Reviewer's report

Title: Voting with their feet - Predictors of Discharge Against Medical Advice in Aboriginal and Non-Aboriginal Ischaemic Heart Disease inpatients in Western Australia: an analytic study using data linkage

Version: 2 Date: 30 May 2013

Reviewer: Christian G. Janssen

Reviewer's report:

Dear authors,

thank you very much for this interesting paper which was a pleasure to read. I have one major and some minor remarks:

Major remark:

Already stressing one major result in the title weakens as far as I understand the message: Why do you already tell the reader, that there will be differences between aboriginal and non-aboriginal people? I think the message would be more powerful, when you take the first sentence of the discussion as a potential title: “This is the first detailed person-based study of determinants of DAMA focussing on Australian patients with IHD” and than in your following analysis it turns out, that aboriginal status IS a major determinant AND why. I understand that mentioning the latter already in the title highlights from your point of view your message. I think, it weakens the message in the way “they were looking for already expected differences and they found what they predicted … “. But, maybe you can convince me about keeping the title and the paper as it is?! 

Minor remarks:

Abstract:

For me, not firm with australian conditions, the term “aboriginality” sounds not familiar. Maybe, to help also other readers, it would be helpful to first introduce the term as already using it in the abstract etc.

Patients living in rural areas while attending nonmetropolitan hospitals had a 50% higher risk than those living and hospitalised in metropolitan areas.” Risk for what? DAMA?

Introduction:

High cardiovascular morbidity and mortality rates in Aboriginal people contribute 23% to the Aboriginal health gap.[12]. Please, delete , !

Tables:

Table 1: There are very interesting differences between aboriginal and non-aboriginal IHD patients in the characteristics which might be even more
worth going in a detailed analysis than DAMA. Do you plan more publications about this very interesting data?

Table 2 and 3: Maybe, pseudo-R-square would help the reader to assess how good the models fitted the data.

Closing remark:

All in all, this is a very interesting and good written paper with sound statistical analysis which provides reader all over the world with new informations about relevant and significant differences in the australian health care system. I would encourage the authors to answer my questions so that it can be published in BMC.

**Level of interest:** An article of outstanding merit and interest 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