Reviewer's report


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Reviewer: Karen Lutfey

Reviewer's report:

Please number your comments and divide them into

1) Major Compulsory Revisions

None.

2) Minor Essential Revisions

None.

3) Discretionary Revisions

The paper is well-written, poses a coherent research question that is clearly situated in relevant literature, and uses appropriate data to address the questions. The role of patient race in clinical decision making is known to make conflicting contributions to variations in medical practice, sometimes seen as predictive of disease risk and other times as a source of bias and prejudice, intentional or otherwise (ie in service of minimizing uncertainty). I think the paper would be strengthened significantly by a serious discussion of how race is supposed to be used in the context of Bayesian decision making models. Some of the data point to the use of race as a proxy for epidemiologic base rates (consistent with Bayesian approaches) and other times as a proxy for behavioral, cultural, and SES related factors. These interpretations and uses could be explored more thoroughly.

The following paper does something similar—the physician sample is not stratified by physician race, but the vignettes are and this allows for comparison of how race is conceptualized among the largely white physician population and how it compares with discussions of social, cognitive, motivational assumptions relevant to diabetes care.


In terms of limitations, it would be appropriate to address the potential issue that the number of mentions of a code will vary according to how talkative physicians
are in a focus group, which can confound results. How did the authors protect against a possible inflation of reports about race due to particular individuals in a focus group?

The authors are right to note that they are not addressing implicit bias, nor can they directly assess whether white physicians are less willing to talk about race in the focus groups, and this is a strength of the paper. Within that context, however, it seems urgent that they be more specific about how race is used, how it's a proxy, and be prepared to comment somehow on which usages are appropriate in a Bayesian context (and relatedly in terms of statistical discrimination and the use of group averages).

There is little discussion of falsification or the use of negative cases, which is always appropriate in a qualitative data analysis.

Overall, these are modest suggestions and the paper has a nice design and addresses some important questions in an interesting way. The purposeful mobilization of patient characteristics like this needs additional attention as it appears to persistently act concurrently with implicit bias.

**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.