**Wilkinson Ethics of maternal-foetal surgery:**

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| No. | Reviewers’ Comments | Author’s Response |
|  | **Reviewer 1:** |  |
| 1. | Foetal surgery and perinatal medicine are fast developing fields with several ethical issues. Therefore, this paper brings to the fore an important and emerging area for discussion | Many thanks for comment |
| 2. | The case based on which the discussion is made is from the UK. However, the issue is relevant for different country contexts. It has implications for ethical principles as applied to practice of maternal-foetal medicine | Many thanks for comment |
| 3. | While the discussion is not new, the author makes an attempt to derive learnings for practice from the discussion, which is useful. There does not seem to be a likelihood of any plagiarism | Many thanks for comment |
| 4. | The discussion captures the ethical discussions in literature about the “moral status” of the foetus well. However, the discussion on the potential conflicts between maternal and foetal interest could be better developed. The legal frameworks and ethical frameworks around these conflicts may not necessarily be the same. | Many thanks for comment- although I think this is covered in the section that describes in detail how the mothers rights subordinate those of the foetus in most considerations |
| 5. | These discussions also have tremendous implications for women’s reproductive rights. They could also be framed from a perspective of reproductive or gender justice, which could be different from an ethical framework as applied to an individual provider-patient/client interaction. The paper will be more relevant to larger ethical discourses with the inclusion of a discussion on these tensions. The learnings section could also benefit from a discussion on what an individual provider could do when faced with such tensions. | Many thanks for comment- I have included now a section considering reproductive rights and included in the learnings section advice as mentioned herein. |
|  | **Reviewer 2:** |  |
| 6, | The author presents a case management he witnessed as a medical student in his OG rotation. This was a case of laser management of twin-to-twin transfusion | Many thanks for comment |
| 7. | The author discusses the various ethical issues involved in treatment and in the choices made in light of the four principles of medical ethics – respect for autonomy; beneficence, non-maleficence, and justice. He explains how in this case the mother’s consent to the procedure (after being fully explained the benefits and risks of the procedure to herself and to the foetuses) is taken as consent by the foetuses for the procedure, since in UK law, a foetus does not have individual rights until born. | Many thanks for comment |
| 8. | She/he also discusses how the restriction of foetal interventions in problems detected by ultrasonography to a few life-threatening conditions may be viewed as unduly paternalistic, where the final decision is not left in the hands of the mother, for example, when in-utero interventions may be purely for cosmetic purposes. He sees justice for the intervention in the fact that it will benefit at least two of the three entities involved – the mother and at least one of the twin foetuses. | Many thanks for comment |
| 9. | The author discusses here an issue that will become increasingly important in India as foetal surgery becomes more common and is not restricted to a few centres like it is now. As expertise in both sonography and foetal surgery increases, the ability to intervene will improve and thus pose more ethical questions to the medical fraternity. | Many thanks for comment- I have incorporated a similar sentiment into my concluding remarks |
| 10. | She/he has referred to the law in the UK with regard to the rights of a foetus and the Abortion Act. Currently India has no ethical guidelines specific to foetal surgery. India will need to frame its own laws regarding foetal surgery and the conditions for which intervention may be allowed, and revisit these as and when necessary. | Many thanks for comment- I have incorporated a similar sentiment into my concluding remarks |
| 11. | Overall the case study and the ethics around it are well presented and discussed. | Many thanks for comment |

All comments have been addressed- please advise if new additions satisfy the reviewers generous suggestions.