Author's response to reviews

Title: GPs perspectives of type 2 diabetes patients' adherence to treatment. A qualitative analysis of barriers and solutions.

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Author's response to reviews: see over
Reviewer 1

1. Introduction
More detail on reference 13 and other theory related to concordance in introduction.

- We added a paragraph after reference 13 with more detail on the anthropological approach, which is described in the article of Linda Hunt and Nedal Arar (reference 13 in the original manuscript equals reference 20 in the revised version).
- We replaced the paragraph on the history of compliance/adherence research from the discussion part to the beginning of the introduction section (see also reviewer 2) and renumbered the references appropriately.

2. Results:
- Page 9: 1st paragraph: delete the word effectively.
  
  We deleted the word “effectively”

- 2nd paragraph, first sentence: delete the words “and productive” as this prejudges the outcomes of the focus group.
  
  We also deleted the words “and productive”

- Page 14: Shared care: Explain and reference why multidisciplinary team care may encourage adherence – is this only because of more specialized education?
  
  The statement in the original manuscript is probably not an exact rendition of what is meant. Since there is no evidence of better compliance/adherence in a shared care setting on the one hand and the expression of this somewhat ambiguous statement in the results section on the other hand, I corrected the sentence as a better reproduction of what is supposed in the focus groups. Belgian GPs mostly work single handed in solo practices. Mostly, they do not have any personnel. Besides GPs, nurses, dieticians and all other health care workers are paid fee-for-service. Because a lack of good task descriptions there is no tradition in real working together nor in primary care nor with secondary care since all of them work in a position of concurrence.
  
  A lot of GPs are interested in another way of working, with more attention to shared care. Perhaps, this is a reason why GPs see shared care not only as a way for helping them providing better care, but also for patients helping them being more compliant to treatment regimes. Due to touchiness between the levels of care in Belgium, there is an option not to examine in many details these topics in our paper.

3. Discussion:
Page 16: third paragraph
Discuss why GPs externalize the cause of their patients’ adherence rather than seeing it related to deficiencies in their own approach to motivational counseling.
Refer to motivational counseling literature.

Reviewer 2

- Minor Essential Revisions
  - Grammatical editing of the English.

  We performed a complete review of the grammatical editing in US spelling. Correction by a native speaker was not possible in the short time available for finishing the manuscript.

  The authors have chosen to separate the results and discussion which fits this study well. However, discussion enters into the results at times eg “From the dynamic and productive discussions in the focus groups, we may conclude that this subject was of substantial concern to GPs.” An alternative explanation is that there were strongly opposing views which stimulated the groups. This should appropriately be in the discussion. Other areas of discussion entering the results should also be moved.

  We moved this obvious discussion point, cited at the beginning of the results section, to the discussion part and crossed out here some other points of discussion. However, sometimes it is difficult to make real difference between results and discussion, since theorizing and reflection about the codes and themes is an essential part of the qualitative research itself and must be described in the results. Confirmation and triangulation of our results with other references is done in the discussion part.

  We explained some of the health care model in the results section. Though this also can be a point of discussion, we opt for this solution hoping for a better understand of the contextual preconditions of primary care in Belgium by the foreigner reader.

  I do not understand the sentence “In emphasising this, doctors may minimise their own responsibility and try to shift the blame to the liberal marginal conditions in which they are functioning”. Can this be clarified?

  This is now explained in more detail in the discussion part about externalization (see also reviewer 1).

  The conclusion is lengthy and reiterates much of the discussion. It should be possible to shorten it to one paragraph with the key findings/recommendations.

  We shortened the conclusions to the real essential.

  The authors comment on the terms “compliance”, “adherence” and “concordance” in Dutch as having one term. They do have different meanings in English with different emphases. Having commented on the terms, the authors then use them interchangeably through the paper. A consistency should be adopted. The GPs seem to be talking about compliance, a more doctor centered paternalistic approach.
We agree that the doctors “talk” about the more paternalistic meaning of compliance, where the research is focused on the bottlenecks for the implementation of a broader meaning of shared decision making (adherence). Therefore we decided to use the combined term compliance/adherence. We reviewed the paper and corrected some remaining inconsistencies.

- Discretionary Revisions
  - The authors introduce the literature on compliance in the discussion “especially the literature from the patient’s perspective”. However, their present study is not discussed fully in the light of this literature. Either the discussion should be included or this part of the discussion shortened.

  *We moved this part from the discussion to the introduction (see also reviewer 1).*