

Dear Dr Simpson

Thank you very much for making a provisional offer of publication for this submission, and also for the extremely helpful comments, which we have addressed as follows:

Editors' comments

- We have reconsidered our title and agree that "Making ordinary decisions in extraordinary times" is more engaging and also highlights one of the key messages of the article.
- We have recrafted our standfirst as follows: 'Members of a COVID-19 Ethics Working Group at a large London teaching hospital argue that a lack of detail in national decision-support guidelines led to fear-driven anticipatory triage during the first wave of the pandemic'. We have also specified that our hospital is in London in this.
- We have tried to make the article more engaging and as suggested we have deleted the first paragraph from the original submission and moved our nutshell paragraph to the end of the new Introduction: The pandemic arrives.
- We have addressed the lack of clarity around acronyms and jargon.
- We have broken down longer sentences to make the article easier to read- the example you gave has been split into two shorter sentences (see lines 145-150) as have other long sentences (see lines 179-183 and lines 210-216)
- We have elaborated further on our final points – see lines 216-222 (Responsibility for implementing these changes lie both at local level, but ultimately within a national framework so as to ensure consistency. These changes, that we suggest should have been included in the Third Phase of the NHS Response to COVID-19 (17), would also be crucial to ensure that the backlog of other procedures that the NHS had to put on hold in the first wave does not become any longer.)

Reviewer 1's comments:

- We have addressed the inconsistency in whether acronyms have been spelt out
- We have removed the term tragically and replaced it with 'unfortunately'
- We have tried to be more forthright in our conclusions about how we should do things differently in preparation for a second wave (see final point in our response to the Editors' comments)
- Although we have said that the NHS stood up to many of the demands of the pandemic- and did not run out of ICU beds- we also described a system that was stretched and challenged at other points. As such, we have not developed the idea of an NHS that coped (rather an NHS that just about coped but that will hopefully cope a bit better next time) but we have touched on the Third Phase of the NHS Response to COVID-19 and that it is crucial to ensure the backlog of other procedures does not become any longer.

Reviewer 2's comments:

- We have acknowledged that there was a lack of data available about COVID outcomes at the beginning of the pandemic, and that this required a much more generic approach than will be the case at the start of a second wave (see lines 159-160 and 209-210)
- We have tried to be much clearer in differentiating between ICU triage guidance and decision-support guidance (lines 103-104), also ensuring each is correctly described throughout the paper and also being

clearer about the need to delineate the tipping point between normal decision-making and ICU triage in a second wave (lines 203-204).

- Our comment about a lack of detailed national guidance was in relation to operationalised, practical guidance for ICU triage decisions – and that the more detailed Intensive Care Society guidance was not published until after the peak of the first wave in London.

- However, we agree that this was compounded by the challenge doctors faced in adjusting to ordinary decision-making (i.e. decision-making not based on triage) in extraordinary times (when an encounter with triage loomed) (lines 183-186)

- We have now used replaced GPICS with Guidelines for the Provision of Intensive Care Services

I hope that this addresses the comments adequately and that you feel that the revised submission is suitable for publication.

Best wishes

Dr Ruth Cairns
Consultant Psychiatrist