Reviewer's report

Title: Clinical decision-making: physicians preferences and experiences.

Version: 1 Date: 25 January 2007

Reviewer: Aloysius Siriwardena

Reviewer's report:

The authors have attempted to address an important research question: what are the preferences of physicians for different styles of decision making? The question is important because of the current emphasis on patient centred approaches to the consultation in teaching and assessment, because there is a body of opinion that this approach may be flawed and because physician attitudes and beliefs may be a barrier to implementation.

The question has been addressed through individual and group interviews of doctors but this has usually been in a single speciality and has explored reasons that doctors choose a particular approach rather than gaining a consensus of beliefs across a range of medical specialities. The introduction describes the previous literature well. There are some omissions however. As well as determining and teaching the competencies for shared decision making doctors are also being assessed on these competencies.[1] Patients often support and require shared decision making even when doctors are reluctant. The preferences and behaviour of doctors in their consulting style may not be reflected in the perception of patients, i.e. beliefs of doctors and their patients about the style that doctors are exhibiting may be discordant.[2] Also the aim relating to the 'experience' of physicians may need to be changed to 'expressed behaviour' or explained more clearly to differentiate this from physicians' perceived experience as patients when they themselves visit a doctor.

The method of gaining a representative sample of US physicians is reasonably well described. The method has led to previous papers published from this questionnaire. The respondents appeared to be similar in characteristics from non-respondents according to the data presented in Appendix 1. One problem with this study is that it appears that the questionnaire was primarily designed to elicit physicians' views on the effect of health information through the Internet or direct to consumer advertising and the paper presented covers a secondary question which may not have been part of the aim of the original study. In the discussion (main findings) the first sentence should be changed '...to explore physician perceptions of their preferred and expressed role in clinical decision making' since we do not know what their actual role is. Similarly 'Their preference is by far the strongest predictor of the role the respondents stated that they actually played...' The main problem with the analysis is the issue of social desirability bias in the context of a medical and social system which is promoting the concept of shared decision making, and teaching and assessing physicians on the basis of this. This is stated by the authors in the discussion but in the context of this the authors need to tone down the conclusions of this study.

It is not clear to me that the conclusion that the data provide empirical support for physicians holding power in the consultation is supported by the results. It must be true from the definition of shared decision making that interventions aimed at promoting this must include the physician as well as the patient, so I think the authors need to be clearer what the conclusions from their study are in the abstract and that these are supported by the data. The main conclusion for me was that a substantial minority (25%) of doctors express a preference not to
share decision making and we need to understand why this is and whether this has any advantages, disadvantages or rationale for the particular context in which these doctors work.

Overall I felt that the paper was well written, but that it needed to be modified to better reflect some of the flaws in the paper.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached) There are some omissions in the introduction. As well as determining and teaching the competencies for shared decision making doctors are also being assessed on these competencies.[1] Patients often support and require shared decision making even when doctors are reluctant. The preferences and behaviour of doctors in their consulting style may not be reflected in the perception of patients, i.e. beliefs of doctors and their patients about the style that doctors are exhibiting may be discordant.[2] Also the aim relating to the 'experience' of physicians may need to be changed to 'expressed behaviour' or explained more clearly to differentiate this from physicians' perceived experience as patients when they themselves visit a doctor.


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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests