Reviewer's report

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

Version: 1 Date: 7 February 2007

Reviewer: Kevin Eva

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Summary
This manuscript reports the results of a secondary analysis of data collected to assess physicians’ perceptions of patients’ use of the Internet and direct-to-consumer advertising. The focus of this report is on physician preferences and experiences regarding physician-patient interactions (shared decision-making vs. paternalism vs. consumerism). Preferences and experiences were strongly correlated with one another and age, location of training, and patient characteristics (>40% minority patients) were associated with both preferences and experiences.

General summary
This is a well-written paper that reports findings that are interesting even if not terribly surprising. My main concern with the study is the social desirability issue – given the primary focus of the survey (the patient’s use of external information sources) and the general consensus that shared decision-making is preferable, it seems likely that respondents would disproportionately present as shared decision-makers even though they appear to be representative of the broader population with respect to other variables. The authors note this concern in the discussion, but I think the point could be improved through explicit recognition that the sample may be biased in this way (thus resulting in a potentially inflated estimate of the proportion of physicians preferring shared decision-making). Below I will make some further suggestions for how the paper might be improved, but none of these concerns are fatal.

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

1. The primary conclusion that physicians control the type of interactions engaged is not a conclusion that can be drawn from this work (and, as such, should be tempered in both the discussion and abstract of the paper). It is conceivable that patient preference is a stronger predictor of actual experience, but patient data are not reported. It’s also conceivable, given that the relationships reported are correlational rather than causal, that patients determine the type of interaction and physicians come to prefer whichever interaction is more typical of their experience. Both hypotheses may be inaccurate, but they can’t be ruled out, so the conclusion that physicians wield the majority of power is unsupported.

2. The discussion regarding not having data at the individual patient level might be strengthened by explicit mention of the fact that none of the physicians in the sample are likely to engage in one form of relationship 100% of the time.

3. I was confused by the data reported on page 10/table 1. On page 10 it is noted that 1,040 respondents answered the question about experiences and that 73% shared decision-making. In table 1, however, only 320 respondents are included in the “experience” columns and the proportion of them who experienced shared decision-making was only 133/320 (42%). Which is correct?

4. More generally, I think most of page 10 and table 3 can be deleted – the relationship between experiences and preferences is so strong that page 10 and table 3 can largely be considered redundant reports of page 9 and table 2.

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

1. More should be said regarding what procedure was used to “weight” the data.

2. Fisher is misspelled on page 7
3. On page 9, the relationship between experience and preference is described as “overwhelming” – I realize the authors intend that in the statistical sense, but the way it reads when first presented is as an emotion-based value statement – it’s a very strong relationship, but not one that’s likely to literally “overwhelm” the reader.

4. I didn’t find a reference to Box 1 in the text.

Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests