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

Version: 1 Date: 22 March 2006

Reviewer: Richard Kravitz

Reviewer's report:

General

This is an interesting read on a topic of broad interest to the primary care community. I do have some reservations based on the small numbers, limited generalizability, fairly superficial qualitative analysis, and conclusions insufficiently supported by evidence.

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

1. Page 4: Some sense of the types of practice (context such as urban/rural location, socioeconomic status of patients, etc.) and the number of doctors per practice would be most helpful.

2. Please provide further details on the coding process to include how the themes were generated (from "nowhere" or from an underlying theory) and who reached consensus (just the two primary reviewers or others).

3. Can you tell us anything else about the demographics of the 22 participants, eg race, ethnicity, religion, occupation, education, social class, etc.?

4. The analysis often misses opportunities to go deeper. For example, the concept of "reliability" is not fully explored. Tests can be "unreliable" in several ways: by not being reproducible (the technical definition) and by producing false positive and false negative results, which simply reflects the reality that tests are not perfectly sensitive and specific. Do the transcripts provide any insight into whether patients are even aware of these different aspects of "reliability?"

5. The division of themes into attitudes, cognitions, and social influences seems a bit arbitrary and should be justified.

6. Realizing the limitations of a study with n=22, were there any response patterns that could be elaborated upon? For example, one might expect patients with a chronic medical condition (or who have such conditions in their family) to view tests differently than those who are completely healthy.

7. On page 11, the text twice emphasizes the comparability of respondents and non-respondents with respect to sex. The argument that the groups are comparable because they are gender balanced is weak when made once, and it doesn't get stronger by saying it twice.

8. On page 12, 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"?

9. 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).
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?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: No

Declaration of competing interests:

No competing interests.