Author's response to reviews

Title: A comparison of physician and medical assistant in interpreting verbal autopsy interviews for allocating cause of neonatal death in Matlab Bangladesh: can medical assistant be considered as an alternative to physician?

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Author's response to reviews: see over
Dear Dr Houtz,

We are delighted to know that our paper, *A comparison of physician and medical assistant in interpreting verbal autopsy interviews for allocating cause of neonatal death in Matlab Bangladesh: can medical assistant be considered as an alternative to physician* has been conditionally accepted by your journal.

We have addressed the comments and suggestions made by Referee #3, and made the appropriate changes to the manuscript using Italic letter. Our responses to each of his comments are as follows:

1. **Tables 2 might be better presented as a matrix showing agreement between each observer (i.e. between each of the three physicians and the MA).**

We are not quite sure why the Referee made this comment, as Table 2 is presented in the form of a matrix showing the agreement between each observer (i.e. between each of the three physicians and the MA). Therefore, we have retained the table as it is.

2. **The relevance of the discussion of the Nepalese comparison between physicians and a diagnostic algorithm is still not clear. How does this relate to the current comparison between a medical assistant and physician review?**

We agree, the relevance of the Nepalese reference was not clearly articulated. We have accordingly modified, on pages 11 and 12, the allusion to the reference by commenting on the high proportion of neonatal deaths in the Nepalese study where the physicians could not ascertain a cause, in contrast to the relatively low proportion of such cases in our study. We then added to the comment about the greater familiarity of our study physicians and medical assistant with the Integrated Management of Childhood Illnesses protocol as being responsible for this better rate by speculating that this familiarity was further helped by the significant levels of programmatic and research activity in child health ongoing at ICDDR,B.

3. **Agreement between the MA and the physician review method is generally better than the agreement between individual physicians. Discussion of the inter-method agreement (Discussion, paragraph 4) would be given greater context if supplemented with a discussion of this inter-rater agreement.**

We thank the referee for this suggestion, and have accordingly added a brief paragraph on page 13 addressing this aspect.
Thank you again.

Kind regards

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