Peer Review File

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Reviewer A

Comment 1 – Clinical vignettes

The authors describe three case examples. The descriptions are detailed, realistic situations that seem familiar to this reviewer, a pediatric intensivist. However, there is no analysis of the cases or discussion about what else could have been done – essentially the cases are inserted in the middle of the manuscript with little connection to what comes before or afterwards. The authors should consider: are all three cases necessary, and at such a length? (In particular, for case 1, it is not clear to me that describing the traumatic brain injury patient and the bronchiolitis patient add anything substantive after the description of the staffing pressures and the poor outcome for the post-op cardiac patient). What is important in each case: does it provide an example of a particular type of rationing, or bias? Is there a specific ethical framework or principle that works best in each situation? The discussion throughout the manuscript should reference the cases, using them to illustrate the authors' arguments. I might also consider presenting the cases earlier in the manuscript, even at the beginning. **– We have amended to make the vignettes briefer, and moved to the beginning of the paper as 'food for thought' while reading. The multiple patients described in case 1 were to illustrate issues described in nursing rationing of allocation issues, care left undone, and omissions of care. We have added some references to the case vignettes throughout to make these connections clearer.**

Most of the literature cited in this review discusses rationing in the adult ICU setting, and although the authors talk about some important ethical aspects of pediatric care (e.g., the prominence of the duty to rescue, the vulnerability of pediatric patients) they don't do anything to explain how these issues contribute to or alter their recommendations for an ethical approach to everyday rationing. Even the case examples could easily translate to an adult ICU setting, with other family members instead of parents. I would suggest that the authors either state clearly how their argument is specific to pediatrics, or admit that while their stories and perspectives are from the pediatric setting, the recommendations and suggested changes apply in adult

ICU settings as well. – **changed and stated in introduction**

In the introduction, the comments on children with complex health conditions, disability rights, and technology dependence are distracting. The authors don't do anything to further explore these threads in the manuscript, nor to discuss how disability or medical complexity might be factored into an ethical approach to everyday rationing. I would suggest removing these comments unless you are going to significantly expand your analysis to appropriately address these issues. **- deleted**

The section on the theoretical background for healthcare rationing spends a fair amount of space describing Daniels and Sabin's framework for procedural justice, and the COVID-19 rationing guidelines over the past year, but does not compare or contrast these approaches to everyday rationing decisions. The relevance to their argument should be made more explicit. This might be accomplished by reorganizing the manuscript so that the argument is more linear and less circular. You might want to start with how the COVID-19 guidelines attempted to provide ethical guidance for bedside rationing, then highlight your point about the "tipping point" involving false assumptions, and then discuss the ubiquity of bedside rationing in an ICU setting, and then bring in the ethical frameworks around just allocation of resources, analyzing through your cases how these frameworks are helpful or need to be adjusted.**- We have amended the introduction and made some minor edits throughout to make our argument more linear. From line 560 onward we discuss**

Specific comments:

Abstract, line 26 (33): I believe it should read, "whether healthcare professionals should be involved *in* rationing decisions…" (not "at") - **changed**
Abstract, line 32 (39): In the phrase "always inevitable", the word always is unnecessary - **deleted**
Introduction, line 80 (88): should read "We conclude that rationing *is* unavoidable" (not "in") - **changed**

Page 7, line 149 (157): Suggest ending the sentence at "usual care" and beginning a new sentence to follow, "The principles of decision making elucidated…" to separate

these two elements of your argument - **changed**

Page 9, line 197 (205)(227): "disputes *over* life-sustaining or experimental treatments" would make more sense than "disputes on" - **changed**

Page 12, line 219(227): suggest substituting for less jargon, "…depending on which doctor is scheduled." - **changed**

Page 16 (14), line 274(284): please eliminate the word "always", to say "Rationing is inevitable…" - **deleted**

Reviewer B

Abstract and Introduction:

Recommended minor changes to this section:

- Firstly, line 27-28(35) sets up the context of COVID well to state that rationing is 'inevitable'. This term is again repeated in line 32 which states again 'rationing is inevitable'. However, from the introduction, the key argument is rationing is in fact 'unavoidable'. Therefore, to ensure consistency in the argument, line 32 (35) should reflect the key argument, which should be unavoidable as per the introduction (or vice versa - as long as it is consistent) – '**unavoidable' chosen as the consistent term**
- Secondly, line 35-36 (43)argues that 'there are no clear lines between resource allocation and rationing decisions, rather they occur on a spectrum. However, this idea that seems central to the argument has not been carried over into the introduction. Line 74-75 (82-83)states 'there are in fact no bright lines between rationing and resource allocation' however, this reads as more of an unclear, grey area rather than a spectrum which people work. Similarly, consistency in the expression of these ideas would help to strengthen the argument – **changed for similar terminology for consistency**

Theoretical Background:

Recommend minor changes to this section:

- Include a heading (line 104-105) in relation to the context of COVID-19 rationing frameworks as a receipt that it is a central feature of the argument that is being discussed – **heading inserted (114)**

Rationing - only in extraordinary times?:
Recommended minor changes to this section:

- Differences in spaces between in words and text citations, which is different to the rest of the paper. Review spacing in line 161, line, 166, line 169, line 176). – **spacing corrected**

The ethics of every day rationing in PICU
Recommended minor changes to this section:

- Truog et.al, line 201, has an in text citation directly after. However, when he is cited again (line 209), there is no in text citation. Recommend reviewing where citations will sit, either directly following or at the end of a paragraph when directly referring to literature. – **reviewed and corrected**

Case studies:
Recommended minor changes to this section:

- A consistent approach to the way the patients are presented in the case, which may in fact be necessary when considering rationing/making medical decisions - **addressed**
- In the third case study, it states 'the usual practice is to observe for 6 hours before discharge'. Is this discharge home or discharge to the ward? The case study has previously stated 'discharge to the ward', but could instead reinforce the fact that it is 'observe for 6 hours before going to the ward or discharge to the ward'.

Vulnerability in judgement
Recommended minor changes to this section:

- Consider the example used to support the thesis of implicit bias, making it specific to rationing. - **moved**

- Line 215 - the study in ICU practices, is this specific to adults? If so, would it be useful to clearly ensure this is stated. - **stated**

Combating Implicit Bias

Recommended minor changes to this section:

- Consider the role of cultural safety within the context of rationing, particularly noting there is an inherent bias already made that PICU resources are valuable, and thus need to be considered and rationed. - **altered to reflect**
- Line 267 - Part 2; cultural safety instead of cultural awareness could be considered here. – **altered to reflect**
- Line 268 - Questions to target implicit bias. Consider the role and principles of cultural safety. This would include, is there a power imbalance and how does this impact my approach to this patient or their family? **Added**
- Citation for Pastapavrou (line 249)(260) missing an et al, making it different to the previous citation in line 228. - **added**

Conclusion

Recommended minor changes to this section:

- Like the introduction and abstract, there needs to be consistency in the terms used for the argument. E.g. inevitable or unavoidable? - **changed**