

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

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| TITLE (PROVISIONAL) | Factors contributing to practitioner choice when declining involvement in legally available care: A scoping protocol |
| AUTHORS | Brown, Janine; Goodridge, Donna; Thorpe, Lilian; Chipanshi, Mary |

VERSION 1 – REVIEW

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| REVIEWER | Stuart McLennan University of Basel |
| REVIEW RETURNED | 06-Jun-2018 |

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| GENERAL COMMENTS | <p>It is stated that "The PRISMA-P checklist will be utilized to support transparency of findings and guide translation of findings." It sounds like you are rather referring to PRISMA not PRISMA-P? That is, PRISMA-P is for developing the protocol, but this seems to refer more to the reporting of results of the review?</p> <p>It is recommended that PRISMA-P is used as far as applicable in developing protocols for scoping reviews. This protocol does not seem to follow PRISMA-P in any meaningful way. A quick search has identified previous scoping review protocols published in BMJ Open which have followed PRISMA-P more closely. It would be desirable if the protocol is revised to more closely follow PRISMA-P.</p> <p>The protocol also currently suffers from a lack of up-to-date references which in turn calls into question the need for this scoping review. For instance, a systematic review on this topic was recently published: Fleming V, Frith L, Luyben A, Ramsayer B. Conscientious objection to participation in abortion by midwives and nurses: a systematic review of reasons. BMC Med Ethics. 2018;19(1):31.</p> <p>Reference need to be updated and the need for the scoping review better justified.</p> |
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| REVIEWER | Erik Cobo Barcelona Tech (UPC), Spain |
| REVIEW RETURNED | 14-Jun-2018 |

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| GENERAL COMMENTS | <p>I read the protocol paper about the factors contributing to professional decline to deliver legally available care and I think that it is an important paper that should be prioritized for publication. I only had few comments.</p> <p>Major suggestions This work employs Science (the objectives and methods of this research) to understand Beliefs (the reasons to decline). I mean, I like it. But I just wonder if using empirical and reproducible methods</p> |
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| | <p>may definitively answer such question. For example, you excluded non-scientific papers, such as editorials, comments or philosophical pieces (line 200). Please, comment how sensible is this exclusion. Systematic reviews ending with a meta-analysis should avoid their “synthesis” doesn’t merge poor quality estimates with good ones. They should guarantee that only high quality information is included. On the other side, scoping reviews should guarantee that they have not missed, or excluded, any idea or view to the problem. I suggest the authors to discuss whether, or not, their methodology may provide some guarantee to this. [Please, also consider if the “synthesis” of results (line 253) is a desired final method/result for a scoping review.]</p> <p>Minor suggestion.</p> <p>In line 174, please consider, either to soft the term “demonstrates”, or to provide the methods and results (or a reference) that support such strong statement.</p> <p>Other suggestions.</p> <p>In lines 170 to 173, there is a big overlapping between the research question and the specific objective. Please, to facilitate readability consider, either to differentiate them a little bit more, or just to select one of them.</p> <p>I’m a little bit confused by the term “non-participation” in line 267. Please, consider to clarify that you are not talking about responses to surveys.</p> <p>Please, review your paper in order to avoid repetitions. For example, in 4 lines (207 to 210) “inclusion and exclusion criteria” is repeated 5 times. Please, consider synonymous such as eligibility or selection criteria. Or “consider when considering” in line 137.</p> |
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VERSION 1 – AUTHOR RESPONSE

Response to reviewers:

Thank you Dr. McLennan for your thoughtful comments.

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| <p>It is stated that "The PRISMA-P checklist will be utilized to support transparency of findings and guide translation of findings." It sounds like you are rather referring to PRISMA not PRISMA-P? That is, PRISMA-P is for developing the protocol, but this seems to refer more to the reporting of results of the review?</p> | <p>Yes, this was a typographical error. Amended, “the PRISMA checklist (in absence of a specific scoping checklist) will be utilized to support transparency and guide translation of findings”</p> |
| <p>It is recommended that PRISMA-P is used as far as applicable in developing protocols for scoping reviews. This protocol does not seem to follow PRISMA-P in any meaningful way.</p> | <p>Original headings corresponded to the methodological stages suggested by Arksey and O’Malley. Headings have been amended per suggestion and content moved to the corresponding areas.</p> |
| <p>The protocol also currently suffers from a lack of up-to-date references</p> | <p>We feel this scoping review (and thus protocol) is well justified. We note three substantial differences when</p> |

