Reviewer's report

Title: Consenting to Health Record Linkage: Evidence from a Multi-purpose Longitudinal Survey of a General Population

Version: 1 Date: 4 November 2011

Reviewer: Nicole Huang

Reviewer's report:

This study aimed to identify factors associated with consent for linking a general-purpose survey and health records. The writing is fine, but some important points need to be clarified to illustrate the significance of the study.

Major Compulsory Revisions:

1. Introduction
   a. Why the authors may expect that investigations on consenting bias from linking epidemiological surveys and medical records, or experiences for data linkage requests on birth cohort studies may not be generalizable to data linkage requests on general-purpose surveys? Particularly when most of these data linkages are asked for consents to link similar health information (health records or health data)? Is there any key difference between BHPS and others, which may lead to different consenting patterns? Please justify and provide references.

   b. Furthermore, the authors mentioned that prior studies were carried by medical research units and have a strong focus on health-related issues. So do you imply that the units/institutions would have influenced respondents’ consenting behaviors? Or do you imply that the original focus of the surveys would have influenced respondents consenting behaviors? Please explain and provide references.

   c. According to the description of the BHPS in the methods section, the content of BHPS is not very different from many nation-wide health interview surveys in other countries. Some have also investigated consenting bias related to data linkage requests. These studies may enrich the discussion of literature review as the literatures reviewed by the authors are concentrated in studies carried out in UK.

2. Methods:
   a. P.5. The authors mentioned that “patients were thus able to give consent to one stream of linkage and withhold their consent to another.” It will be much more interesting if the authors, in addition to overall consent, can further explore factors associated with consenting patterns for different streams of health data linkage. Such findings can have significantly improved our understanding of people’s consenting patterns.
b. No description or justification for the selection of Set 3 and Set 4 variables is presented.

3. Discussions
   a. P.9. It is very important that the authors can give a fuller discussion of the results. e.g. why there is a stark contrast between the findings of this study and those of other “medical studies?”

b. Please explain why the consent rates were much lower in this study than those in other studies.

c. P.10. Among all the conditions analyzed, are diabetes and cancers the only two diseases/conditions mentioned in the BHPS?

d. There seem to be conflicting results on the use of health services. e.g. People “used health services” showed a higher consenting probability, but those who had visited GP showed the opposite. Please explain.

Minor Compulsory Revisions:
1. P.2: “the evidence on consenting and bias is from epidemiological surveys…….” It is confusion! Do you mean “the evidence on consenting bias is from epidemiological surveys?”

2. P.7. Results: It is unclear why the authors chose to report F-statistics and p-value in the text, but 95% CI in Table 1.

3. Table 2: Please state more clearly for the variables, “yes-at least once” and “yes-but never for childbirth.”

4. Table 3: It is unclear to me what the purpose is of having Table 3 and how it is related to the objective of this study?

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

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'