Reviewer's report

Title: Analysis of clinical uncertainties by health professionals and patients: an example from mental health

Version: 1 Date: 15 January 2009

Reviewer: Stefan Priebe

Reviewer's report:

This paper makes a very important point about the limitations of EBM in the real world and provides a reasonable argument for it. I have a few comments.

Major Compulsory Revisions

1. The paper appears strangely vague about the precise approach and methods used in the study. The details of how interviewees were approached, how many responded and so on may or may not be relevant for the interpretation of the findings, but they should be reported to some extent so that the reader has a clearer picture of how the study was conducted. The authors say that they used a convenience sample. Still, who was approached, how and where, and how many responded? Was there a particular strategy involved?

2. What was the context for the whole study? For example, the authors mention that this is a secondary analysis, but it remained unclear to me what the primary analysis might have been. I am sure there is nothing to hide, so I would encourage the authors to be less opaque and provide more precise information.

3. The whole point of the study is to demonstrate that the complexity of the real world cannot be reduced to the technicalities accommodated by EBM. In the process, the authors report on a linguistic analysis. However, they begin the whole study with a technical term, i.e. uncertainties, that is linguistically imprecise in itself. To me, it looks somewhat sloppy to equate “clinical uncertainties” with “uncertainties about treatment effects”. The difference between these two concepts alone might underline significant limitations of EBM. Personally, I would not expect elaborate definitions, but (b) some explanation of the significance of the terms and the concepts behind them, and (b) more linguistic precision in using the terms throughout the paper. Why did they use the term uncertainty? I am sure there is good reasons and they should be provided. Without more explanation, someone like me would struggle to understand what it means. I would argue that uncertainty makes little sense, since there is hardly anything “certain” about any treatment effect in mental health care. I would balance certainty and probability, but this is probably not what the authors had in mind. Perhaps, the authors are trying to salami-slice the study into too many isolated parts which become difficult to comprehend on their own. Yet, again, this is difficult to say without more information.

Discretionary Revisions
1. I wonder whether the presentation of the results can be reorganised. To me, Table 3 is the starting point for a content analysis which may then lead to a categorisation according to the PICO scheme. As a reader, I would first like to see the material in all its rich diversity before the information is reduced to a small number of pre-defined categories. I would also like to see more description of the material as illustrated in Table 3.

2. I do not see why the focus on schizophrenia is a limitation of the study. I would rather regard it as a strength that the questions relate to a defined illness category, although one might argue that similar studies on other disorders would help to interpret the data.

**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.