Author’s response to reviews

Title: Can Shared Decision-Making Reduce Medical Malpractice Litigation? A Systematic Review

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Version: 5 Date: 10 March 2015

Author’s response to reviews: see over
Dear Editor,

On behalf of all co-authors, I would like to thank you for giving us the opportunity to submit a third revision. We appreciate the Editor’s thoughtful comments and have addressed them to the best of our ability.

We hope our revised manuscript is now acceptable for publication in BMC Health Services Research and look forward to your response.

On behalf of all authors,
Yours sincerely,

Marie-Anne Durand
Reviewer 1

1. Keywords and MeSH terms should be included in the method section. This will increase the readability.

   The methods section has been amended to include:

   On page 7, line 101: “We combined keywords and Medical Subject Heading terms for shared decision making, decision making, patient participation, doctor-patient relationship, informed decision, decision support, decision support techniques, litigation, medical malpractice, liability, medical negligence claim and legal proceedings (see full list in Appendix 1).”

2. Overall quality scores are meaningless. Readers have no idea how good/bad the studies are. I agree that overall scores had been used in older literature. But this is not true anymore. You need to describe, at least, the most problematic areas/items commonly identified in these studies.

   We have rewritten the section ‘Robustness of Synthesis’, in the Results section, in order to address this comment:

   Page 10, line 181-193: “The qualitative studies (n=2, all designs except case studies) that were rated against CASP had satisfactory quality ratings (see table 1)(28,31). For both studies, the research design, sampling and data collection procedures were deemed appropriate. Reflexivity, ethical issues and analysis could have been improved. The quality of the case studies (n=2) was low; these were exclusively based on documented legal cases (30,32). Areas of concerns for both case studies where the absence of dual analysis involving an independent researcher or triangulation, the lack of clearly formulated questions and conceptual framework and lack of information about the data collection and data analysis procedures. Findings should therefore be interpreted with caution. The quality of the quasi-experimental study was low, but consistent with Downs and Black’s average ratings for non-randomized studies (29). Given this study was based on a simulated court case, where lay people were asked to behave as hypothetical jurors, external validity was poor and internal validity was low with a high risk of selection bias and other confounders.”

3. Please add a note to describe your definition "decision coaching" in Figure 1.

   The following definition has been added as legend to Figure 1, and appears at the end of the main manuscript: “Decision coaching involves preparing and facilitating patient participation in medical decision-making in a non-directive manner.”

4. Please add notes to clearly point where Themes 1-4 are in Figure 1.

   In order to comply with the ESRC guidance for narrative synthesis, Figure 1 was developed prior to screening studies and extracting data. It corresponds to an hypothetical theory of change. Its alignment with the actual themes that were extracted from the data is thus not perfect. This theory was primarily developed to guide research questions and facilitate decisions about which studies to include. It is not used to predict or guide the findings of the narrative synthesis. The latter was inductive and guided by the data extracted from included studies. It is therefore not possible or appropriate to clearly point where themes 1-4 appear in Figure 1. We have
added the following sentences in the methods section to clarify the purpose and remit of the ‘theory of change’ represented in Figure 1.

*On page 8, line 147-151: “The ESRC guidance recommends that before undertaking a review, the authors first develop a ‘theory of change’, that describes how the intervention or concept works. The theory of change outlined in Figure 1 was developed prior to data extraction to inform decisions about the review questions and the type of studies to include.”*

5. Please correct the title "Theme1: Interfering with patient preferences" to "Respecting patient Preferences".

We have made the suggested change.