Reviewer's report

Title: The Association of Patient Trust and Self-Care among Patients with Diabetes Mellitus

Version: Date: 17 May 2004

Reviewer: Ann-Louise Kinmonth

Reviewer's report:

General
1. Question: Is there an association between Patient Trust and characteristics of Self-Care among patients with Diabetes Mellitus?

Comment: To answer such a question requires an ability to conceptualise and measure trust and self-care. The reported reduction of “Trust” in professionals makes the topic relevant, and the work is original in relating Trust to self-care.

The background provides a justification for the work but could be strengthened in the following respects:
1. More appropriate references e.g. 3, 4, are association studies not the relevant trials refs 7, does not seem to refer to health literacy. Refs 14–17 all relate to medication adherence. (All discretionary)
2. A clearer link between trust and self-care.
Viz – What is the justification for linking trust in the doctor with better self-care? (major) – “Patient trust is another component essential to the doctor-patient relationship” is a bit too implicit. In what way?

Methods & Populations
The study is set in a wider N. American study to improve Diabetes Care. The initiative was evaluated through random sampling. The 2001 post-initiative sample was used in this study. Confounders and characteristics of self management were defined from chart review and telephone interview. These linked quality of care assessments with quality of life assessments.

The self management Likert scale measures are defined as “hassles” “difficulties” and “ability” in self-care, (single item) Hassles covered most self-care activities, but oddly not physical activity? Difficulty did cover physical activity. (One wonders to what extent hassles and difficulties are independent measures. (discretionary)
Possible confounders are considered and the management of missing variables.
It is unclear why possible variables associated with trust are not considered, especially those that predict outcome – and it is a missed opportunity that potential mediators of trust (e.g. empathy) are not measured. Did the authors consider self efficacy, duration of doctor patient relationship, consultation frequencies, educational level for example? (major)
Trust is conceptualised as at institutional level because of fragmentation of care – the measures covers commitment, conscientiousness, skills and readiness to put self into “doctors hands”.
Curiously dimensions of listening and advocating patients’ views are missing. Taken together with definitions of self-care as following the doctors’ instructions exactly, this represents a highly traditional, paternalistic construction of the health care transaction. The perspective taken and its implications deserve discussion (major)
The analysis uses generalised estimating equations to allow for clustering within sites and regression analysis.

Results
The Results are clearly described in relation to 326 individuals, but their representativeness is not addressed (major)
e.g. is there an over representation of females? Is the number of co morbidities low?
- The normal range for HbA1c should be given (minor)

Results have face validity and fit with the wider literature (as the authors discuss)
Associations were demonstrated between Trust and experiences with self-care. It is unclear quite how strong these associations might be judged to be? (major) There is a clear attempt to address this issue but discussion of 0.2 points and 30% of an sd of a process variable of skewed distribution is hard for the non-expert to conceptualise and comparison of Likert scales measuring cognitions with objective measures such as blood pressure (mm Hg) are misleading.

It is perhaps misleading to call these responses “medical outcomes”. This should be adjusted as it leads to false comparisons with true clinical outcomes. (minor)

Discussion
The discussion could be strengthened by addressing the issues raised (major)
These also include the difficulties of measurement in this area, the need to link process measurement with clinical outcomes (not just task completion) and mechanisms for the relationship of “trust” with “self-care”.

Reflections on patients inability to understand and need for faith in the “odd” instructions of their physicians might be balanced by reflections on patient enablement and self determination. Interpreting self-care as mechanical adherence to medical instructions is a position that requires articulate defence these days!
Limitations of cross-sectional method are discussed – but what are the implications of the possibility that trust is determined by ease of following medical instruction? (Discretionary)

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

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

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Discretionary Revisions (which the author can choose to ignore)
As above

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests: