Reviewer's report

Title: Medical decision-making among Hispanics and non-Hispanic Whites with chronic back and knee pain: A qualitative study

Version: 1 Date: 24 December 2010

Reviewer: Gillian Hawker

Reviewer's report:

This qualitative study aimed to evaluate differences between Hispanics and non-Hispanic Whites with respect to treatment decision making for chronic knee and back pain. Due to the high prevalence of Hispanics in the US, and documented disparities in rates of use of various treatments, including total joint replacement, attention to this issue is highly relevant. Further, the choice of qualitative methods is appropriate gaining an initial understanding of the issue on which to base subsequent research. With this said, there are some issues that potentially undermine the validity of the research findings, which should be addressed.

Major Compulsory Revisions:

1. In order to attribute differences documented between the two groups (Hispanics and non-Hispanic whites) to their race/ethnicity, it is important to ensure that the two groups are fundamentally similar in other respects, particularly with respect to factors known to influence treatment decision making, including socioeconomic status (education and income). The authors have attempted to match the groups for these factors using neighbourhood characteristics as a proxy. However, despite this, 86% of non-Hispanic whites had attended college versus only 24% of Hispanics, raising the possibility that the differences found in this study reflect differences in factors other than race/ethnicity. As participants were seen in person, it is unclear why the investigators did not assess these factors at a person level, through completion of a questionnaire post focus group discussion, as would be typical or at the time of eligibility screening (for age and level of education at minimum). Further discussion and justification of the approach used is warranted.

2. It is unclear why the study included two MSK conditions - chronic back pain and knee pain. As shown in the demographics of the participants, these two conditions tend to exhibit in different age groups (back pain in younger individuals than knee pain) and are managed somewhat differently, with joint replacement obviously relevant to only the knee pain group. It is unclear to what extent the inclusion of more than one MSK condition might have impacted the results. As for the above point, I am concerned that this approach may also have resulted in age differences that in turn may influence treatment decision making. Again, some discussion and justification for the approach used would be useful.
3. It would be useful to incorporate in the interpretation of the focus group findings whether or not the findings align with established frameworks for decision making, for example the Ottawa Framework for Decision Making. My sense from reading the results it that the findings fit well. If this is the case, it would be useful to highlight new information gleaned from this study - in particular, I believe there has been work done in this area with respect to joint replacement decision making.

4. No response is required to this concern, but the small number of focus groups per stratum does raise some concerns, as the authors have noted in the discussion, regarding whether or not saturation was truly reached. This is unfortunate.

Minor Essential Revisions:

5. Page 12, first line - I am not sure what you mean by this sentence and suggest rewording for clarity.

6. Table 3 and analyses of numbers of times various concepts were raised - I am not convinced that Table 3 adds value to the paper. Further, I have some concern about how the frequency counts were obtained and would suggest that each individual participant be allotted a maximum value of ‘1’ (that is, the count would be the number of participants who raised this concern)

Discretionary Revisions: none

Level of interest: An article of limited interest

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.