Reviewer's report

Title: Configural frequency analysis as a method of determining patients' preferred decision-making roles in dialysis

Version: 2 Date: 25 March 2010

Reviewer: Lewis Cohen

Reviewer's report:

This is a study that attempts to describe types of patients and how they prefer to participate in treatment decisions. A sample of 6,318 German hemodialysis patients were sampled with a questionnaire, and the sample divided into two halves to generate and then test hypotheses. This is a much needed examination of a growing patient population that is responsible for a disproportionate part of the health care budget in industrial, first-world countries.

- Major Compulsory Revisions

Perhaps my chief concern was that although the abstract spoke of four patient types, I really understood there to be two types dependent on preference for active roles, and two types dependent on trust of the physicians. I recognize that adds up to four types, but I came away thinking that there are two essential variables: preference for active/passive and trust/distrust.

- Minor Essential Revisions

I am not a “figure-type of person” or a statistician. My manuscript may have been faulty, but figure 1. was largely blank, and figure two seemed more like a table.

Many dialysis patients are blind or have cognitive incapacity. I wasn’t clear from the manuscript how this was managed.

The authors acknowledged that they were limited by not being able to determine the nonparticipants. Despite the acknowledgement of the limitation, this is a big problem for the study design.

- Discretionary Revisions

I was pleased to see the review of the few somewhat similar studies that have been performed in the UK and USA. The literature on trust was placed later in the manuscript, and my preference would be that all of the literature review appear together more in the beginning.

The writing overall was extremely clear and lucid. I had no difficulty following the logic, method, and findings.

I was struck in the list of decisions that the authors chose to cite that hemodialysis patients face they did not include many of the most important:
whether to continue or discontinue dialysis, whether to shift to palliative care, whether to repeatedly agree to ICU and other admissions, whether to repeatedly agree (especially if they have diabetes) to amputations, etc.

The discussion of trust seemed somewhat murky to me, as this is a questionnaire that is given at a single time in the course of treatment and trust is a factor that I suspect varies with time and according to the clinical experiences and outcomes.

Again, I would like to congratulate the authors on tackling a challenging but tremendously important subject.

**Level of interest:** An article of outstanding merit and interest 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