Reviewer's report

Title: An internist's role in perioperative medicine: a survey of surgeons' opinions.

Version: 1 Date: 24 July 2007

Reviewer: Robert Katz

Reviewer's report:

General

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

1) "As a consultant, we also have the belief that discussions regarding the case should be with the referring physician and with the patient only by prior consent from the referring physician [14, 15]. It is not the internist's role to make judgments about whether or not surgery is indicated or even to decide a patient is "too high a risk" for surgery. Most internists do inform patients of their perioperative risk [16] and we found that most surgeons in our city agree with this. Still, 12/42 felt that the internist should only write down their impression and recommendations and not have any discussions with the patient." In the US, all physicians work for the patient (they're the ones paying us, after all). We don't work for the physician who requests the consult and our legal and ethical obligations are primarily to the patient. This seems to be an important difference and should be discussed.

2) The term "clearance" is frequently used but is accepted prima facie. Our data (Katz RI, Barnhart JM, Ho G, Hersch D, Dayan SS, Keehn L. A survey on the intended purposes and perceived utility of preoperative cardiology consultations. Anesth Analg. 1998 Oct;87(4):830-6.) has indicated no well accepted definition of the term. It is often thought to mean medical optimization, but almost equally often is taken to mean either permission to proceed or a risk stratification. This point needs to be addressed.

3) The nature of the consultation request is not addressed. Our data shows that a written request is rarely in the chart and a stated reason for the consult can rarely be ascertained. This point should be addressed.

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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)
1) "An anonymous survey was sent to all surgeons in Saskatoon, Saskatchewan, Canada who tend to request general internal medicine consultations." Does this sentence mean they sent the survey only to those surgeons who frequently request consultations? If so, how were such surgeons identified? Or does the sentence mean that surgeons in their city frequently request consultation? This statement needs to be clarified.

2) "A five-point Likert scale was also used to rank 18 aspects of perioperative care that could potentially involve an internist." 1 is least important and 5 is most important. You have to look at Table 2 to tell this. It should be stated in the Methods.

3) "Exclusion criterion was surgeons in our district who do not routinely request general internal medicine preoperative consults (pediatrics, ophthalmology, and cardiovascular surgery)." Does pediatrics mean pediatric surgery or actual pediatrics? And how do they know that ophthalmology and cardiovascular surgery rarely consult internists? And if this is so, it is by itself an interesting point which might be explored a bit more in the Discussion...

Discretionary Revisions (which the author can choose to ignore)

This paper makes some interesting points, but as the authors themselves point out, it's a survey of a very limited number of surgeons in only one city. It's hard to generalize from this limited amount of data. They should at the least talk about how their data either supports or refutes other papers on the subject (they might want to reference my two papers, the one listed above and this one: Katz RI, Cimino L, Vitkun SA. Preoperative medical consultations: impact on perioperative management and surgical outcome. Can J Anaesth. 2005 Aug-Sep;52(7):697-702.

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 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."