Reviewer's report

Title: Patient enablement requires physician empathy: a cross-sectional study of general practice consultations in areas of high and low socioeconomic deprivation in Scotland

Version: 1 Date: 12 December 2011

Reviewer: John Furler

Reviewer's report:

This is a helpful paper that adds to and builds on a substantial body of work around enablement, empathy and quality of care in deprived practices.

Major compulsory revisions
Nil

Minor compulsory and discretionary

The finding that patient perception of GP empathy as measured by CARE was identified in the earlier study (incidentally the reference to the PEC paper needs updating as it still says "in press"). However this paper adds to what is already known through the use of more rigorous statistical analysis which makes the findings and associations identified more robust.

The interesting finding of the paper to me was a negative one ie while we find that Multi-morbidity, chronicity, and psychological distress are all negatively correlated with PE, and the effect of psychological distress is closely linked to deprivation and we know that all these factors are more common in deprived settings, yet PE was not different in the high and low deprivation settings.

Care scores (perceived GP empathy) did predict enablement. One is tempted to jump to the conclusion that GPs in deprived settings are using empathy to overcome the negative effects of the other factors on PE, in particular the deprivation-linked anxiety/distress levels, yet Figure 2 tells us that it is the more advantaged patients who are more enabled at high distress levels.

SO this all seemed to me to beg the question why is PE not related to deprivation. This negative finding seemed the most interesting question raised by the paper and I felt the authors may like to comment on this.

There were a couple of minor things. The paper discusses patient expectations and also complexity of presentation which is referred to as mixed physical and psychological presentation although it not really clear how these were defined or measured that I could see.

2 typos I noticed: Intro second para ? "state" anxiety should be "stated"? Last para before conclusions "empathy OF patient enablement" / should be OR
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I have published with Stewart Mercer and am currently jointly named on a grant submission in Australia