**TITLE: Gods or Monsters? Non-Explicit Consent and The Role of the Doctor in the hastening of deaths of patients in the Intensive Care Units in the Wallonia Region in Belgium.**

Review Comments:

1. The issue is discussed in the limited context of one province in Belgium, and has relevance to bioethics in general, but very little practical or policy relevance to the developing countries.
2. There is a lack of rigor in analysis and argumentation. The paper is based on ‘in-depth’ interviews with heads of ICU in five hospitals in one province of Belgium. The results described do not give an adequate understanding of the practice in Belgium, the analysis is rather shallow, and the conclusions drawn are not founded on strong insights from data or arguments.
3. The information is new but it is not well founded. For example, the author states that she/he interviewed heads/directors of five ICUs in Wallonia, Belgium. A sample size of five for a well-done qualitative study is not a problem, however the methods and results described here do not arouse enough confidence in the rigor of the study.

The author argues that all ICUs work on the policy of unanimous decisions and hence it makes no sense to interview anyone else other than the head of the department in each hospital. That is a bit problematic. In an interdisciplinary team such as in the ICU setting, it is hard to believe that the decision or thoughts conveyed by the head or the chief of the department is the only ‘voice’. If it indeed is the only voice, it then suffers from strong hierarchical bias as well.

1. The methodology described does not give any clue or insight into such nuances, nor does the manuscript describe these as possible limitations. We know from prior research that especially on topics such as brain death or euthanasia, the doctors and nurses tend to have different views on what is the right course of treatment for the patients. Even among doctors, one might have differing views on the best treatment or the best interest of the patient depending on one’s specialty, or religious orientation.
2. In ICU settings, when a patient is unable to give consent or when healthcare providers are unable to communicate with the patient effectively due to low levels of consciousness, the next step is to try and communicate with the family members to find out the wishes of the patient. The article does not even mention this practice which is very strange. It seems that in this region, the patients’ family is not at all involved in decision making at the end of life and that is hard to imagine.
3. The manuscript lacks scholarly literature in the Introduction, and Discussion. It has a total of 11 references but they also include points that should be foot notes. Out of these 11, 2 refer to previously cited references as ibid. At least 4 references are not available anymore. Only 3 of the total references are to scholarly journal articles, while the rest draw heavily on websites with weblinks.
4. Given all of the above, the recommendation is not to consider the paper for publication.

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