Dear Sir;
Dr Sande Gracia Jones` review and recommendations carefully read and following changes and additions are made.

1. A new "Review of Literature" section added after Introduction section and formatted as suggested by Dr Jones and further information and description of American College of Physicians "Patient Satisfaction Check Up" added.

"In the last several years the American College of Physicians launched various projects on its web site to help doctors on their practise management. These services ranges from investment decisions to billing. Another one of these tools named "Patient Satisfaction Check Up" and geared toward measuring patient satisfaction from outpatient services the individual physician`s office is offering. The survey questions the level of satisfaction at different stages during patient care and also rates ancillary services such as laboratory or radiology.

2. The following remarks added to address the 4 questions raised by Dr Jones.

"Although results are depicted above several findings on this study needs to be further elaborated upon, including unexpectedly high percentage of (18 %) patients reporting that they do not what type of disease they have. Majority if not all doctors and related health care providers are firm believers to share the information regarding the diagnosis and treatment options with cancer patients. Still there are certain setbacks that could explain why one of every 5 patients do not know their illnesses:

1. Family factor: The diagnosis of cancer is interpreted as a "death sentence" by most people in Turkey therefore the caretaker/s of the patient may insist on patient`s not hearing the word "cancer". Although not entirely acceptable, on rare occasions the physician may opt to describe the condition in entirety without using the word "cancer" and asks the patient at the end "whether there are any other issues the patient wants to know regarding his/her condition". If the patient does not question it further then the issue may be "put at rest" for the time being.

2. Patient factor: The patient may know the diagnosis but may "play the game" and not reveal it to a stranger (interviewer) in the presence of the family who does not want the patient to know in the first place. On some other instances the patient may be altogether in the state of denial and attribute all symptoms to some health condition other than cancer.
One of the other interesting finding is that the patients’ perceptions of the health care team’s attention trust and courtesy reported as particularly strong points and probably reflects the clinic’s dedication to superior education and constant improvement efforts on better patient care by all members of health care team including nurses but also the teaching faculty, the fellows, the rotating residents, medical students and psychologists. One may also question whether the patient to care provider ratio is higher than the average of other government sponsored outpatient chemotherapy units or other outpatient care units in the Marmara University Hospital. But, this is certainly not the case and because of the relatively new establishment of Oncology unit; it lacks resources beyond most of the other outpatient units in Marmara University and rates among the median average of similar outpatient chemotherapy units in Istanbul, Ankara, Izmir, Adana and Bursa where such services are available.

The shortcomings of the scheduling services came as one of the most problematic area where we thought some improvements were urgently due. Previously all the scheduling of Internal Medicine patients for 11 outpatient clinics were managed through 1 secretary and 1 internal phone line. It required the patients to reach the already busy hospital operator first and then forwarded to the sole scheduling line, which was also busy most of the time as well. Moreover even when reached through; this was the same secretary who is already trying to serve to a long queue of patients standing in line to make an appointment. Naturally he was not attentive and courteous enough. As a solution we withdraw from Internal Medicine appointment procedure altogether and set-up an on-site computerized appointment schedule at outpatient chemotherapy unit, managed by unit secretary. By that way we are also able to allocate particular time slots to patients other than bulk time-slots such that all morning appointments in Internal Medicine are given to 9 am and all afternoon ones to 2 pm and then patients are seen on a first come first serve basis.

Some of the other services that the patients have complained most are out of the direct control of the Oncology Department such as radiology, pathology and laboratory services. We reported patient complaints on those departments’ level of service to hospital administration and hopefully our efforts somewhat influenced the many changes carried out by hospital administration in terms of staff and resource allocation (i.e. more space, more advanced computer network and educational courses for patient interaction)."

Sincerely