Reviewer's report

Title: Applying strategies from libertarian paternalism to decision making for prostate specific antigen (PSA) screening

Version: 1 Date: 26 January 2011

Reviewer: Lionne Venderbos

Reviewer's report:

Major compulsory revisions:
1. Discussion, existing decision-making approaches, second paragraph: ‘Several studies show that a significantly lower proportion of patients choose PSA testing among those who were given…’. What do the authors want to imply with it? That more IDM is performed? That men are better informed and therefore decide not to undergo PSA screening?

2. Discussion, existing decision-making approaches, third paragraph (proponents of the IDM and SDM approaches argue): in this paragraph the authors mention as a disadvantage the fact that ‘by increasing involvement of patients in the clinical decision-making process, IDM/SDM places more of the responsibility and pressure for a complex decision on the patient’. In my opinion this does not change by adding LP to the process, as patients have to sign a form for the decision they make in order to minimize potential, future claims.

3. Discussion, libertarian paternalist strategies for PSA screening, default decision: are men not biased by the default option that is chosen (as the default option reflects the best interest of the patient)?

4. Discussion, libertarian paternalist strategies for PSA screening, framing: ‘In practice, framing has been shown to influence personal choice when deciding on medical procedures’. Please add reasons. Was it indeed the loss-aversion and positive framing? Any known percentages that can be added?

5. Discussion, libertarian paternalist strategies for PSA screening, strategies in practice: ‘Adding a system default decision that minimizes harm would help reduce overdiagnosis and overtreatment’. Is there any proof that can found this statement? Otherwise the authors are not able to so convincingly state such a thing. If no proof is available, please replace ‘would’ by ‘might’.

6. Overall comment: I find the idea of incorporating LP a good one, as indeed, men (or more generally humans) do not act rationally. However, I see some obstacles that have to be beard before such a strategy could be implemented. First of all, how to choose the default option? Several major American Guidelines all have different views on PSA screening. Will it be possible to design a default option that all medical specialists will agree on? Or should a default option be designed per state perhaps? Another issue would regard the set of information materials that is provided to men who consider PSA screening? Which information is included and what will be highlighted? How will implementation
problems be solved as extra steps are added to the process? Overall, I see the potential of the strategy, however, I feel that the authors are a bit too enthusiastic and only highlight the advantages of the proposed strategy. In my view a paragraph on possible downsides or barriers should be added.

Minor essential revisions:
7. Please adjust in the background section the sentence on ‘In 2010, approximately 217,730 men will die…..to reduce prostate cancer mortality’. Past tense should be used.
8. Add the reference on the Göteborg randomized trial, published in 2010 in Lancet Oncology (Hugosson et al).
9. Discussion, existing decision-making approaches, second sentence: please move the word ‘what’ # ‘provider telling the patient what to do…’.
10. Discussion, challenges to decision-making, first paragraph: please add references to found you statements.
11. Discussion, challenges to decision-making, third paragraph: concerning the 1996 survey that is mentioned; does it provide the most recent evidence on this matter?

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.