Reviewer’s report

Title: Consultation etiquette in general practice: a qualitative study of what makes it different for lay cancer caregivers

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Reviewer: Caroline Bulsara

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BMC Family Practice Research article

SUGGESTED: Minor Essential Revisions
Title: Consultation etiquette in general practice: a qualitative study of what makes it different for lay cancer caregivers -
Authors: Letitia H Burridge, Geoffrey K Mitchell, Moyez Jiwa and Afaf Girgis

OVERALL COMMENTS
This is a very useful study given the difficulties experienced by the GP in assisting caregivers of cancer patients who are often under severe stress and anxiety at the time that their family member is undergoing cancer treatment. The findings certainly are in agreement with a number of other studies indicating the difficulties that GPs experience in this area and across a number of other chronic disease areas.

The term ‘lay’ caregivers may be used by members of the research team. However, I would suggest that the term ‘unpaid’ caregiver in acknowledgement that they are not provided with payment for their role might be more appropriate.

ABSTRACT (pages 2-3)
Background – suggest commencing sentence with, ‘It is commonplace for many informal / unpaid caregivers to overlook or minimise…’.

Methods and results are sound

Conclusions – prefer the term ‘care recipient’ to ‘ill person’.

BACKGROUND
PAGE 3 – Suggest changing first sentence to read, ‘…position of relative indifference towards their own health at a time when it is generally considered to be at increased risk’ or similar wording.

2nd paragraph – Change ‘second’ to ‘secondly’.

Thorou ghly agree with this statement that GPs often address the issues by providing practical and tangible support for the caregiving role.

PAGE 4 – 3rd line – change to ‘regarding their own specific health needs. In addition, some GPs may be unaware…’
I am unclear about the sentence after the Fox et al reference which talks about ‘having been a patient themselves’. When did this occur or could the authors clarify.

PAGE 5 – when the authors write about the ‘patient first model’ and neglecting the caregivers health needs, are they referring to overall health needs or more likely their psychological needs. This needs to be clarified.

I would also like to add here that the caregivers may also be reluctant to disclose their own issues in front of the care recipient.

I am not sure that the term ‘caregiving patients’ isn’t a little confusing. I would suggest the term ‘caregivers as patients’ as a suggested option.

Final sentence. What is meant by the term ‘professional caregivers’ Are these ‘paid carers or ‘support workers? Could the authors clarify this term.

METHODS (page 6-8)

Design – could the authors make more specific here whether the patient was in active treatment mode?

Data collection methods are sound.

Analysis – could the authors clarify what is meant by the term ‘interesting portions of text’? In other words, what context are they considered interesting? (as applied to the research question for example?).

Page 8 – the iterative nature of the analysis approach where subsequent interviews were completed, suggest more of a grounded theory (constant comparative) approach. (Also refer back to page 5).

RESULTS (Pages 8-15)

Page 8 - Define what is meant by ‘unsupported in their role’. Are your referring to ‘paid care / carer pension/ etc?

Page 8 / 2nd paragraph around ‘four themes’. Suggest a clearer way of wording this might be; ‘Four themes around raising caregiver concerns were identified from the data: a) Inhibition resulting from traditional forms of engagement b) etc etc.

Page 8 / 3rd paragraph : Is this paragraph explaining the presentation of data necessary?

Page 9 theme 1: 1st sentence needs improvement. Suggest, ‘….to discuss health concerns with their GP. However, there are barriers to this.”

Themes clearly demonstrate the issues at hand and quotes are appropriate in highlighting the identified issues.

Page 13: Does the paragraph after the first quote, ‘Thus, if an existing GP-caregiver relationship….’ belong in discussion along with the reference provided rather than in the results section?

Page 13: whilst I agree with the authors that even in an established relationship
that there is no guarantee of a timely response, there is still an advantage to the GP knowing the patient. This is because they already have a medical history to go on with which they are familiar.

Page 14 : I would suggest that this page would benefit from the paraphrasing of quotes provided by way of explanation of the issues that the authors are trying to highlight here. So for example, a re-write of ‘GPs who care for both the cancer patient and their caregiver could do so in a number of ways such as by acknowledging their role in supporting the family member and / or by making the environment comfortable’.

DISCUSSION (PAGES 15-16)

Final line of Page 15. Could the authors clarify the sentence ‘it takes time’. What does?

Page 16 – The finding that GPs might need to take the initiative with caregivers as patients is a very important one and in accordance with other study findings in the same area. Often GPs have to become very good at ‘reading body language’ or assessing the caregiver appearance to tell if there are problems.

RECOMMENDATIONS & CONCLUSIONS (PAGES 17-18)

I agree with the authors in that I think that most GPs would welcome a structured approach to this rather than having to read body language and appearance of caregivers as a gauge for the caregiver’s health. Thank you for adding to the dearth of knowledge in this area around how do GPs better care for the carer.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.