Reviewer’s report

Title: Refusals to perform ritual circumcision: A qualitative study of doctors’ professional and ethical reasoning

Version: 1 Date: 19 Oct 2019

Reviewer: Brian Earp

Reviewer's report:

General comment. This is a very well written paper that discusses an important issue that has not yet received enough attention. The paper should be appropriate for publication upon minor revision. It is modest in its aims, and so the relatively focused, concise discussion seems appropriate. That said, I think the limitations of the sampling method could be more frankly acknowledged. I would like to have seen a bit more engagement with the recent theoretical debate on conscientious objection, especially papers that explicitly bring up circumcision (often as a point of contrast or comparison with abortion), for example: Ahmad, A. (2014). Do motives matter in male circumcision? 'Conscientious objection' against the circumcision of a Muslim child with a blood disorder. Bioethics, 28(2), 67-75; Harter, T. D. (2019, August). Why tolerate conscientious objections in medicine. In HEC Forum (pp. 1-14). Springer Netherlands; Blackshaw, B. P., & Rodger, D. (2019). Questionable benefits and unavoidable personal beliefs: defending conscientious objection for abortion. Journal of Medical Ethics, online first. Greater effort to give a sense of the scope or representativeness of the participants' attitudes would also improve the paper, possibly drawing on the authors' own previous work surveying Norwegian medical students: Nordstrand, S. J., Nordstrand, M. A., Nortvedt, P., & Magelssen, M. (2014). Medical students' attitudes towards conscientious objection: a survey. Journal of Medical Ethics, 40(9), 609-612.

Other specific comments are below to help the authors in the their process of minor revision.

Page 3. Line 17. Please add relevant references to the 'warnings' issued by the Medical Ethics Council etc.

Page 3. Line 34. Re: whether conscience (etc.) is the right term can be questioned. Indeed, but could a sentence or two be added here explaining why or in what sense this could be questioned; i.e., what is the main issue; why this is controversial.

Page 3. Line 54. The word "perceived" should be added before "health benefits" because whether there are net health benefits is hotly contested. In fact, even the role of perceived health benefits in driving requests for the procedure in the U.S. is a bit uncertain. As Andrew Freedman of the AAP Task Force wrote in an editorial following up the controversy over their 2012 policy, "In the West, although parents may use the conflicting medical literature to buttress their own beliefs and desires, for the most part parents choose what they want for a wide variety of nonmedical reasons. There can be no doubt that religion, culture, aesthetic preference, familial identity, and personal experience all factor into their decision. Few parents when really questioned are doing it solely to lower the risk of urinary tract infections or ulcerative sexually transmitted infections." Freedman, A. L. (2016). The circumcision debate: beyond benefits and risks. Pediatrics, 137(5), e20160594.

Page 3. Line 56. In referring to the trans-Atlantic chasm, it might be helpful to refer to work that directly discusses and unpacks the inter-continental disagreement, in addition to citing the AAP policy

Page 16. Line 34. Can a reference be added to support the empirical claim that among those who object to abortion, more are in favor of legal prohibition?

Page 17. Line 36. Could more be said about the inability to recruit more than 10 participants? Some discussion was given earlier in the paper, but it's hard to make out the implications of the (failed) effort to recruit a larger sample. Participants indicated that they felt they had support from colleagues and didn't have to fight for their position; but then why didn't those colleagues want to participate in the study? As a reader I need to know how to contextualize the qualitative results here: do I have any reason to think, based on the sampling procedure, that the views expressed by participants here are in any way representative of the views of those medical professionals in Norway who refuse to perform ritual circumcision on grounds of conscience? Do I have any reason for thinking that there are many more than just these 10 participants who do indeed refuse to perform ritual circumcision? Is this a snapshot of a wider phenomenon, or are these 10 participants basically the whole phenomenon? Etc.

**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.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Acceptable

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