Madam, it was a delight to read your letter about my article, an acknowledgement to one’s work brings unambiguous and definite encouragement. A few snags/pitfalls have been very rightly identified, which would help the authors in planning and executing better research in future. Nevertheless, very humbly I would like to address few of your concerns; with a hope that they will reasonable answer your queries.

♦ This study was generic in nature, all data and results were genuine and un-tampered, therefore, response rate, level of distress, correlation of distress with marital status, socioeconomic class and additional working hours is endorsed as depicted by the results. Any alterations done in the results to match the international research would have been unethical.

♦ The nature of job and specialty as ER physicians, critical care doctors, surgeons and oncologists was not mentioned as the subject hospital had very less number of doctors in majority of specialties, e.g. 1x oncologist, 1x neuro-surgeon, 1x neuro-physician etc. Adequate number of doctors was not available to carry out a reasonable research setting on these variables. Contrarily, the doctors could be easily broken up into categories like GDMO (i-e those who do not opt for FCPS), trainees and consultants; so that variable was created and utilized promptly.

♦ Finally, as mentioned in the article, p-value less than 0.05 was considered as significant, therefore, it was concluded that nature of job did not reveal significant impact on level of distress in doctors (p-0.531).

Grateful on your kind concern.