Reviewer’s report

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

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Reviewer: Stella Reiter-Theil

Reviewer's report:

General comments

Addressing and reflecting harm, even tragedy, is in the eyes of the reviewer not only an important topic in activities such as MCD or Ethics Consultation (EC); it is a necessary component thereof. The topic's extension towards tragic situations is also appreciated as this is often not hidden behind pragmatic outcome oriented thinking.

Thus, the topic of this paper appeared most promising motivating to the reviewer to accepting the task. However, reading the paper entirely took several efforts and it was not easy to carry on as the manuscript did not quite maintain the initial interest and curiosity. While this may be a rather subjective comment, there are also some more substantial aspects that may help to explain why the reading of the paper was not as rewarding as hoped.

Harm (and addressing it) in MCD can deal with harm that patients are experiencing in relation to their illness independently from the MCD process or with harm that staff involved is perceiving due to the burdens they have to face as part of the MCD process. As a motivation for this paper, a lack of studies on harm addressed in MCD is emphasized.

The same mentioned lack is surprising and contrasts the observation that the literature on Ethics Consultation is referring to harm as a topic of reflection in EC quite often. Frequently, but not always, this corresponds with referring to the 4 principles approach of Beauchamp and Childress including the non-maleficence principle. But even without acknowledging this theory, EC must not miss addressing harm on a regular base as even the routine reflection of treatment options covers the explicit weighing of benefits and burdens (harm).

Moreover, harm (in clinical encounters or ethics meetings) is not restricted to being a result of a patient's condition or situation; harm might also result from the options that are considered as candidates for problem solution: thus, reflecting beneficial and non-beneficial effects (harm) of decisions or options is one of the core functions of EC - and possibly also of MCD. Additionally, harm could also mean that it is being experienced in relation to participating in an MCD. Errors and mistakes have been studied in the EC literature contributing valuable insight in this aspect of harm within a consultation.

On many occasions it has been described that MCD is not (any more) a mainly educational tool, but also used as a practical approach of helping healthcare staff in addressing ethical problems in clinical situations - like Ethics Consultation. Still, the literature of the related fields is not acknowledged. It would have been interesting to read some thoughts about the question, why MCD has fallen short of addressing harm in its practice so far. Why is there no inclusion of the topic of errors and mistakes here?
Specific comments

Clear definitions of harm or tragedy are lacking; they should make the connection to the practical context of MCD visible.

The results section lacks structure and is less than clearly arranged. The quotes are too long and too many for the provided content distracting the reader's interest.

Also the discussion section requires a more stringent structure. As clinical - "tragic" - situations or examples have been mentioned, it would have been convincing to come back to them elaborating on the findings in the discussion section. Rather, the interesting categories extracted from the interviews are presented in combination with comments that are, partly, not very insightful, especially with the first part (1. Awareness of tragedy), e.g.: "that discussing harm in MCD can help healthcare professionals to realise that there is no ideal solution" (p. 21, line 501 ff). More of the kind follow, e.g. on pages 23, 25, 26.

The second part (2. Dealing with tragedy) is better to read and richer in content. Additionally to the topics of harm and tragedy the authors refer to moral injury and moral distress - on the side of the healthcare professionals. As they aim to address "resilience" later, this choice makes sense. However, providing definitions and differentiations regarding these key concepts is necessary, but lacking.

The content of the conclusions does not really "follow" from the results.

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?
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No

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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