Reviewer’s report

Title: Are elderly people with co-morbidities involved adequately in medical decision making when hospitalised? A cross-sectional survey

Version: 1 Date: 5 June 2011

Reviewer: Jan Florin

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Major compulsory revisions

Objective

1. The objective of the study does not fully cover the reported findings. The objective is about the roles that patients wish to play, but the findings report also from what role patients actually played regarding information and participation in medical decision-making.

Method

2. The modification of the Control Preference Scale is more comprehensive than adding an item regarding actual participation. That should be presented in the text, at least briefly. The original scale use a card sort technique with the cards presented in a specific order, often responding by ordering all of the response alternatives.

3. The items identified for information-seeking role. What is the origin to those questions? Describe the response options available. Further, the items for actual information-seeking role does not actually pin point a role, rather an end result

4. The items for preferred role and actual role regarding information-seeking role is not fully equivalent. There is a slight change in focus, for e.g. the preference “I would like to receive more information about my treatment without having to ask” compared to an actual experience of “I would liked to have had more information”. The part about “without having to ask” is missing, leading to a much broader question in the latter case. The shift of focus is even more obvious in the third item regarding difficulty asking questions about treatment vs Do not want to know about my medical treatment. The reason for the shift of focus between preferences and actual experience is unclear to the reader.

5. The change in focus for barriers to participation in medical decision making in the method section to barriers to communication in Figure 2 in the result section needs to be addressed. Further, the first two items are displayed differently in figure 2 than in the preceding text. The first item is changed from “take part in the medical decision making ” into “to communicate”. The second item is changed from “too many doctors were deciding about your treatment” into “doctors with different treatment strategies leaving the patient confused”. The descriptions regarding posed questions and responses ought to be more coherent.
6. The process of developing the questionnaire could be described in more details. How many healthy individuals answered the questionnaire? How many persons participated in the expert panel, and what kind of process did they have? Any statistical measures for e.g. agreement?

Discussion
7. A mis-interpretation of the discrepancy-score is present in the beginning of the discussion. It was 35% that had a more passive role than preferred and 21% that had a more active role than preferred.

Minor essential revisions
Methods
8. A definition of “elderly people with experience of hospitalization” is provided twice (page 4 and 6). It is sufficient to present it only once, preferably in the background.

9. The number of questions regarding barriers to participation is described in the text as being five (page 7), while only four questions are described in further details.

10. The short description that patients that did not understand the questions and subsequently failed to provide answers were excluded is not clear to the reader.

RESULTS
11. The reasons reported for why patients choose not to participate/respond could be described more clearer. It is a bit unclear if the reasons are potential participants’ descriptions why they did not want to participate in the study, or if it is a condition identified by the interviewer. In case of the latter, it is more a question about exclusion criteria or internal loss. This notion is supported by the text on page 10 by the sentence in the result section “when we excluded the patients describing themselves as “too ill”....”. Apparently you used the data as part of the statistical analyses at some point in time. How, and by whom, were the reasons identified? E.g. dementia, was it the patient that identified the barrier, or the interviewer, and if so, using what method? The same goes for too ill to participate, hearing problem, inability to speak Swedish.

12. The sentence on page 9: "The reasons for not responding were most often related to...” should more correctly be phrased “The reasons for not participating in the study were most often related to...”. But again, it is a question about who identified the reason? Was it the patient himself before making an informed consent or was it the interviewer making a decision that this person is not able to respond adequately enough to the questions.

13. Table 1: I presume that the figure about special accommodation for the elderly is wrong. If it is 15 persons out of 156, it makes 6%, not 90%. Additionally, the reader is curious what housing facilities the rest of the respondents had, so the categories for housing could be summed up to 100%.
The top of the table displaying mean age might be mistaken for a heading because of the underscore. Could you alter the table to reduce the risk for that initial misreading?

14. Unclear what statistical analyses that are behind the result that there were no relationships between age group, gender, and education and the preferred and actual roles in information-seeking (page 11, 2nd section). Presumably chi-square test was used, which could be stated under statistical methods.

15. page 11, 3rd section: “The greatest barrier to...”. Isn’t it more a question of “most common barrier”? Also the use of the term "important" seem a bit odd. The respondents have responded to a question on a scale of little/somewhat/ a lot. The answer to that is more about The importance is perceived on another scale according to my thinking.

Discretionary revisions

16. The information that the answers from the 42 patients reporting that they were not asked for an opinion were not included in the kappa statistics should preferably be described under statistical methods and not in the result section.

17. Some additional information about the respondents medical conditions would be beneficial, without going into too much details of course. But some brief descriptions of the group might be useful for the reader in order to deepen the understanding.

18. Table 3. Why use one decimal in the table, but describe in the text without decimals? I suggest you drop the decimals in the table. Further, since you describe the result in such details (each item) one can wonder how much information table 3 adds. Could you just describe it in text?

Discussion

19. Why not use the collapsed categories describing passive/collaborative/ active participation role often used in studies using CPS?

20. The connection to the literature regarding barriers for participation in decision making could have been more elaborate. Now you only use a previous study by the same research group (reference 16) for identifying potential relevant barriers, and also confirming the importance of own previous findings.

21. Page 12, in the middle of the page. New results are presented in the discussion section. Here you combine several barriers (multifunctional decline and doctor’s speaking Swedish with an accent) and state that this affects a third barrier (difficulty understanding medical information). This ought to be part of the result using proper statistical methods to analyze such relationships.

22. Page 13 at the top. The information about time between interview and last hospital experience should be mentioned in the Method section. Is there a risk for recall bias? A lot of things can happen with our memory during three months. A description of time between last hospital stay and answering the questionnaire...
would increase the understanding.

23. You could have more of a discussion regarding your use of CPS as a contrast to the original use.

24. Reference no 5: Isn’t it better to refer to it as Health care Act. It is a more exact description instead of just legislation.

25. Figure 1: In the text the term “prefer” is used, and so also in the heading of figure 1. Why use the term “desire” inside figure 1? To me desire and preference is not the exact same thing. Use the terms more consistent.

Level of interest: An article of importance in its field

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'