

Reviewer comments: 2014-0071	
Title	Physicians and euthanasia: a Canadian print-media analysis of physician perspectives
Authors	David Kenneth Wright PhD, Jennifer R. Fishman PhD, Hadi Karsoho BA, Sarah Sandham MA, Mary Ellen Macdonald PhD
Reviewer 1	Abraham Rudnick
Affiliation	University of British Columbia, Psychiatry, Vancouver Island Health Authority, Vancouver, BC
General comments and author response	<p>This is an informative paper on an important topic, i.e., public communication about ethics of end of life care. The paper is overall written well. My comments for improvement are (in order of text appearance):</p> <p>1. On page 2, in the first paragraph, the terms euthanasia and assisted suicide should be referenced and clarified (even if not defined, considering the authors' later argument that such definitions are contested).</p> <p>Author response: We have provided this definition with new text on pages 2 (lines 11-22) and page 3 (lines 1-4).</p> <p>2. On page 2, in the second paragraph or immediately after it, referenced mention should be added in relation to the public debate about this topic outside of Canada, for a comparative perspective; in particular, non-Canadian physicians' publicized views on this topic should be addressed.</p> <p>Author response: We have revised this language on page 1, line 11 and page 1, lines 20-22 and page 2, lines 1-3.</p> <p>3. On page 2 and elsewhere, mention of euthanasia should be qualified as referring in this study to additional end of life medical practices such as physician assisted suicide, as the literature search explicitly included such additional practices, while the authors seems to use the term euthanasia to address all such practices (recognizing that may be based in part on their findings, but a clear distinction has to be made between common terminological use and preferred terminological use).</p> <p>Author response: This is addressed in the revised text on pages 2 (lines 11-22) through page 3 (lines 1-4).</p> <p>4. On page 3, in the first paragraph of the Methods section, the term Discourse analysis should be elaborated upon further.</p> <p>Author response: We have added elaboration to this section on page 3, lines 15-20.</p> <p>5. On page 4, in the last paragraph before the Results section, clarification should be provided in relation to how the portion of dataset was selected to be re-read, and what proportion of the original dataset did the re-read portion consist of.</p> <p>Author response: We have revised this text to provide this clarification on page 5, lines 1-2.</p> <p>6. On page 11, in the last paragraph, it could be helpful to mention and reference the doctrine of double effect re intent, e.g., in order to demonstrate that at least part of this debate is longstanding.</p> <p>Author response: We understand and appreciate this suggestion. The interpretation section has however been revised, in line with other reviewer comments, and the discussion of 'intent' is no longer part of this paper.</p> <p>7. On page 14, reference 3 should be completed.</p> <p>Author response: This is now complete.</p>
Reviewer 2	Diego Silva
Affiliation	University of Toronto, Joint Centre for Bioethics, Toronto, Ont.
General comments and author response	<p>Thank you for the opportunity to review this manuscript. It provides an important contribution to the field of empirical bioethics on a topic of significance to Canada and Canadians. I have two major comments that I feel, if addressed, could help improve the paper.</p> <p>1. In the first paragraph of the manuscript, you note the importance of euthanasia as a topic to Canadians. In the second paragraph you argue that doctors represent an important stakeholder group. The justification for the objective (namely to "synthesize and analyze how physicians' perspectives appear in articles about euthanasia within the Canadian print-media" pg. 2, lines 51-54) is found in the third paragraph at the top and middle of page three, and argues that despite the media probably not providing a true representation of physicians' views overall, the fact that it appears in media influences the public's "perception of and trust in medical professionals during these changing times" (pg. 3, 13-16) and influences public debate, and hence it's worth analyzing and synthesizing these articles.</p>

	<p>However, in the interpretation section, when analyzing what the views of doctors as portrayed in the media means for the public, the authors don't return to this dual notion of public "perception of and trust in" doctors. While toward the bottom of page 10, there's discussion of how conflated the term euthanasia with other terms may muddle public debate, for example, there is no discussion of how these media portrayals might affect public perception and trust despite this being the justification for the objective in the first instance.</p> <p>Author response: We thank the reviewer for noticing this. We have now returned to the point about the perception of trust of physicians in the paragraph on page 13, lines 4-10.</p> <p>2. Some of the normative analysis that occurs in the interpretation section deals with commentary about how doctors' portrayal of euthanasia in the media is good/bad or important/not important for the sake of public debate about euthanasia. For example, the authors note the importance of getting clear on what is and is not euthanasia, in the first paragraph of the interpretation section. This kind of normative claim is in keeping with (in part) the scope outlined in the introduction and justification, namely how media influences or may influence public debate.</p> <p>However, two further normative claims in the interpretation section are made with insufficient argumentation that does not touch on issues of public trust, perception, or debate, but rather are normative claims about the very nature of euthanasia (and related end of life topics). For example, the authors write: "Healthcare providers to their patients a disservice if they do not engage with the underlying meaning of a patient's apparent desire for death in order to understand where this feeling is coming from and what might be done to help them" (pg. 12, lines 31-39) and again: "This stance [palliative care as panacea] is problematic in that it denies that suffering may persist for some patients despite the best that palliative care has to offer. There is thus cause for concern that this discourse can be interpreted as naive or patronizing, thereby undermining the legitimacy of the palliative care discipline as an authority and source of wisdom regarding the horizon of therapeutic possibilities at the end of life." (next paragraph). These conclusions, which aren't argued for but merely stated, don't reflect an analysis based on the objective of the paper as originally stated, but are rather claims about some aspects of the euthanasia debate itself.</p> <p>Author response: Thank you for this helpful critique. We have removed these claims and replaced them with existing literature that speaks to the arguments found within our data. See, for example, page 12, lines 3-5 and page 12, lines 11-22.</p>
Reviewer 3	Marianne K. Dees, MD
Affiliation	Senior researcher, Quality of Healthcare, Radboud University Medical Center, Nijmegen, Netherlands
General comments and author response	<p>I think it is a very interesting article, clearly written and methodological rigid. The conclusions add to an understanding of the importance of voicing professional opinions in the media. To my opinion it is worth publishing.</p> <p>1. Major: I would like to have some information about the selected newspaper, for instance an overview of newspapers and the selected articles would be interesting. Some more impressions about the articles would add to my understanding. I am curious about the percentage of French articles, where differences found between the English and French newspapers? Why did you choose 2008-2012, it seems possible that recent events influenced physicians to be more transparent about their opinion on EAS. On page 4 line 11 you speak about more likely, line 18 many local, line 34 majority of physicians, what are the numbers you refer to?</p> <p>Author response: We have added more detail about our sample on page 5, lines 8-17 and have eliminated any quantitative references. We also added a sentence about our finding that there were no substantive differences observed between the set of English and French articles. (p. 4, lines 21-22).</p> <p>2. Major: Did you look for comparable studies before and after legalization in countries where EAS is legalized? I think that it might be interesting to place your finding in a more international context. Physicians are less likely to publically express a positive opinion towards EAS when it is illegal. This attitude changes as soon as EAS is legalized. Thus enhancing a snowball effect. This is named on page 10-line 45- 54. Again this could be placed in an international context.</p> <p>Author response: We thank the reviewer for this perspective on international work in this area. We did not find any similar studies conducted in other contexts, with the exception of the studies we already cite in the paper. We use the examples of studies in the UK and studies in Belgium to support this point that physicians are more likely to support euthanasia in jurisdictions where it is legal—see page 13, lines 19-22 through page 14, lines 1-3).</p> <p>I declare that I have no competing interest in completing this review</p>

