Reviewer's report

Title: Decision-making in percutaneous coronary intervention: a survey

Version: 1 Date: 27 February 2008

Reviewer: Jeptha Curtis

Reviewer's report:

In this article, the authors present findings from an anonymous survey which examined physician perceptions of their interactions with interventional cardiologists. They found the non-cardiologists are infrequently involved in shared decision making and also are quite unsatisfied with the process of in-lab decision making.

The subject is interesting and pertinent to all internal medicine physicians. Among non-cardiologists, there was a substantial gap between their perception of the decision making process and their ideal process. Among cardiologists, the concordance of their practice with their ideal practice was much higher. The manuscript is limited in scope. However their conclusions are appropriate and the authors acknowledge the study’s limitations. I would recommend a few revisions.

Compulsory Revision:

1. The full text of the survey should be made available as an appendix.

2. The biggest vulnerability in the manuscript is the authors’ strategy of 'deducing satisfaction'. Isn't it simpler and more valid to simply state that they are examining the concordance between ideal and actual processes of decision making in the cath lab? It is a stretch to infer satisfaction from this, and I believe that it doesn't actually take anything away from the conclusions of the article.

3. In the conclusions, the authors present a theory as to why there is such 'dissatisfaction' among noncardiologists, and this theory may in fact be true. However, they should also consider other possible explanations. For example, it may be that the lesion is in the noncardiologists' perception of the process, not the actual process. Most cath referrals come through a consulting cardiologist, and most cardiologists feel involved in decision making. Accordingly, isn't it possible that the problem is that noncardiologists may not know that this interaction is in fact taking place. This wouldn't appease the minority of noncardiologists who want to be directly involved, but it would likely satisfy the majority who simply wanted more than one physician involved.

4. In the abstract, the authors introduce the concept of satisfaction in the conclusion without mentioning this metric in the methods or results, and without disclosing that this was derived indirectly.

5. Among noncardiologists, was their a correlation between the volume of cases referred and their 'satisfaction' with the process.
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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.