Reviewer’s report

Title: Consultant psychiatrists’ experiences of and attitudes towards shared decision making in antipsychotic prescribing, a qualitative study.

Version: 2 Date: 17 December 2013

Reviewer: William Torrey

Reviewer’s report:

This paper explores an important topic: Consultant psychiatrists’ attitudes towards shared decision making in antipsychotic prescribing. The paper makes many interesting points.

My review comments all fall into the category of discretionary revisions.

1. The paper would gain from editing to make it shorter. Some comments are repeated.

2. Most of the Methods section and parts of the Abstract are presented in the passive voice. The paper will be easier to read and more powerful when written with an active voice.

3. I find it confusing to have the results and discussion presented together in one section. I would recommend presenting the findings in a condensed format followed by a discussion section that includes some of what is in the current “results and discussion” section and some of which is in the current “conclusions” section. The conclusion section would then be a brief section focused on the most important points of discovery.

4. Background section, paragraph 4. Charles model – SDM is not really “midway” in terms of information exchange – it is the only model with substantial two way communication.

5. Results and discussion section. Research participants paragraph: You mention a psychiatrist not participating because he or she did not think there was a research question around first and second generation antipsychotics - this is confusing to the reader as the authors have not indicated that is the topic of the study.

6. Results and discussion section. Directed analysis, 3rd paragraph: please consider the work of MP Salyers on shared decision making in psychiatric consultation as relevant to this section.

7. Results and discussion section. Directed analysis, 4th paragraph: I do not understand how this paragraph and quote fit in at all. A psychiatrist may feel medication is not needed and still have a shared decision. The MD’s belief of what is likely to help is not the issue, it is how the MD and patient arrive at a plan that is the topic of the paper.
8. Results and discussion section. Information sharing, 3rd paragraph. I do not understand why this paper includes this discussion of the side effects of newer and older antipsychotic medications. Does not seem relevant. The quote about dystonias does not fit. In shared decision making the MD shares the potential risks and benefits of the medications.

9. Results and discussion section. Deliberation section. External factors influencing the clinician. External factors could go into a shared decision as well as a paternalistic decision – a patient might want to have a good relationship with his mother, for example, and choose to take a medication to keep his mother happy even if he did not feel he needed it himself – that value might drive the decision to take the medication. In contrast, an MD might give a patient a medication without a full shared decision making process with the aim of allowing a unit to get some sleep in a paternalistic manner.

10. Results and discussion section. Deliberation section. External factors influencing the patient. This section does not seem relevant to the discussion at all to me. These are the values and ideas that a patient might bring to the discussion – everyone brings ideas to a shared decision making discussion – ideas that may or may not be grounded in fact.

11. Results and discussion section. Last sentence. Taking medications is an ongoing decision, not a one-time decision like surgery. Therefore, decision making about taking medications is ongoing and can shift back and forth between a shared process and a paternalistic process.

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