis” Some of the co-authors (RP and LH) participated in the analytic process by reading interviews and focus group transcripts discussing and validating the interpretation and later on the categories and sub-categories.

It might be worth adding a sentence or two to define what a "participant observer" is for readers who are unfamiliar with these methods.

The following sentence have been added to the section: “Participant observation”: Participant observation is a traditional ethnographic research method. The researcher takes part in other people’s daily living, generating research data by writing ethnographic field notes. Participant observation can be conducted with varying degree of researcher participation.

Why were the ERGs not recorded?

The following sentences have been added to the section “written case descriptions”: After the implementation phase the ERGs worked unassisted for about one year. In that project period the first author visited each ERGs three times. Except for one all supervisions were tape recorded. The remaining meetings in the ERGs were not tape-recorded. There were more causes for that decision. Firstly, when no researcher took part in the ERGs challenges might occur when gathering informed consent among clinicians participating. Secondly tape-recording might affect the deliberation process negatively. Thirdly the research team were lacking resources to analyse the data generated.

Organization of the manuscript:

The discussion section summarizes and repeats some of the concepts and implications already covered
in the results section (example - significance for patients section, Significance for clinicians - the case of the nurse confronted by the patient wanting to decrease his medications). What is new to the discussion of this example in the discussion? Why is it here? Sharpen the point and reduce the repetition. While it is understandable that there will be some overlap, the authors should reduce the repetition significantly and focus on the implications of the research. The reader has read and understood the results. The discussion is the place to broaden the discussion and brainstorm about the implications and other applications of their findings. Why is this research significant - for this population and others? Are the ERGs ongoing? Will they be implemented elsewhere? Why or why not?

The authors touch on EGRs and links to addressing moral distress. Elaborate on how it has been shown (or might be shown) to address moral distress.

How might physicians be encouraged to present cases in other ERGs? What strategies were attempted and lessons learned for others?

What recommendations do the authors have for hospitals in Denmark (and elsewhere possibly) given these largely positive results of ERGs? Should multiple hospitals implement or pilot this approach?

All the questions have caused the discussion section to be rewritten.

Rouven Porz (Reviewer 2): Dear Authors/dear Editors

This is a well written text, very useful for other clinical ethicists and/or people working in the field of clinical ethics support. The methods are very well explained, the qualitative research approach is suitable. The text is definitely worth to be published.

As a minor form of critique ..., or lets say, as an idea for the next text: The text is written in a very descriptive way. I miss a more normative reflection about the possibilities (or non-possibility) to "evaluate" ethics in those kind of settings. Those kind of descriptive texts have been published quite often lately. More or less: they all come with the same conclusion: ethics can help (can have significant effect). But is "significance" the right term to evaluate an ethics intervention with? Or do we have to move beyond this natural science based ideas of intervention/evaluation? So, Maybe these more epistemological thoughts about ethics can be a source for a next text. For the moment, my congratulations to this one at hand.

Thanks a lot for these very thoughtful considerations.