Reviewer's report

Title: "Walk-ins" (self referrals) seeking care at an emergency department or general practitioner out-of-hours service: a cross-sectional comparison

Version: 1 Date: 16 December 2010

Reviewer: Moyez Jiwa

Reviewer's report:

Thank you for seeking a review of this paper. The Swiss healthcare system appears to offer a useful opportunity to explore how patients seek healthcare advice from the two providers named in this study. The background to the study is described well. The analysis of the data is also straightforward and appears to be appropriate however the presentation of the information leave something to be desired.

Minor Essential Revisions

Firstly it would be useful to have some more contextual data. I have assumed from the text that GP services attract a charge whereas ED services are free. Is this correct? A schema describing the distribution of patients and seasons would have been helpful. Some of the tables use terms that may be misunderstood. For example table 2 lists ‘Referral time’, in some parts of the world this means time taken to make a specialist referral, in this context it is the time the patient presents for service. The diagnostic elements include ‘Labor’. This isn’t clear, nor is it clear how sonography and ‘other’ were offered by GP-C.

There are a number of grammatical errors in the text.

Major Compulsory revisions

The results are by and large unsurprising, as is reflected in the literature. However the interpretation of the data are problematic. The main issue arises from the first paragraph of the discussion in which the authors frame their argument within the context of ‘inappropriate’ use of health care. This is a value laden proposition and one which cannot be accepted without further data. For example one might conclude that a patient with a sprained ankle presenting to ED at midnight and was X-rayed is an ‘appropriate’ attendance, after all GPs can’t offer X-rays. However it is probable that if the patient had presented to a GP that it may be deemed unnecessary to carry out an emergency X-ray and therefore a GP-C attendance was more appropriate. Equally it could also be argued that if the patient had been advised to elevate the ankle, take a non-steroidal anti-inflammatory and rest until they were able to present to a doctor the following day that no emergency appointment was necessary. The problem therefore lies with a review of data bases. It cannot be assumed that an attendance is appropriate based only on the actions taken or diagnosis made by the doctor and recorded in a database. We know that records do not tell the
whole story, often actions are taken are for fear of litigation, to reassure the patient, because of the doctors lack of experience or because the patient or their carer insists.

Therefore the discussion section of this study needs major revision. A severe limitation of this study is the capacity to draw any conclusions without further data about the details of the doctor-patient interaction. In other words an assessment of errors of commission and errors of omission. How many patients had unnecessary tests? How many patients would have been harmed if a consultation in the ED had been postponed? How many patients were harmed because action was not taken by the GP-C? How many patients with injuries could have been seen in general practice? How many lacerations required sutures rather than steristrips or histoacryl glue? How many patients with upper respiratory tract infections were treated with antibiotics? On what basis was this decision made?

The healthcare system depends on cooperation between two parties: the doctor and the patient. Both have a stake in the ‘appropriate’ use of the health service and the perspective of both is required, including the details of the interaction between them before we can make any reliable or valid judgements.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests'