Author's response to reviews

Title: Why do patients want to have their blood tested? A qualitative study of patient expectations in general practice

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Author's response to reviews: see over
Dear Editor,

Thank you for your willingness to consider our manuscript, titled ‘Why do patients want to have their blood tested? A qualitative study of patient expectations in general practice’ for publication. The reviewers’ comments were very valuable to us in improving the manuscript. We were happy to read that all three of them considered our paper interesting. Below we will systematically address how we applied their suggestions for improvements.

First we will address your editorial comments.

Editor’s comments

- **A further literature search is encouraged**
  We read the papers of Kravitz as you suggested. We considered 1 applicable to this manuscript and added its reference. In addition we did a further search using the text words (patient* expectations) and (patient* perceptions) in combination with test*. We added some references to the text (Salmon, Peck, Hartley) and contrasted these with our findings.

- **Ethics and consent**
  This study was an attachment of the VAMPIRE randomised clinical trial, ISRCTN55755886, which has ethics approval of both Maastricht University and Academic Medical Center/University of Amsterdam. The study protocol has been published at BMC Family Practice: *BMC Family Practice* 2006, 7:20. In this study no measurements of patients’ bodies have been done, and patients received no questions about their actual health. Instead they were asked about their opinions. Therefore, ethics approval for this study is formally not necessary. All patients were asked informed consent before they received the questionnaire. At any stage of the study they were free to end their participation. As can be seen from the results some patients did indeed. We did not add this information to the manuscript. If you prefer to have a statement there as well, we are most willing to add it to the text.

- **Including an acknowledgement section is strongly encouraged.**
  We have no contributors to the study who do not meet the criteria for authorship.

Reviewers’ comments

Methods

- **Further details of practices such as urban/rural location, socioeconomic status of patients and number of doctors are needed (Kravitz)**
  Location of the practices had been given, numbers of GPs per practice were added. We asked about level of education as a measure of social status and added this in a new table, table 1.

- **It is not clear if any attempt was made to ensure a range of patients for the study. Further discussion about the sampling strategy and its possible weaknesses is needed (McKinstry)**
  We tried to select a range of patients by visiting a variety of different practice types, both in urban and rural settings. Unfortunately it was not very well possible to further select specific patients based on previously collected criteria as we found it important to select patients with an actual wish to be tested and appointments are usually scheduled for the same day or the next. As a result there was not much time between scheduling the appointment and the patient’s visit to the practice. We added some reflections on the sampling method in the discussion section.
- **Provide further details on the coding process (Kravitz)**
  We added information to the final paragraph of the methods section about how themes were generated and who reached consensus.

- **It is not made clear if the participating practices are typical of Dutch practices (McKinstry)**
  We did not aim at a representative sample for the above mentioned reason. We added the remark ‘and therefore different patients’ to the methods section to clarify this further.

- **The study describes no triangulation (McKinstry)**
  We agree this is an omission and added a critical remark to the discussion section.

- **Table 1 is unnecessary. Describe questions 5 and 6 in the text.**
  We removed table 1 and described the questions as suggested.

**Results**

- **Some details about the demographics of the sample are needed (Kravitz and McKinstry)**
  We added a table in which we provide not only age and sex but also country of birth and highest level of education (table 1). Unfortunately we have no information about the patients’ religion, health status and their occupation.

- **Using pre-existing concepts is awkward; the Theory of Planned Behaviour (TPB) seems arbitrary and should not be introduced. Attempts should be made to go deeper and link ideas (all three reviewers)**
  Upon revision we fully agree with the reviewers. The main reason for using the TPB was that we were encouraged to use it by other reviewers in a different paper on GPs’ determinants of blood test ordering. We went back to the data to look which main topics emerged from them and abandoned the TPB. We also tried to deepen the analysis. We describe this change of analysis in the final paragraph of the methods section and restructured the results section, including replacement of table 2.

- **Were there any response patterns that could be elaborated upon? (Kravitz and McKinstry)**
  We did not discover any subgroups with specific characteristics that have different response patterns.

- **It is not clear if the investigators sought out observations that might have contradicted or modified the analysis. (McKinstry)**
  In our opinion we repeatedly described different opinions e.g. about the acceptability of watchful waiting and about actively asking to be tested. A nurse who visited her GP as a patient added remarks about her professional knowledge influencing her desire to be tested. This did not contradict but add to the analysis. We agree that we did not mention the nurse’s opinion (see also next remark) separately and added her remarks to the results section.

- **While they refer to some new data arising from a nurse led interview this is not described. It is not clear to what extent the interviews may have been influenced by the status of those conducting them and perhaps this should be clarified** (McKinstry)
  We think there has been some misunderstanding of the text. In contrast to the remark of the reviewer the nurse did not lead the interview but she visited her GP as a patient and therefore was a participant. In the methods section it says ‘Each practice was visited 1 – 3 times for a full working day by one of the authors (MP)’ and ‘although the coding of one of the last interviews, with a patient who worked as a nurse, yielded a number of new themes…’
Discussion

- The discussion presents an important dilemma – whether doctors should correct or work with the misconceptions that patients have. It is valuable that the authors raise this question, and also that they do not claim to be able to answer it simply. (Salmon)

The conclusion would be better confined to what was found in this study and the need for research into the impact of education of patients in this domain, also in the abstract. (McKinstry).

Where is there support in the analysis for the conclusion that the group wants to be reassured and attaches great, almost magical value to these tests? (Kravitz)

The reviewers disagree about the value of the dilemma presented in the discussion section. Therefore we decided not to leave it out completely. Instead, we related the emphasize the need for research into the impact of education of patients in this domain both in the discussion section and in the abstract as suggested by McKinstry. We expect that restructuring the results section emphasises the great value patients attach to tests and thus diminishes the doubts of Kravitz.

- Researchers mention twice that the groups are comparable because they are gender balanced. (Kravitz)

Though the groups that are compared are not completely the same, respondents to the questionnaire vs non-respondents and interviewed vs not interviewed patients, respectively, we realise that this may cause confusion. Therefore we left the latter comparison out.

- Please comment on the upside of “destroying the magic”—patients may be less inclined to complain or litigate when they do not receive tests they think are necessary (even without indication) (Kravitz)

We are not sure if we understood this remark of the reviewer well. Does he mean that patients who do not receive the tests they want are less likely to complain? In that case we disagree with the reviewer. Our data show that patients use very negative remarks to express their dissatisfaction when GPs refuse testing. The practicing GPs in the research team do not recognise this situation from their practices either.

- Where is there support in the analysis for the conclusion that the group wants to be reassured and attached great, almost magical value to these tests? (Kravitz)

We think we can conclude this from especially the quotations and codes given in the paragraph ‘interpretation of blood test results’. Patients state that tests give them certainty and a proof of health. In addition they hardly see any restrictions of the tests’ qualities. The conclusion that patients want to be reassured comes from the ‘motives for wanting tests to be ordered’ paragraph. In this paragraph we quote patients who say tests are needed when patients are nervous and that a goal is to ascertain the patients’ health.

On behalf of all co-authors,

Yours sincerely,

Loes van Bokhoven, MD