Exley et al, Beyond price....

1. This paper explores the issue of what services people might be willing to pay for using dental implants as a case-study. In the UK this is a setting in which most patients are used to acting as consumers in relation to certain items which go beyond routine dental care. In these circumstances the free and the paid for aspects of care are delivered by the same professional. In contrast to other items for which patients might pay a proportion, dental implant treatment (DIT) is very expensive, leaving the patient with a set of questions about how important having fixed dental work is when an NHS alternative, dentures, are available.

The key research question is embedded in the text, but seems to me to be fairly clearly articulated.

2. This study reports data collected from a qualitative study based on interviews with 27 patients sampled purposively to recruit participants who had considered DITs via primary and secondary dental services. The sample interviewed were those from a larger group of 39, and were confined to those who had ‘considered paying’ for DITs in primary care. 10 paid for DITs privately, 14 did not and 3 when interviewed remained undecided. The data were collected and analysed using a grounded theory approach and thematic analysis.

The research methodology is clearly and straightforwardly articulated and represents a reasonable approach to the research question.

3. The data provide the basis for some insightful commentary on and interpretation of emergent themes. The discussion about people’s understandings of what is ‘functional’ and what is ‘aesthetic’ is very well done, and there are suggestions about the extent to which the UK context provides different theoretical options to patients’ thinking about what they should do from that which is found elsewhere. The directness and immediacy of what it is patients face came out very well, and the difficulties in knowing whether a provider is someone who knows what he or she is doing.

Discretionary revisions

There are clearly things to be developed here. For example, comparison and contrast with different systems in Europe and the USA would deepen the theoretical interpretation of the context of people’s thinking and decision-making.

And the elephant in the room, of course, is inequality, which really gets little discussion at all, even though we know that dental health is closely related to
socio-economic group.

I would like to see a little more comment on this in the discussion, which in general is well balanced and appropriate. For example the growth of interactional service jobs, where appearance and ‘face’ are becoming more important, blurs the distinction between functional and aesthetic (see, for example, Warhurst and Nickson’s paper on ‘aesthetic labour’ in Work, Employment and Society, 21, 2007, 103-120) – not the main purpose of this paper, I realise, but offering important connections to the bigger picture, and the implications of inequalities in access to certain ‘high status’ forms of dental care.

I regard these as ‘discretionary revisions’ but ones that would add weight to an interesting paper.

**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.