Reviewer's report

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

Version: 1 Date: 6 April 2006

Reviewer: peter salmon

Reviewer's report:

General

This paper provides new and interesting information about how primary care patients regard blood tests and, in doing so, addresses some broader issues and dilemmas in clinical communication in primary care. There are some difficulties with the present version, however.

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

1. Using pre-existing concepts to categorise a qualitative analysis is epistemologically awkward and I think that it does not work in this instance. First, I see no reason to introduce the Theory of Planned Behaviour here. Secondly, the distinction between affect and cognition does not fit the transcripts – as the disproportionate number categorised as cognition rather than affect illustrates. Third, the section labelled ‘social influence’ includes a heterogeneous collection of findings that do not seem to me to cohere. The analysis could therefore be presented and illustrated in a way that does more justice to it.

2. In particular, abandoning the affect/cognition/social influence distinction will help to develop the analysis. However, this will expose the need for different categories that evoke the important features of the patients’ comments. The statements currently under these headings certainly illustrate some useful findings, particularly about the different functions that blood tests have in people’s views of their illness and in the doctor-patient relationship. Tests provide a view inside the body, into an area otherwise hidden from the GP. They can even show disease in the absence of any symptoms apparent to the patient. They provide certainty – not just about the presence of illness but about its absence. Having a blood test also means ‘doing something’. I wondered if having a test was also a way for patients to feel that the doctor was taking them seriously. Currently prevalent discourses of early detection are present in some of the comments, also.

3. There is a mixture of ideas in the ‘social influence’ section. Some concern simply raised health anxiety, or comments on the doctor-patient relationship. Without more context or more transcript the relationship of these to blood testing is not apparent.

4. 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. The discussion could also relate the findings on blood tests to broader literature on lay models of the body and of the ability of medical techniques to see into it.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the
The paper is generally clearly and concisely written. Table 1 is unnecessary - questions 5 and 6 could be described in the text. Table 2 will need to be removed or replaced by one based on a different way of presenting the analysis.

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 of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

'I declare that I have no competing interests'