Author's response to reviews

Title: Sex differences in medico-legal action against doctors: a systematic review and meta-analysis

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Version: 3
Date: 30 June 2015

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

RE: MS: 1616800463172983 – Sex differences in medico-legal action against doctors: a systematic review and meta-analysis

Thank you for the opportunity to resubmit this research manuscript for publication in BMC Medicine.

We would like to thank the reviewers for their helpful comments, and we have made several changes to the manuscript in light of the reviewers’ comments. The reviewers’ comments are numbered and in italicised Times New Roman, and our responses are presented below each of these.

Reviewer #1:

1. The classification by continent surprised me. All the studies classified as “European” all but 1 come from the UK. Of the 6 studies classified as “Asia and Australia” 5 come from Australia and New Zealand and 1 from Taiwan. The medical education and healthcare systems in Australia and New Zealand bear strong similarities to the UK whereas Taiwan is more akin to the American system. However, given that there was no evidence of heterogeneity in the Australia and Asia group this probably not important. Some mention in the discussion would be helpful.

On p15 we have included a paragraph highlighting that of the three studies in the “Asia and Australia” stratum two are from Australia and one is from Taiwan, and that the three studies in the “Europe” stratum come from the UK. We have gone on to mention that the total number of studies and the limited range of countries from where the studies are from highlight the limitation of only including studies published in English or French.

Reviewer #2:

1. There is the other declared limitation of type of specialty. My studies in this area (Nash et al.) did find a difference in medico-legal matters for the differing specialties with surgery and obstetrics and gynaecology having the highest rate. The confounders of career choice for males and females is an issues that needs to be considered as stated by authors.

On p16-17 we have included a paragraph detailing the number of studies included in the meta-analysis that examined specialty and the association with medico-legal action. We highlight that the specialties most and least likely to experience medico-legal action varied greatly between the studies. However, in the studies that
adjusted for specialty when examining the association between doctors’ sex and experience of medico-legal action, male doctors were still found to have a higher likelihood of experience of medico-legal action.

2. The other issues not considered in the article, but is certainly relevant in Australia is hours of work for male and female doctors. In Australia, on average male doctors work more hours than female doctors. My study found that even when accounting for this difference, male doctors had higher rate of medico legal matter.

On p17 we have included a paragraph highlighting that there is likely to be other variables that are associated with both doctors’ sex and medico-legal action, but that have not been examined in this systematic review and meta-analysis. We go on to mention that the number of hours worked and the number of patients seen are variables which were examined in a few of the studies included in the systematic review and meta-analysis, and that these variables have been shown to differ between the sexes. The number of hours worked has also been demonstrated to be associated with experience of medico-legal action. We suggest that this might be a topic of interest for a future literature review.

Many thanks for your consideration and we look forward to hearing from you.

Yours sincerely,

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