Author’s response to reviews

Title: "Blood transfusion in elderly patients with chronic anemia: a qualitative analysis of the general practitioners' attitudes"

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Author’s response to reviews:

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Dear Editor,

Thank you for giving us the opportunity to improve our manuscript submitted to BMC Family Practice.

We agreed with all the recommendations and thus according to them:

1/we changed the title for
“Blood transfusion for older persons with chronic anemia: a qualitative analysis of general practitioners attitudes”

2/We described why blood transfusion would be a GP rather than hospital doctor decisions, and presented French care organization for an international audience:

“In France, General practitioners (GPs) collaborate with specialists in the follow-up of patients living at home with chronic diseases by prescribing most usual laboratory tests. In the case of chronic anemia, GPs receive results of blood cell counts and can be confronted with a lowering of hemoglobin. So they are called upon to decide whether or not to contact a hospital specialist to plan a transfusion.”
3/We further discussed shared decision making, and included included 2 new references.

“The GPs did not feel that their isolation could be lessened by taking the decision together with the patient. Shared decision making would yet seem realistic and relevant in the context of repeated transfusions: the patient knows the procedure and its associated discomfort, and experiences, or not, its positive effects. Discussion with the patient appears relatively simple, since immediate discomfort must be balanced against the immediate benefit experienced by the patient. The fact that few GPs referred to shared decision making is surprising considering the literature: the absence of strong preference of the medical practitioner considering treatment options and end of life care have been identified as facilitators for shared decision making34. If GPs adopted a clearly paternalistic approach, viewing patients as passive and vulnerable, it may be the consequences of GPs’ stereotype and lack of training: the concept of patient-centered care is poorly developed in France, and older patients are sometimes deemed incapable of deciding. As in other clinical situation, GPs may act according to ageist stereotypes. However, patients factors limiting decision sharing, such as “not being empowered” or presenting cognitive limitations32,40, have to be considered as well.”


4/We added identifiers to all verbatim (sex and a number)

5/We reworked in depth our discussion to structure it according to the suggested headings (Summary of Results, Comparison with previous literature, Strengths and Limitations, and Implications for clinical practice).

Some sentences have been added to precise our ideas:

In “Comparaison”: Such an assessment could be useful in the process of discussing an advanced care plan, but is usually not feasible at the time of the decision.

In “limitations”: Further studies in different organizational and cultural contexts would be necessary to better describe and understands GPs attitudes.
In “Implications”: This advance care plan, drawn up by, or with the help of a specialist, seems essential to enable the GP to discuss optimal timing of transfusion with the patient.

Meanwhile, we created a new subsection named “a lone decision” in the results, to make them less descriptive. The order of paragraphs have been changed and this introduction sentence have been added:

Despite the complexity of the decision, few practitioners reported seeking support of specialists or decision sharing with patients and family.

We changed the next sentence by adding “So only one GP”

All modifications in the manuscript appear in blue.

We hope that these modifications will allow a publication in BMC family practice. Please let us know if some new improvements seem you useful.

Yours Faithfully,

Dr Aline Corvol