Reviewer’s report

Title: Hispanic physicians’ tobacco intervention practices: a cross-sectional survey study

Version: 2 Date: 15 September 2005

Reviewer: ashwin patkar

Reviewer’s report:

General
The new version is much better. Several key points have been clarified.
2) The paper is a worthwhile addition to the literature because it demonstrates Hispanic physicians do a poor job compared to most physicians with smoking interventions.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1) Comment about the background: although one may hypothesize Hispanic physicians may be most suited to educate the growing Hispanic population in the United States, no data is presented in the paper to support this hypothesis. The respondents estimate half of their patients are Hispanic and without data comparing quit rates among Hispanic and non-Hispanic patients, nothing can be suggested about Hispanic physicians’ skill in addressing either group separately. The data underscores Hispanic physicians do not address the issue as frequently as other physicians do, according to previous studies.
2)Page 5, 1st sentence. It is not “obvious that interventions and treatments must be tailored to cultural characteristics of the participant population.” Your response letter describes the significance of a universal anti-smoking message, yet the “obvious” sentence is not supported with previous work. One may think tailored treatments will be better, but it is far from obvious.
3)Page 13, 2nd sentence. The sentence as written is more than likely incorrect. If smoking were eliminated among the patient population, costs would be dramatically reduced. The figure would not be zero due to the costs of treating complications of smoking prior to its theoretical eradication, but one cannot not logically deduce costs being cut “to half”, at least without some justification.
4)Page 16, Conclusions, 2nd paragraph, 2nd sentence. Why should federal health agencies be interested in the instrument? It is an instrument assessing physician’s intervention practices, but it is does not address Hispanic physicians in a special way.
5)Page 16, Conclusions, third paragraph. The study shows Hispanic physicians prefer to read journals in order to learn intervention practices. If they prefer journals, and they ask about smoking less than other physicians, perhaps a new method for physician education should be developed. This should be addressed in the conclusions.

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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) Page 3,1st full sentence, should read “payers”. If “payors” is chosen, a reference made later in the paper should be consistent.
2)Page 3, Conclusions, should read “The results indicate…”
3)Page 8, 2nd paragraph, delete “better”.
4)Page 12, Discussion, 2nd sentence, “It should be noted some studies…”
5)Label axes of Figure 1.
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Statistical review:** No

**Declaration of competing interests:**
I declare I have no competing interests