Reviewer's report

Title: How healthcare professionals respond to parents with religious objections to vaccination: a qualitative study

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Reviewer: Joan Henriksen Hellyer

Reviewer's report:

1. I appreciate the qualitative work of this article. I appreciate its straightforward nature, this is a useful contribution for those of us interested in professionalism and vaccination.

2. I am particularly interested in learning more about possible connections between the religious background of the practitioner and his or her experience of vaccination counseling. Are the orthodox protestant GPs advising families to vaccinate their children, but have decision-making process discussions only when the families question the advice? Your quote from respondent 14 is fascinating. It would be useful to see others from the Orthodox GPs to understand more about this later assertion about factors influencing the approach. Did all the orthodox GPs feel comfortable engaging in discussions around "the medical and religious arguments for and against vaccination with the parents"?

3. It would be helpful to have more data around the assertion that "more experienced HCPs also tended to go on to discuss the vaccination decision-making process." A table with 'factors of the provider' -- work experience, religious background, attitudes, and communication skills-- with illuminating quotes might prove useful.

4. Please describe who "clinic workers" are and what their level of training and role is in these encounters.

5. On page 4, if you bring up "biblical grounds" it would be essential that you add more context around that.

6. In the discussion, it does seem that throwing medical information at an issue based in a certain theological understanding of the world is unlikely to bring about compliance with a recommendation. However, the presentation of the 'second cognition' and the idea that providing medical information cannot influence that second cognition is not convincing. This section would benefit from some further explication of the dissonance framework in these specific circumstances. Alternatively, one could imagine a compelling argument arising from within your data set to explain why the predominate approach of giving medical information is not the most effective.

7. In the comment, "pediatricians should not dismiss the families..." does this
mean emotionally dismiss them or actually terminate a clinical relationship with them?

8. On page 14, to understand the statement about parents prefer to "consult with their GPs..." it would be helpful to understand more clearly the role of these clinic workers vs. that of GPs in this situation. Also, the statement assumes that GPs are most-trusted.

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

**Quality of written English:** Needs some language corrections before being published

**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.