done promptly, and the reporting mechanism, such as an honor board, should be different than that for peer assessment. Because medical education curricula, opportunities for student contact, trust in the administration, and advising systems are quite variable, it will be important for each school to involve students in the design and implementation of peer assessment systems. Ideally, structured peer assessment could identify and encourage correction of concerning behaviors in a student before a serious lapse occurs, particularly if safe, proactive mentoring is available. It is possible that in an environment in which this sort of peer feedback is routine, reporting of serious lapses, as to an honor council, may be facilitated.—**Anne C. Nofziger, MD, Stephen J. Lurie, MD, PhD, Ronald M. Epstein, MD,** *Department of Family Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY, USA.*

REFERENCES

1. **Arnold L, Shue CK, Kritt B, Ginsburg S, Stern DT.** Medical students' views on peer assessment of professionalism. J Gen Intern Med. 2005;20: 819–24.
2. **Arnold L, Shue CK, Kritt B, Ginsburg S, Stern DT.** Medical students' views on peer assessment of professionalism. J Gen Intern Med. 2005;20: 819–24. Supplemental material available at: http://www.blackwell-synergy.com/toc/jgi/20/9. Accessed October 19, 2005.
3. **Dannefer EF, Henson LC, Bierer SB, et al.** Peer assessment of professional competence. Med Ed. 2005;39:713–22.
4. **Epstein RM, Dannefer EF, Nofziger AC, et al.** Comprehensive assessment of professional competence: the Rochester experiment. Teach Learn Med. 2004;16:186–96.

Authors' Response

To the Editor:— Thank you for this opportunity to comment on the letter to the editor by Nofziger et al.[1] about our article. We conducted 16 focus groups with medical students to identify factors that according to students themselves would encourage or discourage their participation in assessment of unprofessional and professional behavior of peers. Contrary to Nofziger and colleagues' contention, we did not present peer assessment to students as a "mechanism for reporting classmates' behavior." Rather, we carefully framed the focus group questions more generally with the operative words "sharing information about classmates' behavior."[2] The questions did not directly ask students to think about peer assessment as "reporting classmates' behavior."[2] That said, students did discuss the prospect of reporting peers' behavior to various individuals and groups in the school.

Nofziger et al. advocate distinguishing peer assessment for feedback (a formative use) from reporting peers' behaviors to others (a "punitive" use). As stated in our article, students in our focus groups clearly preferred informal peer-to-peer feedback for formative purposes–except when the peer engages in frequent or egregious unprofessional behavior. But they themselves did not suggest the distinction that Nofziger et al. recommend. Moreover, they recognized that peer assessment could have positive consequences for a classmate with exemplary professional behavior (e.g., election to an honor society) and for a classmate with unprofessional behavior (e.g., behavioral change achieved through guided instruction).

The critical point is that students say they want and need a safe environment before they will participate in peer assessment, as described in our article. We agree with Nofziger et al. that separating peer assessment for formative and summative uses could contribute to the safety of the environment. In this regard, as students in the focus groups suggest and we included in the article, who receives the peer assessment is important. Students mentioned a range of possibilities including an Honor Council. Whether Honor Councils function effectively, as Nofziger et al. believe, may require systematic study; we do not know of any research documenting the role of Honor Councils in changing unprofessional behavior of students.

The main thrust of our work is not specifically to promote either the reward or punishment of students. It is to recommend that in order for peer assessment to reach its full potential as an assessment technique (formative, summative, or both), schools must understand their students' perspectives on the characteristics of an assessment system that will promote their participation.—**Louise Arnold, PhD, Carolyn K. Shue, PhD, David T. Stern, MD, PhD,** *Office of Medical Education & Research, University of Missouri—Kansas City, Kansas City, MO, USA; and University of Michigan Medical School/VA Ann Arbor Health Care System, Ann Arbor, MI, USA.*

REFERENCES

1. **Arnold L, Shue CK, Kritt B, Ginsburg S, Stern DT.** Medical Students' Views on Peer Assessment of Professionalism. J Gen Intern Med. 2005;20:819–24.
2. **Arnold L, Shue CK, Kritt B, Ginsburg S, Stern DT.** Medical Students' Views on Peer Assessment of Professionalism. J Gen Intern Med. 2005;20:819–24; Supplemental material available at: http://www.blackwell-synergy.com/toc/jgi/20/9. Accessed November 23, 2005.

Comments on Shrank et al., Focus Group Findings About the Influence of Culture on Communication Preferences in End-of-Life Care

To the Editors:—Shrank et al.[1] have published interesting data about culture-based preferences for end-of-life care discussions. The data suggest that Euroamericans (EAs) and African Americans (AAs) alike value patient autonomy, advance directives, and input from various health professionals. Further, EAs want only "closest" family members in on decision making, seek technical guidance, base decisions on quality of life, and trust health professionals. In contrast, AAs want family *and* friends in on decision making, seek spiritual guidance, base decisions on possible miracles and protecting life, and distrust health professionals.

Yet one comment by the authors surprises us: " . . . this is the first study to explore patient preferences (about) end-of-life discussions, with a focus on . . . cultural differences . . . " Actually, we have already published such data, even in this journal.[2–4]