Reviewer’s report

Title: Exploring laypeople’s epistemic beliefs about medicine - a factor-analytic survey study

Version: 1 Date: 21 March 2012

Reviewer: ann roex

Reviewer’s report:

The authors’ work describes the development of a questionnaire aimed at assessing layperson’s beliefs about knowledge and knowing. The methodology and results section are well documented and described. However I do think that a further elaboration of the introduction and discussion section could improve the document.

# The authors provide a number of arguments for the claim that ‘beliefs about medicine are important…’: 1/ Important for patients to understand the complexity and uncertainty of knowledge, 2/ the justification for knowing and 3/ the high occurrence of ill-structured questions in medicine. Being an EB researcher, I am convinced of the importance and relevance of this framework. However, I wonder whether in this case, it may be important to also refer other factors which may be very or even more important factors in ‘shared decision making’. For example: we could all imagine a patient who, once he enters the consultation room, prefers to take the ‘subject’ role rather than to actively participate in the decision making. “Yes doctor, if you say that tablets would be the best treatment option for me, I will take them”. It may be that concerning decision about his health may be guided by anxiety, rather than by beliefs. And : how do you think doctor’s communication skills can interfere in shared decision making? How important is for example the price of a medicin in the patients’ decision whether to take or not take it? Do you think that the EB play an equally important role for all patients, or mainly for the reflective patients who want to be involved in decision making? I think that providing a broader theoretical picture may be beneficial to reader of BMC Public health.

# How do the authors define ‘medical decision making’ and ‘shared decision making’? The medical decision making research has a long tradition in the medical domain. Knowing this research, I was somehow confused with the way the authors used this terminology.

# P2: methods: last word: beliefs: do you mean knowing?

# The authors state p3 that: ‘For shared decision making and for patients’ treatment adherence, it is necessary for patients to understand the complexity….’ Is it possible to provide a reference for this claim?

# Subsequently, the authors give the example of a patient with high cholesterol levels. In my opinion, this well elaborated example does not illustrate the
complexity and uncertainty of knowledge, but rather addresses the question as to which factors will determine the sources of information the patient is going to rely upon (justification for knowing). I think in the cholesterol case, with current understandings, there are quite clear guidelines on how to treat the patients. So to me, this is not so much a good example of an ill-structured question, of complexity and uncertainty of medical knowledge. Maybe it could be worth looking into the screening for prostate cancer using PSA-levels or the treatment of an ankle sprain may provide better examples.

# P9: the questionnaire was presented at an open campus day: to what extent do you think this biased the results?

# P12: last paragraph: Results not only indicated that …., the also showed that laypeople have meaningful beliefs about the…., which may guide their medical decision making. Isn’t it the case that the results don’t indicate that EB may guide the medical decision making? The study wasn’t set up to be able to make this claim…

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that i have no competing interests