Reviewer's report

Title: Guidelines; from foe to friend? Comparative interviews with GPs in Norway and Denmark

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Reviewer: Steve Harrison

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Guidelines: from foe to friend? Comparative interviews with GPs in Norway and Denmark

Reviewer’s report on manuscript submitted to BMC Health Services Research

This is a basically sound and interesting piece of work, though there a number of major compulsory revisions which the authors should address in a resubmission.

1. The authors need to be a little more specific about the sort of guidelines that they are discussing. At one level this is a formal point: the reader has to presume that the paper is about clinical guidelines. But more importantly, the manuscript implies that such guidelines are largely aimed at preventing clinicians from making particular clinical decisions or interventions, hence the relevance of perceptions about rationing. It may well be that the kind of guidelines in force in the two countries studied do in fact take this form (in which case the manuscript needs to say this and perhaps give illustrations). But guidelines do not necessarily take this form; the authors mention the example of the 2004 British GP contract, which in fact largely consists of rules about what should be done for particular kinds of patient.

2. The authors should also say a little more about the national contexts than they have done on p4. In particular, the ways in which guidelines are implemented/enforced/recommended (as the case may be) is a priori a potentially important influence on attitudes, and (if there were a different pattern in the two countries) might help to explain differences in attitudes. The term ‘regulatory guidelines’ that is used in several places does not convey very much to the reader.

3. There are a few points on methods. First, I have not previously met the term ‘strategic sample’; I would interpret what has been done here as what would be called a ‘purposive sample’, and to imply that the researchers’ purpose in selecting it should be stated. (Otherwise, it would be a ‘convenience sample’.) Second, I wonder if the sampling’s claim to be ‘typical’ is not undermined by the fact that respondents all belonged to educational groups? (Perhaps all GPs in the two countries belong to such groups, in which case my point would be redundant.) Third, I wonder if the fact that the Danish interviews lasted twice as long as the Norwegian ones might have allowed additional considerations to emerge. Fourth, it do not think that it is appropriate to describe the research approach adopted as ‘replication’, a term normally used (in natural sciences) to
signify an attempt to reproduce another team’s previous findings. The study reported here is a comparative study (and perfectly respectable as such).

4. Finally, a couple of specific points:
   • I think that the authors have slightly misread the Checkland et al UK study (of which I was a co-author). Our point was that British GPs were practiseing according to a biomedical model but claiming to be practiseing holistically, and redefining holism to signify ‘dealing with complex cases’.
   • Despite its acronym, NICE’s title is actually the National Institute for Health and Clinical Excellence. It is not the institution in the UK NHS that issues clinical guidelines.

If any of the above is unclear, I am happy to be contacted directly by the authors.

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Level of interest: An article whose findings are important to those with closely related research interests

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.