Reviewer's report

Title: Unstated factors in orthopaedic decision-making: a qualitative study

Version: 1 Date: 15 May 2010

Reviewer: Monica Smith

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Major Compulsory Revisions

This study has the potential for making a big contribution to better our understanding of how clinicians and patients approach complex and important health care decisions (orthopedic surgery), toward the goal of improving "shared decisionmaking" as a value and priority in health care reform.

The question posed by the authors was well defined (to examine how decisions are made about TJR in orth consults), the study was well-designed, the methods are appropriate and well described, the data collection and data management was rigorous, the data are sound.

Because their analysis of the data (and their discussion and conclusion) falls a bit short, the investigators are potentially missing a huge opportunity to meaningfully contribute to the extremely important evidence base on patient decisionmaking and shared decisionmaking. Specifically, the authors do not delve deeply enough, into examining the differing perspectives that clinicians vs patients bring to the consult encounter. For instance, the authors note the clinicians perspective on "the complexity of decisionmaking" for TJR decisions. Yet, no data or discussion was presented regarding the perspective of patients (who likely view this decision as even more complex than the surgeon does?). I would encourage the authors to explore further, not only the complexity of this type of decision for patients, but also how the process of the decision differs surgeon vs patient, and what that may mean in terms of assessing patient satisfaction with the consult and assessing patient needs (before, during and after their consultation). For surgeons, who make this sort of complex decision day-after-day all day - much of their decisionmaking process for a given patient likely occurs prior to the actual face-time consult with that patient, so for surgeons the consult is likely more akin to a capstone "event" at which they share their opinion/decision with the patient. For the patient, the consult represents a much earlier point in their own decision process -- the patient may still be in "information gathering" mode, the patient may need additional time (perhaps during and after the consult?) to sort through the complex information and the complex choice facing them. This issue of perhaps "needing more time to think" is alluded to by a couple of the patients - e.g. Mrs Armstrong's comments about the consult being "abrupt" and "quick"; and Mr Brown's comment that the consult was "quick". The authors, as well, allude to this in their opening (page 6), that patient decisions about complex matters may "shift" as they attempt to weight the balance between perceived
benefits and costs (perhaps based on the information available to them at any
given point in time?).

One suggestion to the authors, is to first discern from their data, those patients who expressed satisfaction with the consult vs. those who expressed dissatisfaction, and then use this as a point of departure for better analyzing and classifying their data into meaningful and useful themes. For instance, on page 22, the authors note that some patients had not raised disagreement/misgivings during consults, but did raise concerns during subsequent interviews after the consult -- this "mismatch" between consults and "subsequent reflections" is core to characterizing patients as being less "satisfied" with the consult, or less "confident" in the decision, or less "certain" in the decision, compared to patients who expressed no such "mismatch". Even Mrs Darcy (page 16) hints at an ongoing "uncertainty" in her decision-processing, by implicitly questioning whether the surgery was necessary in light of her level of pain. Further to this, the authors do their work a disservice by not more clearly framing their results, and tying their discussion, to other related work upon which they are presumably building, e.g. the extensive evidence on patient decision-making and decision processes.

Minor Essential/Discretionary Revisions:
Authors use the notation "ESP" to describe a type of clinician, throughout the narrative text and in Table 2 -- I am not familiar with the term "ESP" (and I suspect other non-UK readers also may not be), so suggest the authors explain what is ESP, how ESP differs from "surgeon".

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'