Phutke Laux Diagnostic ultrasonography access in rural India

**REVIEW COMMENTS:**

Comments of Reviewer 1:

1. The paper addresses the topic of USG access, ostensibly for rural India, but never really elaborates on the ethical issues involved

2. While it is India specific, but again not from the ethical point of view, it does not ever mention patriarchy or gender discrimination nor acknowledge the role played by radiologists and Ob/Gyn in sex determination over the decades. In fact, it asks for policing, not necessarily a good thing.

3. The point made about PCPNDT having reduced access to USG access to the rural poor in India is never substantiated. Despite referring to social justice, the authors do not demand that improved USG access should be available at the lower levels of rural public health sector facilities. They also need to distinguish between public and private sector access for the rural poor.  
  
4. The article seems to be more from the perspective of radiologists than of the rural poor. The suggestions are not backed up with data.

5. The title may be misleading since it does not indicate that the main focus of the article is a criticism of the PCPNDT Act. Of course, many activists are of the opinion that the Act has not done what it was expected to do , not because it was not implemented strictly, but mainly because the solution it is trying to offer ( reduced misuse of technology for sex determination) does not address the problems it iosuse of technology for sex determination) article is the PCPNDT ACt.e and in fact repeatedly asks for more policings expecting to solve ( gender discrimination, patriarchy devaluing women, practice of dowry). The authors do not have an in- depth understanding of the issue and use phrases like ‘female feticide’.

6. The authors need to include some in-depth discussion on the public and private sector radiology practice in rural India and recommend policy changes to address the lacunae in those, in order to improve access to USG facilities. Currently, the authors do not distinguish between public and private sector access for the rural poor.

7. On the one hand they share data of how task sharing is easy with the new technology but completely miss addressing how the changes in the PCPNDT Act will ensure that these short -term trainings will help foster more ethical or moral behavior that the 3 years radiology MD was unable to do.

Comments of Reviewer 2:

1. The paper is relevant both for fields of law and ethics, and is very relevant to IJME.

2. It brings in critical evidence from the field and can influence policy and is well presented and supported.

3. It is very well developed and balanced. Indeed, the law must not act as a barrier in access to medical technology, rather clear guidelines for its use as well as certification for health workers is the way forward.

4. It would be good if the authors can access the evaluation of “Silent Observer” that was used in Maharashtra. This was not recommended as the district officials used the information to track pregnant women.

4. No loose generalisations or omissions have been found.

5. Would the authors like to expand on the existing petitions in SC by cardiologists and other specialists for the amendments in PCPNDT? That would make it more contextual. And if they can also look at the recommendations made in these petitions and refer/reiterate those in their own problem solution/conclusion, it would make this paper more robust.