Author's response to reviews

Title: Health care restructuring and family physician care for those who died of cancer

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Author’s response to reviews: see over
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Editorial Team
BioMed Central

Dear Sir/Madam:

Re: MS: 1772175471422071
Health care restructuring and family physician care for those who died of cancer

Thank you for your consideration of our manuscript “Health care restructuring and family physician care for those who died of cancer” and the comments from peer review. Below we list the reviewer’s comments and our response with a note to indicate how these issues were addressed.

Reviewer (DV)

Major Compulsory Revisions
None

Minor Essential Revisions
None

Discretionary Revisions
1. It may be helpful to explain why data were reported for the four cancers that had the highest mortality rather than for all cancer causes of death

The project was originally conceptualized and subsequently funded, to examine the four cancers reported to be the major cause of cancer related mortality in Nova Scotia. It was also felt that these patients are those with cancer who would be most frequently seen by a family physician. Although the initial reason was noted in the introduction, we added the latter reasoning to the statement as well. It now reads: “The purpose of this study was to describe the trends in the provision of family physician visits to those dying of the four cancers with the highest mortality in Nova Scotia and to whom, we believe, would be most frequently seen by a family physician, …” (Introduction, page 5, paragraph 2)

2. Were the data analyzed to examine for possible regional differences in family physician involvement with community care and for regional differences in hospital admissions and lengths of stay?

For this article we wanted to focus on care provided over time, specifically the time period during the years of health care restructuring. We have included regional differences as a
secondary examination with respect to specific types of family physician visits in another report submitted for publication.

3. Consider removing the brackets in the long, bracketed section “End-of-life care …care in the community” in the first paragraph on page 4.

Done

4. Should the word ‘will’ be removed from the first paragraph on page 4 in the sentence: “Multiple providers are involved in such care and will include …”

Yes, removed as suggested.

5. In the second paragraph on page 4, the word ‘almost’ may be appropriately changed to ‘over’ in the section: “… fro 19.8% in 1992-93 to 30.2% in 1997-9, an increase of almost 50%.

Done

6. At the top of page 7, the word “diagnoses” is plural. Should it be in the singular?

Yes, change made

7. Is it possible to provide a reference for the statement in the first paragraph of the Discussion section on page 10 that reads as follows: “We know from work employing the same database that the number of visits made to a specialist physician has not changed significantly over the same time period”?

We do not have a reference for this statement. However, we did perform the analysis while examining family physician visits. Therefore, we added the examination of specialty visits to our methods (Methods, page 7, paragraphs 1 and 2) and report the results (Results, page 10, paragraph 2) within this article. The discussion statement now reads “We have shown that the number of visits …..” (Discussion, page 10, paragraph 3).

8. Can a reference be provided for the following statement in the last paragraph on page 10: “For all types of patients in the province from 1992-1999, the total number of office-based, home and long-term care visits has declined slightly”?

Yes, the reference for this information was the same source as that noted in the previous statement which formed a separate paragraph. To clarify this point, we have moved the reference number and combined the previous statement to this paragraph to keep the information together. (Discussion, page 11, paragraph 1)

9. Can a reference be provided for the following statement in the second paragraph on page 11: “Provincial information suggests this trend was true for non-cancer patients as well?”
Yes, provided.

10. Can “Mike Joyce” be further described in relation to the ‘personal communication’ provided by him in the third paragraph on page 11?

To this personal communication reference we have added “Department of Finance, Government of Nova Scotia”. (Discussion, page 12, paragraph 1)

We look forward to the consideration of this manuscript for publication. Should you wish any further information, please contact me at this address.

Yours sincerely,

Frederick I. Burge, MD, FCFP, MSc