Author’s response to reviews

Title: Addressing harm in Moral Case Deliberation: the views and experiences of facilitators

Authors:

Benita Spronk (cb.spronk@amsterdamumc.nl)
Guy Widdershoven (g.widdershoven@vumc.nl)
Hans Alma (coaching@hansalma.eu)

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Dear editor,

We thank you for giving us the opportunity to improve the paper, taking advantage of the reviewers’ comments. We are very grateful for the constructive comments of the third reviewer. We revised our paper, following your suggestions. Below you will find both our detailed responses to the comments and a description of how and where we changed the original manuscript in order to improve the overall quality of the paper.

We have uploaded the revised manuscript with track changes.
On behalf of the other two authors, Guy Widdershoven and Hans Alma,

Benita Spronk
VUmc, Amsterdam, The Netherlands

Reviewer reports:

Reviewer #2

GENERAL COMMENTS: I did not have concerns; I have examined the authors' responses to the other reviewer and believe that their changes help one see more clearly the flow of argument in the paper.
ADDITIONAL REQUESTS/SUGGESTIONS: No

Response: Thank you for your positive reaction to our response.
Reviewer #3

GENERAL COMMENTS: This is an excellent and well written manuscript. The authors have done a great job of responding to the prior reviewers concerns. The paper presents and interesting and underutilized approach to medical decision making through the use of the Dilemma Methods and the Nussbaum theory vs. the traditional 4 principles methods. I enjoyed reading this and find it applicable to clinical medical ethics.

Response: Thank you for your positive reaction to our response and the positive evaluation of the topic of our paper.

REQUESTED REVISIONS:
1. Pg 8 line 49 - this sentence is unclear - "4 only used other methods", what were those methods?

Response: Thank you for this question. We made this more clear in adding the following sentences: “These methods entail value clarification and the Socratic dialogue. Although these methods are similar in reflecting on an ethical case, they do not take the ethical dilemma as a starting point for the deliberation.” See page 9.

2. The methods falls slightly short of what is expected for qualitative research. First, grounded theory is typically an approach to the collection of the data, although the authors distinguish they are utilizing a lesser known approach of grounded theory as a coding method and this may need further clarification. Next, the authors have not followed COREQ guidelines for the presentation of qualitative results - no details are provided on theoretical saturation, or saturation in regard to the recruitment of participants (why was the current number enough?), details are needed on inter-rater reliability and other forms of reliability and validity such as member checking, reflexivity for example.

Response: Thank you for this question. We added information to make this more clear. We made explicit procedures concerning saturation, reliability and reflexivity.

“Twelve facilitators were interviewed (six male and six female) at their workplace or at their home. A procedure of purposive selection was followed. As the respondents were known for their experience in MCD, they were asked by email to participate. No one refused. The respondents included two clinical ethicists, three spiritual counsellors, three medical specialists, one paramedic, two hospital managers, and one nurse manager.”(page 8)

“Data analysis was carried out in three stages. The first stage involved open coding: the first two interviews were coded independently by two researchers, and the results compared in order to establish inter-rater reliability. The results were discussed by all three authors. Based on this process, the topic list for the next interviews was refined. The next two interviews were coded by the first author, after which the three authors reflected on the resulting coding tree, in order to foster validity. The first researcher then conducted another eight interviews, two of which were also coded by a research assistant to again establish inter-rater reliability.” (page 9)

“During the second stage, focused coding, eight interviews were analysed, and codes were clustered into overlapping themes. The results were discussed by the first two authors deciding on the best phrasing of the themes.”(page 10).
“After the full analysis of eight interviews, theoretical saturation was reached. We analysed the other four interviews, with participants from various backgrounds. In the analysis no new themes were found.” (page 10)

3. It would be helpful if some demographic details were provided about the respondents in addition to their number - such as their profession or years of experience or age.

Response: Thank you for this remark. Details about the respondents have been provided on page 8.:

“Twelve facilitators were interviewed (six male and six female). The respondents included two clinical ethicists, three spiritual counsellors, three medical specialists, one paramedic, two hospital managers, and one nurse manager, thus spanning a wide range of educational backgrounds. The respondents worked as facilitators with various groups. Six worked in hospitals, three in mental healthcare, and three in both.”

A sentence was added about the age distribution: “The respondents range in age from 30 to 68 years.”

4. The paper would be improved if the dilemma method provided a context - can an example be given of the type of dilemma to which the respondents are discussing? One small example is given in the quote "not offering fertility treatment" but in general, the reader has no clue what the context is for these types of issues.

Response: Thank you for your comment. At the beginning of the results section we have added examples of the cases referred to by the respondents, in order to make the reader aware of the types of dilemmas respondents are discussing.

“They derive from multiple cases. Examples are forced treatment versus private integrity, the request of relatives to continue treatment versus the professional account that prolonging treatment is medically useless and adds suffering (and vice versa), stopping or continuing treatment in the neonatology ward and rights of potential parents versus the rights of the child in fertility treatment.” (page 10)

5. Line 23 page 17 - is this a typo? should it read "housed" instead of "hosed."

Response: Thank you for this remark. This is indeed a typo. It should read ‘housed’. We changed it.

6. The discussion should be shortened, perhaps by not repeating the results in the first 2 paragraphs.

Response: Thank you for your comment. We removed the repetition of the results as suggested, and shortened some of the paragraphs in the discussion.

ADDITIONAL REQUESTS/SUGGESTIONS:

As noted on the prior page, giving an example of the type of dilemmas discussed would provide context for a reader. Overall the paper is quite good and the authors do an excellent job of laying the groundwork in the introduction.
Response: As mentioned above, we have provided examples of the dilemmas discussed at the beginning of the results section. We decided not to elaborate on one example, as this would not cover the variety of examples referred to by the respondents.