Reviewer's report

**Title:** Professional centred shared decision making: patient decision aids in practice

**Version:** 1  **Date:** 6 June 2007

**Reviewer:** Bridget Young

**Reviewer's report:**

This paper reports on a focus group study which examined primary care professionals' views of decision aids for patients in supporting shared decision making (SDM). The sample mostly comprised GPs and was recruited from five primary care practices selected because they had different levels of experience of SDM. Transcripts were analysed using the framework approach.

The authors report some quite intriguing experiences and reflections on using SDM, which in turn raise some important questions for future research on SDM. If replicated in different contexts perhaps using different research methods, these are likely to have important implications for the practice of SDM.

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**Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)**

1. The authors state that a distinctive aspect of their study is its focus on a broad spectrum of professionals. Nevertheless the focus is entirely on SDM in primary care. It would be helpful if this was more clearly reflected throughout the paper, especially in the title and the conclusions. Only about one third of participants were non GPs and again this needs to be more clearly acknowledged throughout. It would be helpful if the authors could comment on whether the GPs tended to dominate the focus group discussions, or what steps were taken to avoid this. Finally, the professional background of speakers should be indicated when quotes are presented as this would allow the reader to judge how far non GPs are represented in the "representative quotes" cited.

2. In the discussion the authors state that they have identified two orientations to SDM “patient-centred and HCP centred”, but it seems very unlikely that this is the first time these orientations have been discerned and it is important to acknowledge this. Perhaps some key references in this field are missing (e.g. Charles C, Gafni A and Whelan T. Shared decision making in the medical encounter… Social Science & Medicine 1997: 681-92)?

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**Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)**

There are a large number of grammatical errors throughout, particularly in the use of apostrophes. These need careful correction. The expression is slightly awkward in places, particularly in the discussion.

The final sentence in paragraph 2, page 12 is unclear.

It is unclear what is meant by the term “SDM language” - see page 13.

There are too many acronyms, particularly in the introduction.

**Discretionary Revisions (which the author can choose to ignore)**

1. The discussion raises some important questions, but an important question is largely sidestepped: whose interests are served by a shift of responsibility (as well as authority) from professional to patient that SDM represents? This is raised by several of the participants particularly quote 3.6, but also 3.4 and 3.5. The authors refer to there being “powerful rhetorics at play” (p6) and to professional identities (p12), but it would be worth some effort in deconstructing these concepts. Indeed, is it “only” a question of rhetorics? Professionals are not just facilitators of SDM, they have moral obligations to care for patients who are often very vulnerable. This means being responsible for ensuring patients receive proper care. What about patients’ expectations that doctors will always act in their best interests and their needs to be cared for
when they are vulnerable? This, of course, raises fundamental questions about SDM and the challenge it presents to the largely unwritten emotional, social and ethical contract between professionals and their patients. Admittedly, a full consideration of this is beyond the scope of the paper, nevertheless, the issues are very pertinent and some acknowledgement of them seems warranted.

2. The authors might consider tempering the implications and conclusions they draw pending further work on these issues.

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

Level of interest: An article of importance in its field

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