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| <p>which in turns calls into question the need for this scoping review. For instance, a systematic review on this topic was recently published: Fleming V, Frith L, Luyben A, Ramsayer B. Conscientious objection to participation in abortion by midwives and nurses: a systematic review of reasons. BMC Med Ethics. 2018;19(1):31.</p> <p>Reference need to be updated and the need for the scoping review better justified.</p> | <p>compared to the (excellent) article shared by the reviewer, highlighting why our project remain highly relevant to the modern care context. We have included enhanced clarification in the text as well as moved content to make the differences more apparent at the onset.</p> <p>We note that foremost, we are looking at all the factors contributing to choice in participation or non-participation in legally available care (not just in relation to objection out of conscience). It is not always clear what underlies non-participation (or provision) of care, and this choice may not always be precipitated by reasons indicative of an ethical abstention. Thus, we are looking at all factors related to non-participation in care, not just factors in conscientious objection. Previous work examining care non-participation for reasons of conscientious objection may be missing a variety of other factors influencing practitioner choice.</p> <p>Previous single studies, in addition to the work noted by the reviewer, are frequently in relation to one care area (i.e. pregnancy termination). This protocol for a scoping review will look at a variety of practice areas where practitioner choice in care provision impacts care delivery (including end of life, genetic testing, reproductive technology, biomedical research, etc).</p> <p>Finally, many of the single studies, in addition to the work noted by the reviewer, are frequently in relation to a specific professional group. Our scoping review proposes to include both physicians and nurses, two of the largest healthcare provider groups. Thus, we feel this scoping review is well situated and justified to offer new insight given the expanse of our inclusion criteria.</p> |
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Thank you Dr. Cobo for your thoughtful comments.

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| <p>This work employs Science (the objectives and methods of this research) to understand Beliefs (the reasons to decline). I mean, I like it. But I just wonder if using empirical and reproducible methods may definitively answer such question. For example, you excluded non-scientific papers, such as editorials, comments or philosophical pieces (line 200). Please, comment how sensible is this exclusion.</p> | <p>Amended.</p> |
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| <p>Systematic reviews ending with a meta-analysis should avoid their “synthesis” doesn’t merge poor quality estimates with good ones. They should guarantee that only high quality information is included. On the other side, scoping reviews should guarantee that they have not missed, or excluded, any idea or view to the problem. I suggest the authors to discuss whether, or not, their methodology may provide some guarantee to this. [Please, also consider if the “synthesis” of results (line 253) is a desired final method/result for a scoping review.]</p> | <p>While honouring an exhaustive, inclusive, iterative process, we acknowledge our possible review limitations as well as our mitigating approaches (i.e careful consideration, revisiting and adjusting medical subject headings, key words and synonyms, connecting with authors for clarification and manual review of relevant studies reference lists).</p> <p>Amended “...reviewing this information from a variety of practice settings..”</p> |
| <p>In line 174, please consider, either to soft the term “demonstrates”, or to provide the methods and results (or a reference) that support such strong statement.</p> | <p>Amended..” A review of the International Prospective Register of Systematic Reviews does not reveal an ongoing review in this area.”</p> |
| <p>In lines 170 to 173, there is a big overlapping between the research question and the specific objective. Please, to facilitate readability consider, either to differentiate them a little bit more, or just to select one of them.</p> | <p>Amended. Redundancy removed.</p> |
| <p>I’m a little bit confused by the term “non-participation” in line 267. Please, consider to clarify that you are not talking about responses to surveys.</p> | <p>Amended to read ‘non-participation in care provision.’ Carried this clarification throughout.</p> |
| <p>Please, review your paper in order to avoid repetitions. For example, in 4 lines (207 to 210) “inclusion and exclusion criteria” is repeated 5 times. Please, consider synonymous such as eligibility or selection criteria. Or “consider when considering” in line 137.</p> | <p>Amended to read, “The scoping review team will meet at the onset of the project to review and utilize the pre-set inclusion and exclusion criteria on a selection of articles (minimum 30). Individual team member application of criteria will be cross-checked to support consistent application and enhance reliability. Additional training rounds and revision of selection criteria will be conducted as required. Two team members will then continue to screen remaining titles and abstracts. Individual study authors will be contacted if additional information on methodology or results are required. This will be followed by a full text article screening by two reviewers against eligibility criteria to determine final inclusion into the scoping review. Should reviewer disagreement on study eligibility occur at this stage, the third reviewer will be asked to determine eligibility.’</p> |

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| <p>Required amendments will be listed here; please include these changes in your revised version:</p> <p>- Patient and Public Involvement: Authors must include a statement in the methods section of the manuscript under the sub-heading 'Patient and Public Involvement'.</p> <p>This should provide a brief response to the following questions:</p> <p>How was the development of the research question and outcome measures informed by patients' priorities, experience, and preferences? How did you involve patients in the design of this study? Were patients involved in the recruitment to and conduct of the study? How will the results be disseminated to study participants? For randomised controlled trials, was the burden of the intervention assessed by patients themselves? Patient advisers should also be thanked in the contributorship statement/acknowledgements. If patients and or public were not involved please state this.</p> | <p>Amended to include a heading Patient and Public Involvement "Patients and public were not involved in the formulation of this scoping review protocol, nor will be involved in the scoping review itself upon commencement. However, subsequent knowledge translation activities to disseminate findings to knowledge users, including advocacy groups and the public are anticipated."</p> |
| <p>Please embed your CORRESPONDING AUTHOR'S EMAIL ADDRESS in your main document file as shown in scholar one.</p> | <p>Embedded corresponding authors email address in running head of manuscript.</p> |

VERSION 2 – REVIEW

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| REVIEWER | Dr. Stuart McLennan University of Basel, Switzerland |
| REVIEW RETURNED | 16-Jul-2018 |
| GENERAL COMMENTS | My previous concerns have been addressed. All the best for your review. |
| REVIEWER | Erik Cobo Statistics dept; Barcelona-Tech; Spain |
| REVIEW RETURNED | 13-Jul-2018 |
| GENERAL COMMENTS | Thank you for addressing my previous comments |