Reviewer's report

Title: Multiple perspectives on symptom interpretation in primary care research

Version: 2 Date: 11 June 2013

Reviewer: Norbert Donner-Banzhoff

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This is a very thorough discussion of an everyday phenomenon in medical care that looks easy and straightforward at first glance, i.e. symptoms presented (or not presented) in general practice. The authors take a broad perspective, including biomedicine, psychology and anthropology. They show clearly the ambiguity and multiple layers of meaning that come with the notion of a ‘symptom’.

Background/last paragraph – although it is true that general practice is placed between the population (life world) and secondary care, here one should stress the fact that general practice is at the border between the professional system and the population (lay or life world). General practice is not just the channel between population and secondary care but GPs treat most problems themselves and therefore absorb most of the uncertainty presented to them by their patients.

Discussion/The biomedical perspective on symptom interpretation – this part reads in many ways like a clinical introduction to the topic rather than a specific presentation of a biomedical perspective. Perhaps the authors would like to discuss the following two points: 1) The subjective-objective nature of symptoms and signs should be extended to a discussion what counts as reliable and relevant evidence in biomedicine. Most currently practicing doctors, especially in Continental Europe and the US, have been socialized in an intellectual system which regarded the pathophysiological disturbance as the primary process and the clinical presentation by the patient as a secondary phenomenon. From this has resulted the privileged position of biomedical tests and imaging in modern biomedicine because they promise more immediate elucidation of the patho-mechanism of the individual patient. A systematic neglect of the history (=referring to symptoms) has ensued. It remains to be seen whether early exposure in alternative training programmes does lead to different views and clinical behaviours.

2) Another limitation of the biomedical perspective that the authors may wish to discuss is its obsession with the sensitivity of symptoms and diagnostic tests. In other words, the error to miss serious pathology causes more regret than the complementary error of wrongly assuming disease in a healthy person. However, it is difficult to disentangle an intellectual bias (I presume this is what the authors mainly had in mind here), group and financial interests. General practice is perhaps less susceptible to this kind of bias than secondary care. But this varies
from health care system to health care system and the position a group or specialty has within that system.

Psychological perspective/wind turbine and sick building – a reference for each would be in order.

Anthropological perspective – One should add here ‘and social science perspective’. Whether (not yet) patients have access to a health care system will determine whether their symptoms / problems are visible. The problem of access especially in relation to social class should be mentioned.

Anthropological perspective/Gender differences – The link between the evidence discussed in this paragraph and the lower utilization threshold for consultation demonstrated in most health care systems (i.e. more women than men in most practice samples) should be made clearer.

I admit that the gender perspective is important, but cultural heterogeneity in an increasingly mobile world even more so. There should be some discussion of international and intercontinental migration causing discrepant cultural backgrounds of patients and health professionals and how that impacts on the presentation and interpretation of symptoms. This applies to migrating patients as well as migrating doctors.

Cross-disciplinary discussion/consequences of different perspectives for diagnosis/last sentence – The final question regarding future research (symptoms vs. constructs) sounds a bit nebulous to me. What do the authors mean by that? Please clarify.

Overall this is a comprehensive discussion of insights related to symptoms from diverse fields. After the points mentioned above have been accommodated in a revised version of the paper, acceptance can be recommended.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

no conflict of interest