

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Paediatrics Open. The paper was subsequently accepted for publication at BMJ Paediatrics Open.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Paediatric Clinical Ethics in Australia and New Zealand: a survey.
AUTHORS	Cottle, Emma; Jansen, Melanie; Irving, Helen; Mathews, Ben

VERSION 1 - REVIEW

REVIEWER	Ward Platt, Martin Neonatal Service, Royal Victoria Infirmary, UK Competing interests: none
REVIEW RETURNED	26-Apr-2017

GENERAL COMMENTS	<p>This paper reports a survey of clinical ethics committees' function in Australia and New Zealand and concludes that the same heterogeneity exists that has been described elsewhere in the world.</p> <p>One is therefore left wondering 'so what?'</p> <p>It is far from clear that heterogeneity actually matters. Presumably these committees evolve according to local need, save where governments require their existence, and it is unclear that a 'one size fits all' approach would be in some sense better than what is there at present.</p> <p>The methods are clear but the structure of the paper is unexpected and does not make for an easy read; the recommendations in the text box don't entirely follow from the results presented and look rather as if there was a pre-existing assumption or agenda about CES. The results are not of global interest though they may be relevant to some clinicians in the countries and states surveyed.</p> <p>I am not sure that this paper is material for ADC. I would have thought it would be of greatest interest in a more local Australasian journal, or a more specialist ethics publication.</p>
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VERSION 1 – AUTHOR RESPONSE

1) Our paper concluded that there is heterogeneity in services, but specifically we identified some important, new points such as a lack of medicolegally appropriate documentation, and confirmation of the universally poor funding for CES and resultant difficulties in providing adequate education and research development. We have re-written the manuscript to make this clearer and have put more emphasis on our original discussion point that heterogeneity is not necessarily bad. We have added some suggested ways to promote integrity without aiming for homogeneity.

2) In a sense, we did have a pre-existing agenda about CES: that there is a need for some kind of benchmarking and evaluation of these services, with a view to developing guidelines for practice, as has been noted by many others in the literature. The purpose of our study was to describe the current landscape as a first step in this process. Nonetheless we accept the reviewer's criticism on this point, as some of our recommendations may have been too prescriptive. We have re-worded them to shift the emphasis somewhat, and on reflection, we think they now better represent our views.

3) While our study looks at the Australasian context, we believe it is of global significance as there is little data describing CES, particularly in the paediatric setting, internationally. We have just attended the International Conference on Clinical Ethics Consultation and there is a strong push from many global regions to set standards and evaluate CES. Data like this are an important initial step as we can at least compare services in different regions and this then informs the broader conversation about how to define the goals of CES and how best to further research looking at efficacy and effectiveness of CES.

VERSION 2 – REVIEW

REVIEWER	Sammons, Helen North Devon District hospital UK Competing interests: None
REVIEW RETURNED	06-Jul-2017

GENERAL COMMENTS	<p>This is an interesting paper and an important step to trying to provide a robust and equitable service for all children in Aust and NZ. It gives an interesting insight into the services available and the variability.</p> <p>Its methods are robust and the paper is clearly written, with the tables giving clear results. I found the discussion to be valid and it had clear learning points on how the service can be taken forward. These are valid for all similar developed countries. Its limitations were recognised.</p> <p>It would be helpful to have the questionnaire as an supplementary file, and to have clarification on how many staff tested the survey prior to sending.</p> <p>Minor spellings- In setting and participants- thesurvey In purpose and function- featuresof Discussion- notedinconsistency</p>
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REVIEWER	Roylance, Richard School of Medicine, Griffith University (AUSTRALIA) Competing interests: Nil
REVIEW RETURNED	05-Jul-2017

GENERAL COMMENTS	<p>General Comments:</p> <p>A Descriptive Study relevant to Australia and New Zealand, and adding to the international literature in regard to the development of a global 'snap-shot' of paediatric tertiary CES.</p>
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	<p>The numbers are small, but this is a reflection of the fact that tertiary paediatric CES are highly specialised and the numbers for study are therefore necessarily low. It was unfortunate that one of the nine potential participant sites was not able to be included in the Study - but an 11% non-enrolment is very acceptable.</p> <p>A useful preliminary 'snap-shot' study.</p> <p>1. Consent for the Survey Tool: Methods: "We obtained consent to use the instrument adopted in Kesselheim's study and adapted it to suit the Australasian context.¹⁸".</p> <p>The authors identify that consent was obtained to use the Kesselheim instrument - but not whether permission was sought / required to modify the tool.</p> <p>2. Use of "CES" rather than "services":</p> <p>There are occasions when there is potential (minor) ambiguity with the use of the word "service", in that it is the clinical ethics service (CES) rather than the hospital service that is being referenced, and perhaps it is best to use the CES term throughout. I acknowledge that this may be a matter of editorial writing 'taste'.</p> <p>3.. What the Study Adds:</p> <p>It would be more appropriate / accurate to replace the dot point: "There is a lack of funding support from hospital health services." with "There is a lack of formal funding support from hospital health services."</p> <p>3.Minor Editorial Grammar Changes There are some minor editorial change suggestions: e.g. Table 1, Row 2; and also in various places in the discussion section: "consult" would be better written as "consultation"; e.g. some occasional (minor) tense mis-matches. e.g. two occasions when a colon rather than a comma was appropriate.</p> <p>I have made the suggested changes to the Word Document supplied by the authors, but i can not see how to up-load it to the site.</p>
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VERSION 2 – AUTHOR RESPONSE

In response to Reviewer 1:

- 1) We have changed the wording about consent to use the Kesselheim survey to better reflect the situation.
- 2) We have changed the wording from 'service' to "CES" throughout the document where appropriate to avoid ambiguity.
- 3) We have replaced "There is a lack of funding support from hospital health services." with "There is a lack of formal funding support from hospital health services."
- 4) Suggested editorial changes:

We have changed 'consult' to 'consultation' through the document as suggested.
We have accepted many of Reviewer 1's minor grammatical comments/suggestions.

In response to Review 2:

- 1) We have now included the survey as a supplementary file.
- 2) I have clarified in the text that two staff members tested the survey.
- 3) Minor spelling errors (missing spaces between words) have been fixed.

In response to the Associate Editor:

- 1) We have now included the survey as a supplementary file.
- 2) Subheadings have largely been removed in the methods, results and discussion sections.
- 3) We have clarified the role of CES as opposed to Human Research Ethics Committees in the introduction.

We look forward to receiving further correspondence about the publication of this paper.