Reviewer's report

Title: Understanding the work of general practitioners: A social science perspective on the context of medical decision making in primary care

Version: 1 Date: 10 August 2007

Reviewer: Richard Thomson

Reviewer's report:

General

-------------------------------------------------------------------------------------

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

1) I think this is an interesting paper in an area where there is need for more work to illuminate the nature of decision making.

The authors have applied Giddens’ structuration theory in their analysis. Unfortunately the reference to the original theory is not present (several text references are missing form the reference list). Furthermore, this theory was first developed in the 1970s and 1980s by Giddens culminating in the publication of “The Constitution of Society” in 1984. The theory has been widely discussed and critiqued since then but the authors don’t address these critiques at all. These have included development of “adaptive structuration theory” with respect to use of decision support systems - for example see Desanctis, G. and Poole, M. S. (1990). Understanding the use of group decision support systems: the theory of adaptive structuration. In J. Fulk, C. S., editor, Organizations and Communication Technology, pages 173-193. Sage, Newbury Park, CA.

Overall I think the authors need to do more to explain why they chose this theoretical approach and acknowledge or discuss its potential limitations. Many readers of the article will be totally unfamiliar with this theory.

2) It is important to describe the structure and delivery of primary care in Canada further (perhaps in a boxed summary). The setting and context is (as their results themselves suggest) likely to be critical to understanding the findings. Furthermore, primary care not only varies within Canada (as they briefly describe) but varies very widely around the world. There should also be more discussion of the applicability of their findings (or otherwise) to other primary care settings. For example the consultation length in all of the practices in this study far exceeds the average consultation length in general practice in the UK (5-8 minutes). Furthermore there is reference to waiting times of 1-3 months between appointments whereas in the UK a patient can get an appointment within 24-48 hours.

3) The focus of the article is medical decision making. This term is very broad.
would help to be clearer about what sort of decisions the authors are addressing within their research. Later in the paper this is extended further to “medical decision making and …professional life in general” There is a big difference between decisions related to billing codes and those related to treatment options for example. It would help to be clearer about the focus of the research on decision making.

4) There is a wider literature on the effects of fee for service on behaviour that is not referred to in this paper

5) This study was undertaken in 2001-2003 – are the data still valid in 2007? Why has it taken so long to submit or analyse these data – the authors should acknowledge and discuss this.

6) The authors state that they added 5 GPs from different settings in order to reach data saturation. I can understand why further interviews might be added if the researchers felt that data saturation had not been reached, but why choose different settings at this stage? This merits explanation

7) The concept of “ontological security” is introduced in the discussion but not adequately explained

Furthermore, there is discussion of “anxiety and self-esteem introduced for the first time on p19 – it is not clear where this comes from in their results.

8) Overall I sense that the findings are consistent with a wider body of research an understanding about decision making that is not addressed or referred to here. For example, the discussion of the impact of patients’ requests on tests and referrals is presented on p20 almost as if a new finding, but I’m sure others have reported this.

---------------------------------------------------------------------

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

Several text references are missing from the reference list

---------------------------------------------------------------------

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: 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