Author's response to reviews

Title: Ethnicity and attitudes to deceased kidney donation: a survey in Barbados and comparison with people of Black Caribbean origin in south London (UK)

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Author's response to reviews: see over
Reviewer's report
Title: Ethnicity and attitudes to deceased kidney donation: a survey in Barbados and comparison with people of White British and Black Caribbean origins in south London (UK)
Version: 1 Date: 2 September 2009
Reviewer: Antonio R Ríos

Minor Essential Revisions:
1.-The questionnaire would have to be included in the articulate like an annex.
Will include the questionnaire with our submission

2.- The results are slightly confused and dense. It would be a better a presentation with subparts
Text has been modified with more subheadings for the results

3.-The table 3 is confuse
We have added extra columns to make this table clearer and changed some headings (is now table 4).

Other comments
1.- The authors would explain well the selection of the population in health centres (public or private). This is a clear bias of positive selection because this population generally are more sensitized by subjects of health

All respondents were recruited from health care attendees and so this does not invalidate the comparison.

2.-It is confusing for me the Control Group. Please clarify the data of this Group
This is a cohort study comparing one main cohort with two others; not a case control study.

3.-In the discussion is absent other recent current studies. In my opinion, the discussion needs to include information of other countries with problematic similar. In this order, the bibliography need articles recent about this aspect (Organ donation, British people, Other countries, ...). For example:

Thanks for this suggestion and the references. We have now referred to this work in southeastern Spain (p.11) and agree that this is helpful in considering issues of migrants more broadly.
Reviewer: Rohan Maharaj

Reviewer's report:
I want to commend the writers for a paper on an understudied topic in the West Indies, however, this paper closely resembles a recently published paper (2009 Feb) in the BMC Public Health, by the 1st and 4th author of this present paper. The journal editors will have to decide if they wish to so closely publish a paper with such similar themes.

The paper referred to was a survey undertaken in Crete and compared two communities (one more rural). The religion was Greek Orthodox and respondents were of Greek origin. We did not reference this paper because it does not make any contribution to issues of ethnicity discussed here. The questionnaire used was a modification of our original one and translated into Greek - any comparisons would therefore not be straightforward.

• Minor Essential Revisions
• There are some paragraphs which read awkwardly: For example please consider moving the first paragraph of the Methods section- and even deleting the first sentence.
  This sentence now deleted

• The final sentence of the conclusion in the abstract should include a reference to the UK.
  Have now referred in Conclusion to the hypothesis that relatively negative attitudes to donation by ethnic minorities are associated with feelings of a lack of integration and belonging.

• The word ‘Visitor’ should be explained on page 3, line 7 in paragraph 3
  Have now described as ‘tourist’

• There is no mention of the demographic characteristics of the respondents in the abstract.
• A reference to the published paper when introducing the London study in the methods is needed.
• P-values are usually written in italics.
  These are now all included.

• We are not told why the questionnaire was interviewer applied in Barbados were the Barbadian counterparts more functionally illiterate than their UK counterparts?
  Have now explained in methods (p.5) that as deceased donation is not currently practised in Barbados we thought it would be important to have an interviewer who would to be able explain about deceased donation and answer any questions.

• We are told that ‘not sure’ response was regarded as being ‘no objection’ but in which category was it analyzed – agree or disagree. This need to be clarified.

  We have now made a change to Methods (Analysis section) (p.5) and explain that the ‘event’ was always the response that indicated an objection or negative attitude
(whether ‘agree’ or ‘disagree’). ‘Not sure’ was therefore regarded as indicating no objection (i.e.) no event. However we also explain in the Discussion that a comparison with including ‘not sure’ with objection did not lead to significant differences in responses in Table 2.

- Some basic demographics features of the UK sample should be provided to the reader so a decision on if the comparison can truly be acceptable and implications of the outcomes of the comparison should be expanded. The characteristics of the UK sample are now included in Table 1. We also emphasise that logistic regression analysis was employed to adjust for these factors.

- The researchers should say why they think such a comparison is a valid one. We now explain more fully that this comparison provides support for the hypothesis that the more negative attitudes of minority ethnic groups in the UK may reflect their position as relatively disadvantaged migrants, and include a further reference(17).

We also acknowledge that further work in Jamaica would be of particular interest.

- **Major Compulsory Revisions**
  - Strengths and limitations of the study must be included.
  
  We now discuss the strengths and limitations of the research more fully, with 3 limitations considered in the Discussion (pp.10-11)

- The writing needs significant editing and revision. This has been done.

- There is no statement on the required sample size. We were not able to perform a precise sample size calculation as there was not enough information available to provide estimates of expected values.

- Information on the proportion of GP vs. public health clinics patients should be provided. If any other SES information is available it should be provided. We have now identified that one-quarter of respondents were recruited from attendees at general practices. We have described the occupations of respondents (p.6) but we do not have sufficient occupational detail (which requires several questions) to produce a precise SES classification.

**Other comments**

I wonder if comparison with a Jamaican population would not have been more useful? Barbadians in Barbados have one of the highest standards of living in the western hemisphere, with excellent health care and education systems and very strong UK and North American ties and, I expect that they would have good knowledge and a positive attitude to deceased donations. For me what would have made this truly interesting was a comparison of the UK study with Jamaicans living in Jamaica.
We agree that a comparison with Jamaica would be interesting and have now identified this as a limitation and a recommendation for future research (p.10). We have also explained the origins of the present study (p.3).

The methods state that logistic regression was carried out to test the effects of age, education, employment and religion on attitudes toward donation, and this was reported in the results under ‘knowledge and attitudes to donation’. However a second logistic regression is reported in the results—looking at number of concerns and willingness to donate. This should be clarified. This second regression analysis has now been removed.

This study may have been stronger if we had some other measure of Socioeconomic status of the participants such as income (I am still not completely sure who these participants were). Income is very difficult to record reliably and is therefore rarely asked. However we have now described some of the occupations of respondents and also give the highest education completed.

Since a random sample to capture a representative sample of the Barbadian population was not done, it might help if the study population could be compared with Barbadian demographic data to show how closely the study population approximates the country population. Also we are not given the demographic characteristics of the Black UK cohort—are they younger, older, more educated? As such is it fair to compare? We have now compared our respondents with the Barbados population in terms of gender, age and ethnicity (p.6). We have also included the demographic characteristics of the Black UK cohort in Table 1. However the logistic regression analysis does take account of these factors in comparing the different cohorts.

There was no described sample frame for the ‘private GP offices’ in Barbados—research suggest that persons who attend fee for service in the West Indies are higher educated and have higher incomes. If the numbers of persons in the sample (we are not given this information) from the GP offices were high their statements may have skewed the results. We did not have access to this information for GP practice populations. However we have now examined the occupational distribution of GP respondents and found that most of our respondents who were in professional occupations were recruited from GP attendees but there was also a considerable overlap between the occupations of public polyclinic and GP practices (p.6). We found no significant relationships in Barbados between these socio-demographic characteristics and attitudes to deceased donation (see new Table 2).