2933 Zaidi Family visitation

Review comments:

Peer Review:

Section 1: comments to the editor.

The article, **Ethical Considerations for Family Visitation in the Trauma Setting: a Case Study,**uses a casuistry approach to justify favoring the normative claim of physician being duty bound to allow family visitation and facilitating communication in an acute trauma care setting. The author attempts this justification by pointing out the benefits of how such a process helps in building trust through witnessing the effort of the medical team to save the individual and also by helping the family members in the grieving process. The author provides empirical evidence of both; the benefits of such a process and the absence of harm in terms of absence of empirical evidence of distraction and that of litigations/claims of damage in an acute care setting to support this normative claim.

Casuistry provides for an ideal reference for discussing ethical tensions within an acute care setting and the author uses it well to provide a very good insight into the ethical tensions from a clinician’s point of view. The author’s valiant effort to bridge the ‘*is-ought’*divide with the use of what ‘is’ (through empirical evidence) in order to reach to what ‘ought’ to be (compassionate care as an ethical obligation) needs to be complemented; albeit the effort will benefit from an addition of an ethical analysis of the primary competing premises in an acute care setting: the duty of veracious communication in a physician-patient relationship and a duty to save human life; which are often placed as conflicting obligatory premises. An argumentative process based on a step wise process as suggested in section 2 will add to the robustness of the discussion. Also, the author can buttress the argument with description of how an absence of adequate communication of any forms fuels the insecurity on both sides and increases the ethical tension. Lastly, the author can elaborate salient features of this adequate communication with verbal and non-verbal do’s and don’ts to drive home the take home message.

After reading the manuscript, I have fair degree of confidence in the author’s ability to address the issues.

Recommendation: This article refocuses attention on a topical clinical ethics issue and is worth inviting for resubmission pending the revisions.

Conflicts of Interest: I declare no conflicts of interests.

Major help received for the review: none.

Limitations of the review: Reviewed from Principalism lens, use of any other ethical lens might lead to different results.