Reviewer's report

Title: Family doctors' involvement with families in Estonia

Version: 2 Date: 23 August 2004

Reviewer: Angela Taft

Reviewer's report:

General
This is one of a recent set of studies to emerge from the primary care research unit at the University of Tartu, Estonia. The unit is to be commended for the range of research which contribute to the effectiveness of evolving family practice discipline in the country.

1. Background

(Discretionary revision) Given that the study assesses family doctor (FD) attitudes to family related issues and doctors' self-assessment ability and confidence to manage them, it would be helpful to understand in a few short sentences the scope of current training offered to Estonian family doctors. Does family doctor training currently address lifestyle behaviour change skills (smoking, alcohol and drug abuse) and counselling for family relationship issues, and if so which ones - intimate partner violence (domestic violence), child abuse?

2. Is the question posed by the authors new and well defined?

The question posed by this study is not new, but it is new for Estonia and relevant to the development of the practice in that country. The terms require better definition and clarification, especially 'relationship matters'.

(Minor essential revision) The aim of the study is to investigate Estonian family doctors attitudes to family related issues in their work. The authors examined FD attitudes including those toward patients' family related issues; the degree of FD involvement in family matters: FD preparedness for the management of family and related issues and FD self-assessment of their ability to manage the problems. For the reader outside Estonia, it would be helpful for the authors to include a few sentences about what they mean 'family related issues' and 'family matters'. It is also important to clarify 'living conditions' (overcrowding? environmental pollution?), 'economic situation' (unemployed? Pensioner?), and what is included in the term 'relationships in the family' (intimate partner violence? child abuse? elder abuse?).

3. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The cross-sectional survey method is appropriate to the study's aims and the combination of open
and closed questions helpful to estimate the percentage of doctors attitudes' and to illustrate the meanings of the doctors' answers also.

3 a (Minor essential revision) However, within the stated 21 items, the descriptions are vague 'various matters' and would be improved by more specific reference to what was asked and what the researchers meant by the terms used. It would be helpful to include reference to questions raised in results, eg whether patients actively seek from FDs for the issues raised, eg smoking, alcohol abuse, relatives' diseases or relationship issues. It would also be helpful to know how the responses were structured.

3 (b) (Minor essential revision) It is important also, for the readers' ability to assess the representativeness of the sample, to understand the method by which the sample was randomised. It would also be useful to know if the authors considered whether the sample size had sufficient power to make generalisable statements about the significance or non-significance of FD attitudes in Estonia more broadly, especially stratified analysis eg by FD sex etc.

4. Are the data sound and well controlled?

The data seem sound. This is not a controlled study.

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The reported percentages of respondents' characteristics and attitudes to family registration are appropriately presented. However conclusions about the degree of involvement of family doctors in family matters relates to the previous reference to whether the sample size had sufficient power to make comment about statistically significant differences in a stratified sample.

5 a (Minor essential revision) When the authors report family doctors' awareness of different family matters of their patients, the data is not consistent with the report. The authors now use the terms 'mostly' or 'a few' rather than reporting percentages. In figure 1, (which should be labelled 'percentage distribution of family doctors answers etc'), the first four results include over 70% of respondents who answered 'yes in cases of all patients' and approximately 25% to 30% of the remainder 'yes, on certain occasions' - an overwhelming majority. It would be more accurate to report that over 70% of Estonian family doctors agree that in cases of all patients, it is necessary to be aware of drug addiction in the family, diseases of family members, living conditions, and alcohol abuse in the family and the remainder believe that they should be aware 'on certain occasions'. Similarly, between 60 to 75% believe that Estonian doctors should be aware of problems with relationships in family and patient's leisure activities on certain occasions. It would be helpful to know whether any of the FDs commented about what 'on certain occasions' meant, otherwise it is less helpful as a response.

