Reviewer's report

Title: Physicians intentions and use of three patient decision aids

Version: 1 Date: 14 February 2007

Reviewer: Michael Pignone

Reviewer's report:

General

This study addresses an important issue: factors affecting the use of decision aids in clinical practice. The manuscript is well-written and the study's methods were appropriate to its aims. I have only a few suggestions for revisions.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

None

Discretionary Revisions (which the author can choose to ignore)

A few suggestions:

1. I might suggest that the proportion of physicians who adopted the decision aid should be viewed in more of a "half-full" rather than "half-empty" sense. I am surprised that even 32% would have actually implemented the decision aid. The QI literature is replete with similar levels of uptake for new innovations.

2. page 5 and discussion: I would not be quite as definitive about the essential role of physicians for the viability of patient decision aids. It is possible that decision aids could be directed to patients whether or not their physicians endorsed or used them. I am not ready to put all of our eggs in the basket of physician uptake.

3. The authors should be careful in reaching conclusions about the different specialties, since the observed differences could either result from specialty difference or the difference in the clinical question being considered. Because all specialties did not comment on the same single decision aid, these effects cannot be separated.

4. The authors should report the proportion of those initially contacted to determine eligibility for the mail survey. (page 6, middle)

5. The 32% figure is based on n=99 - it is probable that of those 141 who were eligible, the 42 that did not respond probably did not use the decision aid, either; thus 32% is an upper bound.

6. The authors should differentiate the challenges of performing shared decision making from the challenges of using decision aids. Decision aids were developed to address the challenges of performing SDM.

What next?: Accept after discretionary revisions
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 am a Medical Editor for the non-profit Foundation for Informed Medical Decision Making, which produces decision aids.