Reviewer’s report

**Title:** Treating childhood intermittent distance exotropia: a qualitative study of decision making

**Version:** 1  **Date:** 27 March 2015

**Reviewer:** Alistair Fielder

**Reviewer’s report:**

This is a very interesting and well-written submission. The only reason I have not inserted the word elegant into the last sentence is because the tenses wander arbitrarily between present and past – a crime I am personally well acquainted with.

The topic is important and topical. The authors set themselves a difficult challenge because the topic is intermittent exotropia which lacks robust evidence regarding the treatment options. In addition, they selected a situation in which the decisions are not made by one person – eg the GP or general surgeon – but by a team including orthoptists and ophthalmologists and not always together.

Being a mix of health service and social science research, this is a difficult article to review and there is not much to say because I cannot alter what is written.

I do feel the submission would benefit by tightening and by quite a bit because it meanders a little too much.

I do think the issues raised in the second paragraph above might be mentioned and also perhaps consider what each party (parent, health professional) considers – in abstract – what their role and that of the others should be in decision making. There is no mention of trust and faith. Without going religious, when I (as a cynical medic) seek medical advice, I do trust the treating doctor and abandon some of my normal (hyper) critical faculties. This is important and necessary – one cannot information on the web which provides detail down to the level of the individual patient – only a person can do that. So, some discussion on the patient-health professional relationship would be interesting.

88 - evidence is sparse and robust evidence is non-existent

138 – in my opinion case selection is the major weakness of this study. The selection of children was clearly not random or according to any established method of case selection. The reader is left with the rather firm fear that children were selected on the basis of the likelihood of the parents being willing to be involved. This really undermines the value of this work and almost certainly biased the results. In this type of study the reader needs to know that there was equipoise and the details of those who accepted and those who declined to be involved.
It is interesting but not surprising that ophthalmologists were rather more relaxed about relaying uncertainty than orthoptists. It is important to acknowledge uncertainty because if this is not done the health professional can only relay dogma and not evidence.

Communication – a big issue here and particularly the difficulty of the parent retaining information and also relaying it later to relatives. I hope I haven’t missed it (done a search) but cannot find mention of correspondence. It is required of clinicians that letters to GP etc are copied to the family. This is a very useful way of providing information, and of the type which is specific to the child to the family for them to mull over. This option for providing tailor-made information needs to be mentioned in this article.

Referencing is fine.

**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:**

None