Reviewer's report

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

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Reviewer: ross upshur

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May 7, 2004

Dr. Paul S. Tamber
Medical Editor
Biomed Central
Health Services Research

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

Dear Dr. Tamber:

Thank you very much for the opportunity to review this revised manuscript. I thank the authors for the time and attention they have put into this revision. Unfortunately, I still find this paper insufficiently clear for me to decide on acceptance, and I will outline the reasons for this.

The authors have adequately addressed most of the concerns from the initial review. Specifically, they have provided a list of the physician characteristics and behaviours and the domains they fell into as an appendix file. I will return to this shortly. They have also clarified the issue with respect to the order in which the instrument was laid out. I was surprised that the pre-test on patients was not mentioned in the initial manuscript. They have also provided more detail on the statistical analysis, which is satisfactory, and have provided considerable detail and contextualization of their findings with the literature which is welcome, and I think helps the reader.

There is one issue for which I still have deep reservations regarding the methodology. I think greater clarity needs to be given on precisely how these patients were recruited and approached by the investigators. I am unhappy with the language that patients were “randomly and entirely arbitrarily approached by one of the authors and invited to participate.” This is confusing. Random sampling occurs when a sample is drawn from some sampling frame according to a process of random selection, either by random number generation or any of the well articulated random sampling techniques. Arbitrary selection violates the process of randomization and is an unreliable way of defining a random sample and introduces significant bias into the study.

Secondly, having one of the authors, particularly a physician, (and it is unclear whether it is a treating physician) approach patients to enter a study has a potentially coercive effect on the subjects. It is not clear how they were approached and how the study was explained, and how people were choserd from either a medical in patient or an ambulatory setting. Did the author hand out the survey to each patient that they saw, or was this drawn from a different set of clinicians? Quite frankly, I am afraid that I cannot accept this paper for publication until there is greater clarity with respect to whether indeed it is a true random sample. It is one thing that makes the statistics interpretable, and the results to be considered unbiased. If, however, this was merely sequential handing out, then there is a significant bias that needs to be addressed and I cannot judge the merits of this paper until this


issue has been clarified.

Relating to the physician attributes, when one looks at the way that they are characterized, it is not surprising that autonomy-based qualities were most desired, given how they have been defined in this subject list. It is not surprising that people would find high value or essential attributes over such things: 1) finds out what is important for you and takes your preferences into consideration 2) provides a clear explanation of the disease, elaborating on treatment options and possible adverse outcomes. 3) continues to take care of you on different visits 4) tells you the whole truth about your condition and treatment 5) asks your opinion as to what may be wrong with you 6) gets you the tests or treatments you need despite difficulties or costs 7) can be completely trusted with guarding your secrets and being discrete. For example, getting someone the tests is scarcely an expression of patient autonomy, nor is taking one’s preferences into consideration, rather than following or respecting choices even if they differ from one’s own. I think this is a slightly different construction of autonomy than one seems to be found in the literature. I am sure the authors will disagree with me on this on this point, but I believe some attention to this is merited. I think the greater community of readers can debate these issues. However, the essential point is to address the issues with respect to the random sampling and I await the authors’ explanation of this.

With sincere best regards,

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What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: 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