Qeios

Peer Review

Review of: "Do Not Resuscitate Practices in ICU: A Descriptive Study"

Chun-Man Hsieh[1]

1. Department of Nursing, Tajen University, Pingtung City, Taiwan

General Evaluation

This manuscript explores an ethically important and clinically relevant topic — Do Not Resuscitate (DNR) practices in an ICU setting in Saudi Arabia. The structure, clarity, and data presentation are sound. The study fills a regional knowledge gap and provides valuable insights into end-of-life decision-making in critical care.

Below are several specific concerns that merit clarification or revision:

1. **Originality and Contribution**

The study's contribution, compared with previous Saudi or Middle Eastern DNR studies, should be emphasized by clarifying the novel insights of this dataset.

2. Study Period and Representativeness

The inclusion period (January–March 2025) is relatively short. Please justify why this timeframe was selected and whether it represents the usual ICU DNR practice in your institution.

3. Ethical Justification

Although IRB approval is clearly documented, the rationale for the "waiver of consent" should be elaborated, considering that DNR decisions are ethically sensitive.

4. Duplicate Paragraph in Discussion

The paragraph beginning "All three secondary outcomes…" is repeated; please delete the duplicate.

5. APACHE IV Score Details

Include mean and range values for APACHE IV to contextualize disease severity among patients.

6. Figures and Tables

Please ensure that Figure 1 is properly displayed with an appropriate legend, and consider adding 95% confidence intervals for all proportions if inferential comparisons are intended.

doi.org/10.32388/EVY7EF

7. Writing and Grammar

Revise: “a one is to one nursing to patient ratio” → “a one-to-one nurse-to-patient ratio.”

Revise: “principals of research subjects’ protection” → “principles of research subject protection.”

8. References and Formatting

The paper uses a **Vancouver (ICMJE)** citation style, appropriate for Qeios. Please fix formatting inconsistencies (remove ^, a, b, c superscripts and unify numbering).

Ensure that all citations appear in correct sequential order and that punctuation in DOIs is consistent.

9. Policy and Educational Implications

Enrich the Discussion by providing practical implications. For example:

- Establishing institutional DNR guidelines;
- Incorporating end-of-life communication training for ICU staff;
- Aligning practices with Islamic bioethical principles.

10. Clinical Implications

Strengthen the discussion by linking findings to specific clinical practices or institutional changes. For instance, how might earlier DNR discussions be operationalized in ICU workflow or ethics committee involvement?

11. Limitations and Future Directions

Expand the limitations section to include the short study period, single-center design, and lack of qualitative data. Suggest directions for future research, such as multicenter comparisons or mixed-methods approaches.

12. Overall Recommendation

The manuscript provides valuable insights into DNR decision-making patterns. If the authors adequately address the issues noted above, the likelihood of acceptance would be greatly increased.

Declarations

Potential competing interests: No potential competing interests to declare.