Reviewer's report

Title: "Best" physicians' attributes: the patient's point of view

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Reviewer: ross upshur

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Dr. Pritpal Tamber
Medical Editor
Biomed Central
Health Services Research

Re: “Best physician attributes – the patient’s point of view” by Ami Schattner, Dan Rudin, and Jenavah Jelin.

Dear Dr. Tamber:

Thank you very kindly for the opportunity to review this manuscript, which I found most provocative and interesting. Based on my assessment of this manuscript, I would advise that I am unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.

Level of interest would be an article of interest to those with closely related research interests.

In this letter, I will outline the major compulsory revisions.

The purpose of this paper, as stated, is to define patients’ priorities regarding different physicians’ attributes important in medical care. It reports the results of a survey administered to 445 patients regarding the attributes of physicians from a patient’s point of view. The article concludes that patients want their physicians to be highly professional and expert clinicians, and show humaneness and support, but the first priority is for the physician to respect their autonomy.

The major concern with this paper revolves around two issues.
1. Lack of clarity around the methods
2. Insufficient contextualization within the current existing literature on the topic.

In terms of questionnaire development, the instrument identifies 21 physician characteristics or behaviours regarding the care of patients. It is unclear how these 21 physician characteristics and behaviours were derived, what literature was cited, what theory or model informs this list, so one is concerned that these lists or attributes were derived from the physician literature and not the patient literature and do not reflect the issues of concern that patients may have. Furthermore, the complete list would be a welcome added file.

Secondly, there is some vagueness as to the way these questions were presented in the instrument. It states that they were presented in varying order, one line for each. What does varying in order refer to? Did they randomly change? The development of the scale is unclear.
They pilot tested the survey instrument on a prior validation study among 30 residents in various stages of their training. This is a questionable validation strategy for a survey instrument that is going to be applied on older, patients and strikes me as a potential fatal flaw in the validity of this instrument. Secondly, it does not indicate whether any changes were made on the basis of the validation study or what the results of this validation study were.

The statistical analysis describes the statistical tests that were used but doesn’t outline in detail what strategy they were going to use, which begs the question of multiple comparisons when we get to the Results section.

The second major problem with respect to methodology looks at the results. They state that a total of 450 patients received the questionnaire and all but 5 consented to participate and returned their questionnaires. So it looks like their response rate is in the high 90% range, which is commendable. However, how this sample frame was chosen is unclear. Were the patients randomly sampled, or was it given out sequentially? More information on how this survey was distributed and whether they sent out more than 450, or how they sampled the patients, is required in order to understand the results.

The results pages are descriptive for the most part and analytical in the second part. When they get into their T-test and Chi-squared analysis, it’s not clear what their a priori questions were, and what they were looking for or how they chose their analytic strategy, and this requires clarification. Multiple comparisons and data dredging cannot be ruled out here.

In their discussion, they do some contextualization of the literature but they have not taken a very detailed review of the literature. For example, there is a vast literature on trust and patient relationships by David Thom at Stanford, on patient-centeredness, and there is also the entire patient rights and patient advocacy, patient empowerment movement in which their results should be contextualized. The concordance literature is also relevant. As well, in terms of their finding of patients wanting autonomy, there is a recent publication reviewed in the British Medical Journal on the autonomous patient which I think would be germane to this study. See The Autonomous Patient: Ending Paternalism in Medicine; The Resourceful Patient Mary Baker BMJ 2003; 326: 1338-1339 http://bmj.bmjjournals.com/cgi/content/full/326/7402/1338-a

Also, the authors fail to explain why they believe their results are different and why autonomy features so highly in their patient population as opposed to humaneness. Is there something in the local culture or delivery system at the hospital where the study was conducted that explains this?

These are my major concerns with this paper. In general, the English is acceptable and I would be happy to review this paper and make a further recommendation after these concerns have been addressed.

I hope this review is of value both to you and to the authors, and I look forward to seeing their revised manuscript.

Sincerely yours,

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An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

none