Reviewer's report

Title: Deconstructing patient centred communication and uncovering shared decision making: an observational study

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Reviewer: Dr Nicky Britten

Level of interest: A paper of considerable general medical or scientific interest

Advice on publication: Accept after revision, which I do not need to see

This paper examines the empirical relationship between patient centred communication (PCC) and shared decision (SDM) making using data collected in the Netherlands by 60 general practitioners. These concepts are very influential both in the research literature about doctor patient communication and in undergraduate and postgraduate medical training, but the relationship between them is unclear. Thus the paper is addressing an important and topical question. The second question, about the influence of patients' characteristics, is important for evaluating the relative contribution of patients and doctors. The hypotheses are all clearly stated, and represent important questions. I think this is a valuable paper, but I have a few comments to make.

1) The main comment is about the measures of PCC and SDM used in this paper. The authors have made a decision not to use the instruments developed by the key authors in these fields, but this decision is not explained. It is not clear to me why the original instruments were not used. The consequence of this decision is, as the authors acknowledge, that the measures used were rudimentary. The measure of PCC used in this paper is a 4 item scale although PCC has 6 key components. I suggest that the authors explain clearly why they decided not to use the original instruments, and that they include the exact wording of the items they used to measure both PCC and SDM. This would allow readers to form their own opinions about the adequacy of the measures used in this paper. The authors should comment on the low values of Cronbach’s alpha obtained for both the PCC and SDM scales, and the implications of these low values for their conclusions (major point).

2) At the end of the background section, the authors state that the study is exploratory, and I think this is appropriate given the rudimentary nature of the measures used. The fact that the study is exploratory should be made clear in the abstract (minor point).

3) The abstract should also include a longer, and separate, section entitled "Aims" (minor point).

4) I am not clear if hypothesis 3 relates to women doctors or women patients, or to female-female dyads. The wording of the hypothesis refers to women patients but the reference is about women doctors. This should be clarified (minor point).

5) No information is given about the sampling frame of 700 GPs from which the 60 GPs were identified.
No information about refusals, by either doctors or patients, is given (minor point).

6) In table 2, it seems that there were nearly 60 patients whose age was not recorded by their GP. Can the authors comment on this (minor point)?

7) The authors should give some information about the statistical power of the study. For example in table 2 it seems as if there might be a relationship between SDM and patients' education - was the study sufficiently powered to detect such a relationship (major point)?

8) In the discussion section, the authors suggest that SDM is located in a "cognitive, rational paradigm". There is an implied comparison here, but I think the authors should state explicitly what paradigm they consider PCC to be located in (minor point).

**Competing interests:**

None declared.