5 (b) (Minor essential revision) In the section on family doctors self-assessment of their ability to manage the problems, it would be helpful to know both how the question was asked and how the responses were structured. Without this information, it is difficult to interpret what is presented in the
results section.

6. Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion and conclusions outlined in this section raise most of the significant issues in the research. There are some errors and clarifications which needs attending to and I made suggestions to assist interpretation.

6 (a) (Minor essential revision) First, it is customary, as well as recognising the importance of the study's contribution, to include some recognition of the study's limitations. The opening paragraph is correct to suggest that there is real potential (vocabulary) for Estonian family doctors to care for the whole family, because the survey indicates an overwhelming majority of Estonian FDs believe they should be aware of a range of family related problems either in all or on certain occasions.

6 (b) (Minor essential revision - clarify) In the second paragraph, the first sentence states that 90% of family doctors thought that other family members should be involved in the care of the ill relative. Is this a new finding or does it refer to the question about family doctors needing to be aware of the illness of other family members? This should be clearer, if the latter, the 90% figure would not be accurate, as figure 1 indicates 100%. In addition, there is no reference to asking about patients' emotional problems.

6 (c) (Minor essential revision) I suggest that the conclusion should refer to the fact that most family doctors do not feel well prepared to manage patients' relationship issues. I also suggest in reference to relationship issues, that the authors refer to the recent growing literature about FDs ability and attitudes to managing family violence, especially when they are seeing families and couples (Ferris LE, Canadian Family Physicians' and General Practitioners' Perceptions of their Effectiveness in Identifying and Treating Wife Abuse. Med Care, 1994. 32(12): p. 1163-72., Ferris LE, et al., Clinical Factors Affecting Physician's Management Decisions in Cases of Female Partner Abuse. Fam Med, 1999. 31(6): p. 415-25. and Taft A, Broom DH, and Legge D, General practitioner management of intimate partner abuse and the whole family: a qualitative study. BMJ, 2004. 328: p. 618-621.as support for the general relevance of this problem in the field. It would be useful to acknowledge that family violence is strongly associated with alcohol and drug abuse and that these problems are often coexistent in families (Coker AL, et al., Frequency and Correlates of Intimate Partner Violence by Type: Physical, Sexual and Psychological Battering. Am J Public Health, 2000. 90(4): p. 553-9.). The authors may wish to consider whether the 25% who believe they can manage emotional and relationship issues are trained effectively to do so.

6 (d) (Minor essential revision) In the following paragraph, from Table 1 'awareness of living conditions' should be included in this list.

The authors acknowledge that psychosocial issues require better training, a conclusion shared in many countries grappling to equip family doctors to better identify and manage important issues underlying problems frequently presenting to family doctors, such as alcohol, smoking and drug
7 Do the title and abstract accurately convey what has been found?

(Minor essential revision) Yes, this is reasonable, although the response rate should be altered to say n=146 (62%) after 5 are excluded.

7. Is the writing acceptable?
(Minor essential revisions) The writing is reasonable for those writing in another language, but I have already indicated several places where clarification is needed. In other instances, a few changes would improve understanding in English eg '. on page 6, replace 'concrete patients' with 'individual patients'. Also on page 7, third paragraph, 'medication' and 'suggestions' would be preferable to 'medicaments' and 'suggesting..'. On page 8, second paragraph, the final sentence beginning 'Several key problems' needs reversing. I suggest 'In the analysis of open questions, doctors identified several key problems'...

Is it essential that this manuscript is seen by an expert statistician? If so, please give your reasons in your report.

- No, but a statistician should examine the responses re sample size, stratified analyses and randomisation

----------------------------------------------------------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

----------------------------------------------------------------------------------------------------------------------------------

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

----------------------------------------------------------------------------------------------------------------------------------

Discretionary Revisions (which the author can choose to ignore)

----------------------------------------------------------------------------------------------------------------------------------

What next?: Accept after minor essential revisions

Level of interest: An article of limited interest

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

Statistical review: No

Declaration of competing interests:

None