

time. Following up with undecided patients is also critical.

What is most important is that we family physicians integrate ACP with our patients, exploring what works best in context of our own practices.

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Re: Better Doctor-Patient Relationships Are Associated with Men Choosing More Active Depression Treatment

To the Editor: I commend David Kealy and colleagues¹ on their work on the doctor-patient relationship and men's choice of depression treatment. However, I do have a few concerns that would benefit from clarification.

First, the gender of the physician is an important covariate that should be accounted for in any doctor-patient relationship, as it affects this dynamic and its outcomes.² Roter and colleagues³ showed that female physicians engaged the patient in more positive conversation, gave more information, and built more partnership compared with the male physician; similarly, when patients are with female physicians, patients engage in more positive discussion and partnership building compared with male physicians.³ This article highlights men's choice regarding treatment and the relationship with their physician; controlling for the physician's gender could help improve the understanding of this doctor-patient relationship.

Second, the questionnaire implied that primary care doctors would administer the hypothetical treatment preference. Although I agree that primary care doctors often manage treatment-resistant depression,⁴ there exists a substantial section of the population that are referred to psychiatrists by primary care doctors.⁵ This article does not account for this population, especially given that attitudinal differences exist in managing depression and in terms of "professional ease in dealing with patients with depression" between general practitioners and psychiatrists.⁶ Thus, although the findings may apply to the primary care population, it excludes the treatment of depression in men managed by psychiatrists.

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The above letter was referred to the author of the article in question, who offers the following reply.

Response: Re: Better Doctor-Patient Relationships Are Associated with Men Choosing More Active Depression Treatment

To the Editor: We thank Dr. Otufowora for commenting on our work regarding the doctor-patient relationship and men's choice of depression treatment¹ and for raising concerns about the potential role of the physician's gender and the specialist status of the treatment provider.

Rather than address the abovementioned questions, our study focused on men's overall experience of the quality of their relationship with their family physician. Although female physicians may be perceived as more caring with regard to depression management,² some research suggests complex interactions between patient and physician gender and whether the physician adopts a patient-centered orientation.³ Thus, although gender matters, the nature of the doctor-patient communication is also important. We suspect similar interactions regarding the treatment context—whether primary care physician or mental health specialist—in that the quality of the relationship would remain influential. Indeed, research has shown considerable "provider effects" among psychiatrists, with some achieving superior outcomes prescribing placebo to others prescribing antidepressants.⁴

Considering the risks for suicide and atypical depression presentations among men,⁵ a better understanding of men's treatment engagement—including