Reviewer's report

Title: What do patients want from a psychiatric consultation? - A study from Karachi

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Reviewer: Sandra van Dulmen

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General
This study explores a topic – patient needs – that deserves much attention, even more so when studied in a developing country like Pakistan. Given the high prevalence of psychiatric patients in Pakistan combined with the lack of trained psychiatrists, a study like this is needed even more. This being said, it is somewhat disappointing to read that the study was not set up taking into account similar experiences in similar medical fields. I will sum up my concerns under the following headings.

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

1. The rationale behind the study is that it is important to know what patients want from a consultation. Although this is certainly true, knowledge alone is not enough. Healthcare providers should also endorse this knowledge and incorporate it in their treatment. In addition, patient satisfaction is by far not the reason to attend to patients’ needs, better medication adherence, effective reassurance and better recall are only a few examples of reasons to treat patients in a patient-centred way.

2. There is some mix up of terms, which makes the focus of the study unclear: terms like expectations, desires, wishes, concerns, requests, views etc. are all being used interchangeably, although the loading of these terms is quite different, generally referring either to more affective or more instrumental/cognitive issues, which, in turn, require different interventions from a healthcare provider.

3. What would have been necessary to know in order to interprete the patients’ answers on the questionnaire is if they already had experience with psychiatric consultations or if they were referred or self-referred and what their symptoms are.

4. The questionnaire developed does not seem to be very psychiatry-specific. There are many, validated, instruments developed for the purpose of inquiring about patients’ needs which could have been adapted to the specific setting of psychiatry. In addition, how many interviews with psychiatrists and patients were
carried out before developing the questionnaire? Table 1 contains only 11 different items (the first and the last are the same), although the questionnaire is supposed to contain 12 items. Can anything be said about the psychometric quality of the developed instrument (Cronbach’s alpha, validity, factor structure)? Patients were told that the study was about patient expectations and satisfaction, although the latter does not seem to have been measured at all? How many patients were involved in the pilot study? Why were some items in the second person (Doctor should let YOU talk about your condition) and others formulated in the third person (Tell the PATIENT how long the illness will last and the number of follow-ups)? Now, you don’t know for sure if patients answered the questions being that particular patient or in an abstract way referring to patients in general.

5. Fifty respondents were included, out of how many, included in how many days, in what year? Several background characteristics are missing which do have relevance for the interpretation of the results, i.e. experiences with (psychiatric) treatment and type, severity and duration of the disease and symptoms. The characteristics that were measured, e.g. employment status and income, do not seem to be especially relevant for the purpose of this study.

6. In general, the paper lacks background and procedural information. No information is given about the number of eligible patients, non-response and characteristics of the respondents in comparison with non-respondents. This makes it impossible to know if selection bias had occurred.

7. The results section is very short and even contains a part which belongs to the methods section (“Respondents were given the opportunity…”). A lot of new information is incorrectly presented in the discussion.

8. The discussion contains many wild guesses not based on any literature reference or on evidence obtained in this study, like on page 6. “It is possible that some of them…” and on page 7, last paragraph about “confidentiality”.

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. The paper contains many old references to studies which have been replicated more recently.

2. Figure 1 presents the same results as table 1, one of these would be sufficient.

3. Apparently, 7 patients answered the open-ended questions. It would be interesting to know what these answers are.

4. The discussion presents many results (even in exact percentages) which should have been presented in the results section. In addition, the discussion should be extended by referring to similar studies in other healthcare settings and mentioning practice implications.
5. I suppose you don’t want psychiatrists to attend to patient’s needs primarily to increase their satisfaction or feel more happy? (page 8, last sentence).

Discretionary Revisions (which the author can choose to ignore)

1. The authors did a good job to include only first-time attendees
2. Please rank the percentages of the items in table 1 from highest to lowest.

What next?: Reject because scientifically unsound

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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