# Title: Ethical responsibility of healthcare providers to advise patients on lifestyle modifications

**Comments of Reviewer 1**:

In this manuscript the authors have presented data from a large-scale population survey in Kerala about patients with diabetes being advised on physical activity and show that a very small proportion have only been advised. This is disturbing information. The authors have argued that there is an ethical obligation to provide information on physical activity for patients with diabetes. They based this on two points – on beneficence and on the right of the patients to receive that information. This is an important piece. However, there are some important points which the authors have to address some substantive issues.

1. Diet and physical activity are the mainstay of treatment of persons with diabetes. However, several studies on self-management behaviours have demonstrated that physical activity is the least followed life style behaviour among patients with diabetes. Studies using behaviour change models such as transtheoretical model of behaviour and health belief models, have also shown that “advice” by a health care provider merely increases knowledge and may not translate to adoption of the behaviour. Even among those who are advised to take up physical activity, previous studies have shown that less than 20% actually initiate and maintain the physical activity level. My point is, analysis of how many patients with diabetes were actually advised by their health care provider to take up physical activity, while important, is in itself not an effective measure of ‘quality of care’ for diabetes.
2. Even if we were to assume that being advised to take up physical activity is a surrogate indicator for behaviour change intervention in the domain of physical activity, there are several important problems in the measurement of this indicator. The survey asked the patients “To lower your risk for certain diseases, during the past 12 months have you ever been told by a doctor or health professional to start or increase your PA or exercise?”. The response to this question may depend on so many factors. It depends on whether they were recently diagnosed with diabetes, in which case there is going to be a lot of confusion and difficulty in receiving and understanding ‘advise’. The response also depends on the relative priorities of the patients. The response depends on who is considered as a health care professional – would advice by a ANM be considered as advice by a health care professional. The other important factor is the seriousness of the diabetes at the point of detection. If the patient had severe diabetes requiring hospitalization or intensive care, then the chance that they received advise on exercises would be low.
3. Several surveys have shown that patients with diabetes, especially in states such as Kerala and Tamil Nadu, have high levels of knowledge about diabetes and self-management. However, the high level of knowledge does not translate into adoption of life style change. This is the point of major concern. Rather than focusing on advising patients on physical activity, what is more important is focusing on enabling adoption of physical activity through health promotion interventions such as building parks, planning roads with cycle pathways, creating support groups for physical activity, opening gyms and play areas in urban settings etc.
4. Coming to the ethical analysis, the authors argue that not providing advice on physical activity is unethical. They base this on a duty to care principle, in which they say it is the ethical obligation to enable physical activity among their patients. It is important to reflect here that the ethical obligation does not stop with “advice” but in creating an enabling environment for physical activity. The authors should also consider the moral conflict in this context, when the health care professional provides advice, but there is no opportunity for the patient to adopt the behaviour. For example, a hard-working employee of a garment export company, leaves for work at 5 AM in the morning and returns at 10 PM at night and toils for livelihood. How will she be able to adopt the behaviour, unless there are workplace interventions, provision of gym in the company etc? In this context, constantly reinforcing the need for her to adopt physical activity may only increase here inner conflict, a sense of despair that she is unable to do anything about her health. The second ethical argument posed by the authors is denial of the right of the patients to good information that will protect their health. This is a sound argument and is justified based on the fact that often health care providers are the only source of information on health promoting behaviours. However, this also needs to change. The entire responsibility of health promotion cannot be transferred to the hospitals and health facilities. Health and Wellness centres, which the current National Health Policy is promoting, should take over the role of promoting physical activity. This is why primary health care is of utmost importance. Alongside providing advice, the primary health care system should also focus on enabling environments for promoting physical activity.

Specific issues:

1. The paper needs thorough grammar and language editing
2. Reference no. 7 is a systematic review protocol. It is however wrongly represented as evidence of effectiveness of health care provider’s advice
3. There is a reference to a fact that “Physicians lack education in non-pharmaceutical methods, low status and lack of attitude.” In page no. 4 first paragraph. This is unsubstantiated. Physicians do have training on physical activity, and other non-pharmacological methods of treatment. This can be seen in the medical curriculum.

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**Reviewer 2:**

1. Title suggests universal recommendation of physical activity to all patients; however, study only focusses on physical activity amongst people with diabetes.
2. The study addresses an important ethical responsibility of healthcare providers on advising patients about the benefits of physical activity however, the study does not seem to arrive at a logical conclusion.
3. The study has mentioned that this is set in the context of low-and middle-income countries however, it is restricted to discussion about results from a single dataset from Kerala. The conclusions must be restricted to the setting to which they apply and not be generalised to LMICs as a whole.
4. The study may be appropriate for the journal and the approach is fresh and may have influenced practice if it had been able to lend more credible evidence towards the conclusions reached.
5. There is no specific data or results presented from current study or other studies to generalise results to low-and-middle-income countries. The presentation of results from secondary analysis of the dataset does not justify the conclusions reached such as ‘these patients who consider healthcare professionals as figures of authority are put on medications and insulin which result in multiple complications and consequences thereof ranging from economic to physical and social cost’.
6. The background is vague. Providing health education, counselling regarding benefits of diet and physical activity would constitute primary prevention and cannot be called secondary prevention as it is not leading to early diagnosis and treatment of diabetes itself.
7. The results do not substantiate the conclusions and the discussion needs to be more robust. There is evidence to say that physicians/ healthcare providers are not providing advice regarding physical activity to persons with diabetes. However, the discussion on why it is the ethical responsibility of healthcare providers to provide such awareness to those with diabetes needs more enriching and logical discussion.

**Specific comments;**

1. There is a need to use standard abbreviations and abbreviations are required in brackets each time an expansion is being used for the first time in the manuscript.
2. References within the manuscript are numbered in order of appearance in the text which is correct, but are arranged alphabetically. Please make the list compatible with appearance in the text. Unable to check authenticity of the statements and other studies mentioned due to this.
3. In Para 4 of the Discussion section: there is a repeat of the results and a discrepancy in the percentage of adults who had been advised physical activity in results and discussion