

Review report

Final title: [Integrating bioethics-driven rehabilitation to address non-communicable diseases and disabilities in Bangladesh and other low- and middle-income countries](#)

Title at submission: Bioethics and rehabilitation: Addressing noncommunicable diseases and disability inclusion in Bangladesh and, low- and middle-income countries



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Correspondence

Taslim Uddin
taslimpmr@bsmmu.edu.bd

Publication history

Received: 17 Oct 2025
Accepted: 9 Dec 2025
Published online: 14 Dec 2025

Responsible editor

M Mostafa Zaman
0000-0002-1736-1342

Reviewers

A: Palash Chandra Banik
0000-0003-2395-9049
C: Tanzila Rafique
00000-0002-6617-907X

Keywords

bioethics, rehabilitation medicine, noncommunicable diseases, disability inclusion, LMICs

Funding

None

Ethical approval

Not applicable

Trial registration number

Not applicable

Reviewer A: Palash Chandra Banik, ORCID: [0000-0003-2395-9049](https://orcid.org/0000-0003-2395-9049)

1. Comment Raises equity concerns but does not explain how ethical governance should be operationalised.

Response We would like to thank you for bringing this important issue to our attention. The manuscript revision line: Ethical governance is operationalised by enforcing disability inclusive standards across policy, service delivery, digital health regulation, and accountability with participation of persons with disabilities (PWD).

2. Comment Heading "Rehabilitation and the role of physical medicine and rehabilitation (PMR) physicians" can be changed to "Rehabilitation: A multidisciplinary team approach", as I did not find any relevant write-up in the paragraph with the headings.

Response Thank you very much for the high scientific rigor, heading updates, and suggestions. We have changed the heading (Line 50).

Reviewer C: Tanzila Rafique, ORCID: [00000-0002-6617-907X](https://orcid.org/00000-0002-6617-907X)

3. Comment The title is declarative. The author has focused on the needs of bioethics and rehabilitation inclusion in addressing non-communicable diseases and disability in Bangladesh and low- and middle-income countries. The study title states the purpose and conclusion of the study; however, the sentence appears to be quite ambiguous. The title might be more understandable if it were:

"Integrating bioethics-driven rehabilitation to address non-communicable diseases and disabilities in Bangladesh and low- and middle-income countries."

Response We accept reviewer suggestions to improve the title to "Integrating bioethics-driven rehabilitation to address non-communicable diseases and disabilities in Bangladesh and low- and middle-income countries."

Executive editor: M Mostafa Zaman, ORCID: [0000-0002-1736-1342](https://orcid.org/0000-0002-1736-1342)

4. Comment The authors have appropriately referenced community clinics for community-based rehabilitation (CBR). What about including union-level health and family welfare centres? Once equity emerges, isn't it necessary to also recommend similar centres in urban areas?

Response Thank you for raising this very important part of total rehabilitation care continuum: from critical care to home -every setting is important. We have updated the sentence keeping your suggestions: In Bangladesh, the expansion of community clinics and community-based rehabilitation provides a platform for incorporating disability-sensitive NCD care, with union-level health and family welfare centres delivering services close to home (Line 58-60).