Author's response to reviews

Title: The Providers of Health Services in Lebanon: A Survey of Physicians

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Author’s response to reviews: see over
We greatly appreciate the opportunity provided by your journal in considering our manuscript for publication, as we thank the reviewers for their remarks and suggestions. We found them very constructive and helpful and we have taken them into consideration and incorporated, when necessary, in the text where appropriate and as indicated below.

Comments by Reviewer 1 (Dr. Ferrinho):

1. **Sampling**: As mentioned in the methods, the list was stratified by region and then proportionate to the regional membership, the sample was randomly selected. We have appended table 1 to reflect the distribution of physicians in the population and the sample by geographical districts.

2. **Face validation**: A panel of researchers was asked to review the survey instrument and check its validity at face value. Further, most of these questions represent questions used in similar surveys.

3. **Urbanization Index**: As indicated in the Methods section, a panel of experts was given the list of districts and each was asked independently to classify these districts into two categories either urban or rural. The statement was amended to reflect the absence of an official urban/rural classification of qazas.

4. **Statistical Analysis**: A section on analysis was incorporated at the end of Methods section.

5. **Reporting**: The percentages and numbers in the tables have been amended.

6. **General Practitioners**: For the purpose of this study, GPs included general medicine, internal medicine, pediatrics, and obstetrics and gynecology as they all have a role as first contact and primary care physicians. If it is more appropriate we could rename them as primary care physicians.

7. **Clinic**: Physicians in Lebanon have clinics, free standing offices equipped to deliver medical services.

8. **Confusing segment**: The paragraphs to which the reviewer referred were amended to make them clearer. Private time refers to the social and private life of the physician.

9. **Financing**: While we agree with the reviewer that the median ($1300/month) is a better estimate of the data in this situation, but we felt that a more significant finding was that 90% reported earning $2000 or less per month. As both numbers reflect an amount that is close to the average cost of living, to have most of the physicians making less than $2000 is more descriptive of the status of physician supply in the Lebanese market.

10. **Regional Distribution**: We agree with the reviewer that there is a regional maldistribution as evident in Table 1. A statement in that regards was made in the discussion of the supply, beyond that the study focused more on the results of the survey and not the national statistics.

11. **Solo practice**: Again, the reviewer hits a burning issue in the provision of health services in Lebanon, which is the abundance of solo practices. A
statement was added to reflect this point and to suggest further studies in that direction.

12. Tables: The error in not referencing tables was corrected in the text.

Comments by Reviewer 2 (Dr. Slade):

1. **WHO estimates**: The reviewer is right in that the population size of Lebanon was used based on WHO estimates. The proportions were calculated with numerators from the Orders of physicians and the denominators from WHO estimates.

2. **Duplication in professional organizations**: The authors checked the duplications in the full lists of the registered physicians prior to sampling.

3. **Demographic characteristics**: While we agree with the reviewer that the description of the entire population of physicians is important, unfortunately one limitation of the database of the associations is the lack of sociodemographic information. It was only through the study that we were able to get such information.

4. **Provider characteristics**: This section refers to the sample, as the opening sentence in the paragraph indicates.

5. **P-values**: The values refer to test of means as the measurement is the proportion of time spent in specific activities as indicated in the Methods section on page 6.

6. **Table 12**: The reviewer is correct and the amendment is made.

7. **Table 3**: That is also an error and the amendment is made.

8. **Minor Revisions**: The hypothesis was that graduates of the Americas and Western Europe would be more concentrated in the urban areas and graduates from less developed, and developing countries would locate in less urbanized and rural areas. For that, it was contrary to our expectations that they were all almost evenly distributed in urban and rural areas no matter from where they received their medical training. The authors hope that the amended statement resolves this ambiguity.