Reviewer’s report

Title: Too much safety? Safeguards and equal access in the context of voluntary assisted dying legislation

Version: 0 Date: 04 Mar 2020

Reviewer: Barbara Pesut

Reviewer's report:

Thank you for the opportunity to review this well-written, informative, and important manuscript. This is an excellent overview of the safeguards contained in the Victorian legislation and the implications for equal access. I do have one recommendation that might strengthen the argument. As the paper is currently written, there seems to be some confusion about the different roles of law and healthcare. In other words, there is a tension between the function of law (e.g., safeguards) and the function of healthcare (e.g., promoting equitable access in the context of safeguards). This means that the argument is less convincing than it could be. It seems to me that with something as ethically contentious as VAD, the role of the law is to safeguard the rights of all citizens and the role of healthcare it to put in place as many systems as possible to ensure equal access (e.g., navigators and dedicated teams). But when these are conflated the argument is less convincing.

One example is in the section on high quality care. The law and the healthcare responses to that law are conflated here. It would be much more useful to discuss the role of healthcare in determining quality in the context of these safeguards. I was also interested that you did not discuss the role of VAD navigators in the section on patient agency? It seemed that this was a healthcare response to promote equal access when the safeguards potentially compromised equal access? A further example is the issue of conscientious objection. Without addressing the roles of law and healthcare it is difficult to understand why it is important to guard the rights of conscientious objectors.

I don't believe this would be a major revision. It would just create a more nuanced argument and potentially help to point a way forward through a better understanding of what we should expect from our laws and from our healthcare systems in response to those laws.

As an aside, you may also want to think about how access in the context of VAD parallels other healthcare interventions where safety must be balanced with risk and quality. For example, not all institutions do all procedures for safety and quality reasons. We further often transfer patients to other institutions that can provide better care, even at end of life (e.g., medical units to hospice). My question is, is there something unique about VAD that takes it outside of these realms of consideration?

Again, thank you for this important paper.
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.
Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.
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