Author's response to reviews

Title: Family doctors' involvement with families in Estonia

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Author's response to reviews: see over
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Dear BioMed Central Editorial Team,

We would like to re-submit for editorial consideration our revised manuscript entitled:

**Family doctors’ involvement with families in Estonia** (manuscript number 2461824504070107)

by Marje Oona, Ruth Kalda, Margus Lember, Heidi-Ingrid Maaroos, Heidi-Ingrid Maaroos.

We thank the reviewers for the critical remarks and valuable advice. We have extensively revised the manuscript according to the comments provided by the reviewers.

Please find the answers to the suggestions and comments of the reviewers.
Reviewer Anja Marjatta Taanila

Major compulsory revisions
1. In the background chapter, page 3, paragraph 1 we have added a description of current family doctors training and of the way how those who had completed their education earlier, were retrained.
2. In the background chapter, page 4, the reference of the paper by the Doherty and Baird article is added (reference No 6)
3. The explanation to what we mean by the patient list is added to the background chapter, page 1, paragraph 1.
4. The examples of open-ended questions are added to the methods section, page 5, paragraph 1. The process of the analysis of the open-ended questions was as follows: all statements expressing motivation for or indicating problems with dealing with family issues were marked. Further, all similar expressions were grouped under one category.
5. In the last paragraph of the results chapter, page 9, the actual numbers are also provided (not only percentages), as suggested.
6. In the discussion chapter, page 10, paragraph 2, the sentence has changed as suggested: “the interviewed FDs who responded to the questionnaire”
7. Discussion chapter is rewritten according to the suggestions, and more attention is paid to the data from international literature on this topic, based on 10 additional references.

Minor essential revisions
1. We thank the reviewer for this remark, actually, this was another study. We have changed the wording: “A recent survey among patients in Estonia” (the discussion chapter, page 11, paragraph 2).
2. The spelling mistakes are corrected, hopefully.
Reviewer Mark J Yaffe

Major compulsory revisions

1. We have rewritten the background chapter to provide more background information, and the discussion chapter to re-orientate the manuscript. In background chapter, page 4, paragraph 2, we added the following sentence: “In Estonia, a decade has passed after a new speciality, family doctor, was introduced into the health care system”.

Actually, it is not the first time that this type of study is conducted in Estonia, some other opinion surveys among family doctors as well among patients have also been carried out, for example: Kalda R et al. Motivation and satisfaction among Estonian family doctors working in different settings. Eur J Gen Pract 2000;6:15-9; Kalda R, Pölluste K, Lember M. Patient satisfaction with care is associated with personal choice of physician. Health Policy 2003;64:55-62.

2. To be more precise, we have changed the wording of the aim of our study, page 4, paragraph 2: “The aim of the present study was to investigate the attitude of FD’s in Estonia to family-oriented general practice”. We use the term “family-related” in the broad sense, to evaluate the opinions of family doctors about care for their patients in the context of the family.

3. We have rewritten the methods section. The items of the questionnaire were developed by researchers, considering the aims the research. We have added the wording of the questions and described the scales used.

4. The study sample is a random sample of doctors who had passed residency or retraining courses in family medicine by that time in Estonia (n=715), i.e the study sample consists of approximately of one third of all family doctors in Estonia (page 5, section 2)

5. We agree that in the previous version of the manuscript, the references were narrow and lacking in scope. We have rewritten the discussion section, and added altogether 10 references.
Minor essential revisions

1. The age and sex of the respondents corresponds to that of Estonian family doctors in general, and this remark is added to discussion section, page 10, paragraph 1. According to the data of Estonian Health Insurance Fund, 93% of the family doctors in Estonia are female.

The brief overview about patient’s list system and family doctors’ work and training system is added to the background section, pages 3 and 4.

2. We changed “family related” to “family-related”

Discretionary revisions

1. The nine variables listed in Figure 1 are actually all variables about which the family doctors were asked whether they should be aware of the following issues related to their patients’ families.

2. The wording of the question about the degree of involvement of FDs in family matters is provided in the methods section, page 4, last paragraph.

3. We have improved the English wording, and an independent editor of English corrected the manuscript.
Reviewer Angela Taft

Minor essential revisions

1. A brief description of the scope of the current training of Estonian family doctors is added to the background section, page 3, paragraph 1. Currently, a short course on domestic violence and child abuse is included in the postgraduate residence training curriculum, and this information is added to the discussion (page 11, paragraph 1).

2. We have slightly changed the wording of the aim, page 4, paragraph 2: “The aim of the present study was to investigate the attitude of FD’s in Estonia to family-oriented general practice: FDs’ awareness of various family-related matters of their patients, FDs’ preparedness for management of family-related issues and FDs’ self-assessment of the ability to manage different problems (substance abuse, relationship problems) in the family”. The details of the questions are added to methods section.

3. a. In the methods section, the first two sections are extensively rewritten. More detailed information is added about the questions as well as about how the responses are structured.

3. b. The study sample is a random sample of doctors who had passed residency or retraining courses in family medicine by that time in Estonia (n=715), i.e the study sample consists of approximately one third of all family doctors in Estonia (added to page 5, paragraph 2). We have to admit that as the study was underpowered for drawing conclusions from the stratified analysis, we excluded this.

5. a. The corresponding section in the results chapter, page 7, last paragraph, is changed as suggested. None of the family doctors commented about “on certain occasions” meant.

5. b. The description of the way how the questions were asked and how the responses were structured (“adequate” or “inadequate”), is added to the methods chapter, page 5, paragraph 1.

6. a. A brief discussion about study limitations is added to the discussion chapter, page 10, paragraph 1.

6. b. We are sorry about the mistake occurring on the page 10, in last paragraph of the discussion chapter. The correct sentence would be: “In our study, altogether
90% of the family doctors thought that they should communicate and cooperate with family members in management the health problems of patients”. We suppose that most family doctors are not yet ready to deal with the family members’ emotional and relationship problems, as 25% of the respondents thought that the FDs in Estonia should deal with these problems (page 7, paragraph 2).

6. c. We thank the reviewer for these useful suggestions. The issue of domestic violence issue is important also in Estonia, and we have added a brief discussion on this topic in the discussion chapter, page 9, last paragraph.

6. d. “awareness of living conditions” is included in the list on page 11, paragraph 2.

7. In the manuscript, the alterations of the text and the clarifications are made as suggested.