Author’s response to reviews

Title: Implementation Challenges for an Ethical Introduction of Noninvasive Prenatal Testing: A Qualitative Study of Healthcare Professionals’ Views from Lebanon and Quebec

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We thank the editor and the reviewers for their comments, time and consideration. Please find below the responses to the editor’s requests:

1- Thanks for the suggestion. We went through the paper and replaced the word “challenges” with various synonyms such as concern(s), issue(s), obstruct(s), pressure(s), barrier(s) and problem(s). In a few places in the manuscript, as well as the themes’ titles and subtitles, we kept the original term. Thanks for pointing this out. We added “ethical” where we wanted to specify that we are discussing specifically the ethical implementation of NIPT. Sometimes we dropped it because we used “ethical” in the sentence with different framing, for instance:

Discussion p.19 line 11:
“we report implementation challenges for an ethical integration”

2- We re-read the paper and addressed grammatical and spelling issues.

3- Table 1 was adjusted, and modifications were made. We decided that the section on political structure of both contexts is not relevant and we didn’t use it in our data analysis, so the term confessionalism was removed. Further, as suggested by the reviewer, more context was added. Please see table 1.

4- P.16: The following section was added to clarify this point:

Abortion is inherent to decision-making surrounding prenatal testing since couples/parents might decide to continue or terminate a pregnancy based on the results of the prenatal test in question. Abortion policy is thus a crucial factor when considering the clinical and ethical implementation of a
prenatal test such as NIPT. Under the Lebanese penal code, abortion is legally prohibited at any point during pregnancy, and is allowed solely to save the mother’s life. However, in the clinical practice, abortions are being performed regularly and clandestinely. Given this context, abortion policy constitutes a barrier to an ethical implementation of NIPT insofar as couples and pregnant women will have the choice to accept or decline NIPT, but without having the choice to terminate the pregnancy -if they decided to do so- in a legal and safe manner.

5- P.24-25: Thank you for pointing out the repetition. For this reason, we kept the new text and removed the old one:

How should these concerns be addressed and what should be done in order to ensure that NIPT is being marketed and implemented in an ethically sound manner? Aside from HCPs being prepared and trained in order to support pregnant women and their partners through their decision-making process, there is a need for interventions at the macro level. This might include crafting policies aiming at regulating the NIPT market and therefore the relationships between NIPT industry representatives and HCPs. Such policies should be implemented with particular attention to existing legal and policy frameworks of each specific context.

6- We inserted the following text:
“None of the funding bodies had any input regarding the design of the study; the collection, analysis, or interpretation of data; nor in writing the manuscript.”

7- The English language version of the interview guide used to conduct semi-structured interviews with healthcare professionals in Quebec and in Lebanon is now uploaded.

8- All additional files are now explicitly referred to in the main text.

9- The overlaps are now reformulated and read as follow:

p.8 lines 4-9: We used the same interview guides in Montreal and Beirut that explored the same topics, such as general attitudes regarding NIPT and NIPT coverage. We modified a few questions in order to fit the appropriate context. For instance, we reformulated the question about the coverage of NIPT to refer to the healthcare system in place for each setting (public vs. private healthcare system). The interview guide is provided as a supplementary file to this manuscript (see Additional file 1). Interviews were audiotaped, transcribed verbatim, and anonymized.

10- P.9 lines 4-11: Data analysis:
We used thematic analysis to perform our data analysis, facilitated by NVivo 11 the software package. Two independent researchers (H.H and G.B.) coded the interviews in Montreal and in Lebanon, compared the coded transcripts, and discussed the differences until they reached a consensus. H.H. translated the themes and selected quotes from the French interviews into English, to discuss the analysis content and to prepare the manuscript. G.B. validated all the translations.

11- We added some missing abbreviations to the prior list such as IVF, UK.

12- Thanks for the reviewers and the editors for their comments. The paper is now submitted in its clear version along with the requested document (English version of
the developed interview guide).