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REVIEWER'S REPORT

Manuscript No.: IJAR-56493

Title: Navigating the Grey: Capacity, Consent, and the Emergency Physician's Dilemma.

Recommendation:

Accept after major revision .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality			✓	
Clarity		✓		
Significance		✓		

Reviewer's ID: JPR-198

Detailed Reviewer's Report

This manuscript explores the knowledge, attitudes, and practices (KAP) of emergency physicians in India regarding patient capacity and consent in emergency care. The topic is relevant and important for emergency medicine, medical ethics, and medico-legal governance. The study also attempts to highlight practical gaps between legal frameworks and bedside decision-making.

However, several methodological, statistical, and reporting issues reduce the current scientific rigor of the manuscript. Significant revisions are required to improve methodological transparency, statistical clarity, and presentation of results before the manuscript can be considered for publication.

Major Comments

1. Sampling Method and Representativeness

The authors state that a stratified random sampling approach was used across public/private and urban/rural hospitals. However, key methodological details are missing.

Specifically:

- The number of participating hospitals is not reported.
- The geographic distribution of sites is not described.
- The recruitment procedure for participants is unclear.
- Response rate is not provided.

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Without these details it is difficult to evaluate whether the sample truly reflects emergency physicians practicing in India.

Recommendation

Provide:

- number and type of hospitals involved
- recruitment method
- response rate
- regional distribution of participants.

2. Questionnaire Development and Validation

The questionnaire is described as "validated" and reviewed by experts with a small pilot study (n=10).

However, the manuscript only demonstrates face validity, and no psychometric evaluation is reported. Important aspects are missing:

- internal consistency (Cronbach's alpha)
- construct validity
- content validation process
- modifications following the pilot test.

Recommendation

Clarify the validation process and report reliability metrics if available. If full validation was not performed, the manuscript should explicitly state this as a limitation.

3. Statistical Reporting

The statistical analysis section states that Chi-square tests and logistic regression were used.

However:

- Logistic regression results are not presented in the Results section.
- Only p-values and chi-square statistics are reported.
- Odds ratios and confidence intervals are absent.
- Variables included in regression models are not specified.

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Additionally, several large chi-square values are reported without presenting contingency tables or sample counts, which makes interpretation difficult.

Recommendation

Provide:

- full regression outputs (OR, 95% CI, p-values)
- tables showing cross-tabulations used in chi-square tests
- clear explanation of variables included in regression models.

4. Data Presentation

The results section relies heavily on narrative description of percentages. For example, knowledge of consent types and documentation practices are described textually rather than through tables.

Currently:

- No tables are included
- No figures or visual summaries are presented

This significantly reduces readability and transparency.

Recommendation

Include structured data presentation such as:

- **Table 1:** Demographic characteristics of participants
- **Table 2:** Knowledge of consent typologies
- **Table 3:** Consent practices and documentation habits
- **Table 4:** Statistical associations (Chi-square and regression results)

5. Interpretation of Findings

The discussion introduces interpretive constructs such as:

- "conceptual fragmentation"
- "legal fog"
- "maturation curve"

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While these expressions help describe trends, the study design is **cross-sectional**, and therefore cannot demonstrate temporal development or causal relationships.

For example, age differences in conflict resolution are interpreted as professional maturation, although no longitudinal evidence exists.

Recommendation

Interpret findings more cautiously and avoid implying developmental trends or causal explanations.

6. Legal Framework Discussion

The manuscript references both Indian legal frameworks and international legislation such as the UK Mental Capacity Act.

While international comparison is useful, the discussion does not consistently distinguish which legal principles directly apply to Indian emergency medicine practice.

Important regulatory structures such as:

- **National Medical Commission (NMC) guidelines**
- **Consumer Protection Act implications**
- **Indian medico-legal precedents**

could be discussed more systematically.

Recommendation

Strengthen the legal discussion and focus more clearly on the Indian medico-legal context.

Minor Comments

1. Some findings are repeated in multiple subsections (e.g., conflict resolution data). This creates unnecessary redundancy and could be streamlined.

2. These definitions should be standardized early in the introduction to avoid confusion

- expressed consent
- explicit consent
- implied consent
- presumed consent

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3. The manuscript is generally readable, but some expressions are **more narrative than scientific**, such as:

- "legal fog"
- "Achilles' heel of emergency care"

These could be replaced with more neutral academic phrasing.

4. The limitations section should be expanded to include:

- reliance on self-reported responses
- potential response bias
- limited sample size
- unclear national representativeness
- absence of validated survey metrics.