Reviewer's report

Title: "What is 50cent?" - A qualitative study of patient attitudes and medicine taking behaviours in response to a 50cent charge on prescription drugs in a publicly funded health system in Ireland

Version: 1 Date: 22 October 2012

Reviewer: Hannu Valtonen

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"What is 50cent?" – A qualitative study of patient attitudes and medicine taking behaviours in response to a 50cent charge on prescription drugs in a publicly funded health system in Ireland The authors examine the meaning of a copayment from the patients’ point of view - patient attitudes and opinions, and whether adherence to prescriptions has been adversely affected. The paper is interesting, because, as the authors say, there are not too many papers studying the meaning of money in health matters. And, after all, the behavior of individuals is based on their interpretation of the world they live in. The study is qualitative. In general terms, I think that the study would benefit, if the perspective of the study would be somewhat wider than the present one.

My major comments:

1. Because the adherence is an important theme in the study, one would have expected a wider literature review on the matter, both quantitative and qualitative studies. It is not self-evident that copayments may have only “negative effects on patient adherence to medications.” (p. 2.) A copayment may also have a positive effect on the adherence. Just one example: “High-risk patients incur greater out-of-pocket costs from continued adherence, while low-risk patients put themselves at increased risk for adverse health events due to greater nonadherence.” (Wang V, et al. Does medication adherence following a copayment increase differ by disease burden? Health Serv Res. 2011 Dec;46(6pt1):1963-85.) A suggest a more thorough literature survey on the theme of adherence and copayments.

2. “Two qualitative studies of copayments for medicines on the NHS have been carried out. [8, 9] Both papers give valuable insights --- However their application is limited in the Irish context because, first the copayment is much bigger (£6.85 in 2008) and also, patients who qualify for the GMS in Ireland would generally be exempt from NHS prescription charges; therefore the populations are not strictly comparable.” (p 3.) I think, that the results of these studied should be discussed, however. The populations are not comparable, but can they ever be in qualitative studies? For the analysis, a comparison with the results of a study with higher copayments for medication would be very interesting.

3. In the same line of thought, for comparison purposes it would be very
interesting to see, what are/were the effects of a small increase in the consumption of any ‘normal good’ – do the reactions to a small change differ in the case of medication and a ‘normal good’ or a ‘luxury’ good? The interviewed persons compare the charge increase to a price of a chocolate bar (p. 7). Are the reactions to a small increase in the price of a chocolate bar different from the increase in the copayment? E.g. one might assume that chocolate price increases are ‘morally right’ (“sugar is not good for you”) but health service copayment are not (“one has a right to free medication”) or are only partially morally correct (“limiting waste”).

4. The basic question about the study setting is the following. At the moment, it seems that the authors are studying how the patients see the copayment. But, I think the paper would benefit by changing the basic question to be: “how different health care is after all”, and using the views and opinions about the copayment as a means to study this question. E.g. when a tax payer says that after working many years and paying the taxes, one should get the medication free, or the collected copayments should not be used to “everything else” (as the taxes?) – i.e. health care is a moral good.

5. About waste: “Many patients made references to people who, out of force of habit, collect tablets they don’t use properly or don’t need, allowing them to pile up at home.” (p. 8) – i.e. “My behaviour is rational and reasonable, but there are some that behave questionable”. Is this a health care specific phenomenon – “some people seem to be buying unnecessary things, but I dont.”

A minor comment

6. “Patients were invited to be interviewed in both independent and chain community pharmacies in three types of setting; 1) a socially deprived urban area, 2) a suburban affluent area and 3) a rural area.” – this information is not used in the analysis.

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

**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