Reviewer's report

Title: Unmet needs of patients with chronic obstructive pulmonary disease (COPD): are we listening? A qualitative study on patients and doctors.

Version: 2 Date: 28 October 2013

Reviewer: David DB Coulta

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This manuscript describes results of a qualitative study of patients with COPD and physicians to examine unmet needs and expectations regarding self-management. The topic has high clinical relevance. The study sample includes a convenience sample of 18 patients recruited from a chest clinic and 18 physicians (15 primary care, 3 respiratory) from a tertiary suburban hospital in Kuala Lumpur, Malaysia. Focus groups were conducted and among patients three major themes were identified: 1) lack of knowledge and awareness of COPD, 2) psychosocial and physical impact of COPD, and 3) limited utility of self-management. Moreover, from these themes the authors' conclude that “neither patients nor doctors favoured self-management approaches. Innovations based on self-management may be of limited benefit.”

There are a number of interesting findings that highlight gaps in COPD management in this population that need to be addressed. For example, there is no term for COPD and thus asthma is often used. However, this does not provide patients with an accurate understanding of their condition, which in-turn lack of understanding of treatment options, outcomes, and prognosis (e.g., this is a life-limiting diagnosis in contrast to asthma). Other examples include the belief that cough is associated with contagious illness, which may further result in social isolation from this symptom; and lack of knowledge about the link between smoking and COPD.

Major Comments

1. While patients and physicians in this sample do not favor self-management, the reality is that patients have to conduct self-management every day, but without necessary knowledge, confidence, or skills to effectively manage their condition. Moreover, it is not feasible for physicians to provide all of the management needs that patients have during their day-to-day lives as suggested by one of the physician participants (page 15, D12). The authors’ conclusions ignore the needs expressed by the patients to improve knowledge, confidence, and skills for self-management. And the only alternative offered is to improve patient access to health care. These issues need further consideration in the discussion and conclusions.

2. Page 6, line 5: How was data saturation determined?

3. Page 6, line 8: Who conducted and what was the process for checking each
transcript for accuracy?

4. Page 7, line 3: An FEV1/FVC of 76% is above the traditional cut-off for airflow obstruction and suggests that some of the patients may not have COPD.

5. Page 15, lines 13-16: Because the sample of patients and physicians are from a specialty clinic of a suburban tertiary hospital, the lack of resources and of access to spirometry seems contradictory to the description in the Methods section. Please help clarify this discrepancy. Moreover, if spirometry is not routinely used to diagnose COPD then there may be substantial diagnostic misclassification, which not only limits internal validity, but also compromises external validity.

6. Discussion, pages 16-18: Overall, the discussion and conclusion suggest that the patients’ and physicians’ perceptions should be accepted without any attempt to address the many needs that have been expressed. The results suggest that the status quo of COPD management is not optimal, but no alternative to address patient needs is offered other than access to health care. The utility of self-management is perceived to offer limited benefit (page 14, lines 13-15) and the lack of confidence in self-management is consistent with results from other studies. However, this does not mean that the preference for the status quo of doctor-directed care rather than self-management should be accepted. Moreover, a major goal of self-management support is to boost self-confidence (i.e., self-efficacy) to enhance self-care and to decrease reliance on doctor-directed care, which is only possible for a very limited time and not feasible over the long-term. The discussion does not provide an adequate description of and context for self-management support, which is a complex intervention and an evolving area of research.

7. Page 18, lines 5-6: The suggested alternative to self-management is “improving access to health care,” which fails to recognize that while access to health care may be necessary it is insufficient for improving outcomes among patients with chronic diseases.

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:

I declare I have no competing interests.