Reviewer's report

Title: Use of medical tourism for hip and knee surgery in osteoarthritis: A qualitative examination of distinctive attitudinal characteristics among Canadian patients

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Reviewer: Grant Martsolf

Reviewer's report:

This paper addresses an interesting topic of great policy and clinical relevance; medical tourism. Particularly, the authors were interested in understanding the attitudinal characteristics of patients who decide to travel overseas for hip and knee surgeries. The authors used a qualitative approach which was appropriate for this type of initial and exploratory work. The authors describe in great detail the data collection techniques, which were sound. The sample size was relatively small but within an acceptable range for this type of qualitative description. Overall, I believe that the methods were sound and they were described in sufficient detail. The authors took great care to code and interpret the data that they had on hand. I especially appreciated their effort to triangulate their findings with different investigators. I believe that the interpretation of the findings was appropriate but I do believe that the authors can do a better job tying the results to the implications both in the introduction and discussion. The manuscript would benefit from a bit more work in this regard (which I discuss below in my recommended revisions). I do have a number of other comments that I hope will improve the manuscript.

1. Discretionary revisions
   a. I think that the ordering of the discussion section should be altered a bit. I would prefer to see a discussion of “Implications for Arthritis Care” followed by “Wider Relevance” then “Future Research”. To me, this seems like a more logical ordering of the discussion.
   b. Pg. 4: The authors twice mention that the national benchmark for hip replacements is 26 weeks. This is repetitive and one of the mentions should be dropped.
   c. Pg. 9: I wonder if this table is going to be unwieldy in the actual journal article; the granular detail is interesting but the graph will likely claim significant real estate in the body of the paper. I would suggest just presenting the aggregated results.
   d. Pg. 10: “Overly” and “over” are within 2 words of each other. I found myself tripping over them. Perhaps choose a different word for one of these instances.

2. Minor essential revisions
   a. Pg. 3: the authors use the term “cross-border care arrangement”. I was hoping
that the authors could be more specific about what this means. It is not clear how that is different from medical tourism.

b. Important points in this paper seem to revolve around the fact that “hip reshaping” is not available in Canada. I was hoping that the authors could expound on this a bit. For example, is this a surgery that is not commonly performed because it lacks efficacy, is dangerous, is expensive, etc.? This would help to put some of these findings into a bit of perspective.

c. Pg. 5: The authors state that “This is especially so given the potential for patient education”. It is not clear how this sentence relates to the one before. Do you mean that there are a lot of potential dangers to medical tourism and clinicians can have a real opportunity to educate them? I would clarify this sentence.

d. Pg. 10: There is a typo in the first sentence… “initiated their consider medical”

e. Pg. 19: Typo “Canadians are but on of the dozens”…should be “one”

3. Major Compulsory revisions

a. My biggest concern with this manuscript is related to the comparison that the authors make between their results and past study results. Initially, I had the impression that the authors believed that these attitudinal characteristics would be specific to medical tourism patients. However, much of the past literature appears to focus on patients who decided not to have surgery at all. Therefore, I wonder if the authors were not merely comparing patients who choose to get surgery to those that choose not to, independent of their decision to go overseas. The authors allude to this point on page 16 of the discussion and (particularly) page 21 of the conclusion section, but I do think that manuscript would be clearer and more transparent if this issue was discussed in more detail throughout. Particularly, the authors might mention this issue up front in the discussion and suggest hypothesizes related which of these attitudinal characteristics would be particular to patients who travel overseas for surgery or when those characteristics would be specific to a wider group of patients that decide to have surgery generally, independent of their decision to travel overseas. One way to accomplish this might be to move some of the conclusion section (particularly, the section of the discussion that starts with “Importantly, our contention is not that medical tourism patients.”) into the beginning of the discussion section and then to reiterate those same points in the conclusion section. The authors might also consider drawing this out a bit on page 9 where they clearly state that medical tourists are being compared to individuals that both did and did not have surgery.

b. I think that the introduction is missing an important conceptual link between the motivation and purpose of the paper. Right now the authors establish: 1) medical tourism happens; 2) hips and knees are a common reason for medical tourism; 3) Canada is aging and has significant wait times, so there likely will be increases in medical tourism; 4) medical tourism is potentially dangerous so clinicians should pay attention. Then, the authors go directly into the purpose of the study being to understand attitudinal characteristics of medical tourists. However, I think an important link that is missing relates to why the authors believe that
understanding these attitudinal characteristics would help clinicians address the important dangers that they discuss in the last paragraph of page 4. I think that the best way to do this would be to craft a paragraph that could be inserted between the two paragraphs on page 5 that explains why understanding the attitudinal characteristics of potential medical tourists would help clinicians care for them better. This would then help link the motivation more clearly with the discussion and conclusions section. The authors could then tie the discussion of these attitudinal characteristics to why the authors believe that they should matter.

c. Pg 19…It is not clear to me that the second implication for arthritis clinicians comes directly from the data. Please elaborate and explain more clearly how this conclusion comes from the data.

d. Generally, I think that there may be additional implications from these findings for the clinical community. I think that this section of the report is a bit underdeveloped and, to my above point, I'm not sure that the second point is relevant to the findings from the interviews. I would really encourage the authors to ponder a bit more how each of the three attitudinal characteristics could be incorporated into or influence clinical practice; particularly how clinicians interact with patients who have arthritis and are thinking about surgery.

**Level of interest:** An article of limited interest

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

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