Reviewer’s report

Title: Understanding Patient Acceptance and Refusal of HIV Testing in the Emergency Department

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Reviewer: Rhoda Wanyenze

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Comments on article: Understanding Patient Acceptance and Refusal of HIV Testing in the Emergency Department

Understanding reasons for refusal and acceptance of provider-initiated HIV testing as an important subject that has not been well studied. However, some concepts in the article may need to be developed further to improve on the interpretation of the findings and the policy/practice implications as well as further research.

Major compulsory revisions

1. The concept of repeat testing within provider initiated testing in health facilities needs to be developed further. Patients who have chronic illnesses and present to health facilities frequently may be tested repeatedly even when they do not need repeat testing. When they decline, this exaggerates the rate of decline. Yet, testing may not be necessary for them. When should they be retested?

2. Whereas it is important to understand the reasons for refusal and to identify mechanisms of increasing acceptance of testing in health care settings, it’s important to recognize that the patients still have a right to decline testing for whatever reason, and to test later or not at all, if they do not wish to do so.

3. Other than convenience of the test and the test being free, it seems most of the reasons for accepting the test are similar to the reasons why people seek testing in client initiated/VCT settings.

Minor essential revisions

1. At the beginning of the methods section: fifty interviews were conducted with 50 patients who accepted or refused: better to include exact numbers of respondents who accepted and those who refused, as presented in the abstract.

2. It was difficult to recruit patients who declined from the site where clinicians offered the test. May be useful to further describe why this was difficult. Is it that few individuals declined a test when introduced by clinicians? If so, this may need to be discussed in relation to approaches for increasing uptake and ensuring informed consent. This phenomenon has been observed elsewhere but is not well understood.

3. Results: 86% of those who declined testing had previously tested. Did the study establish when they last tested? Depending on when their last test was done and their risk behavior history, repeat testing may not be necessary. It’s
possible therefore that the refusals are over-estimated if individuals who may not be ‘eligible’ for testing are included. It may be useful to describe the testing approach in these facilities a little more – for example are all people who present to the emergency tested even when they have tested within a few weeks/months? Is there a guide on repeat testing/what does it recommend?

4. In table 1, both the patients who declined and those who accepted testing are combined. Might have been better to present them separately, like was done in table 2.

5. Limitations: include exclusion of patients who were reactive (tested positive?)

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests