Author's response to reviews

Title: Cost-consciousness among Swiss doctors: a cross-sectional survey

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Author's response to reviews: see over
The Editor
*BMC Health Services Research*

Geneva, July 13th 2005

Dear Editor:

We thank you for your continuing interest in our paper entitled “**Cost-consciousness among Swiss doctors: a cross-sectional survey**”.

We have replied to the additional comments of the reviewers on the following pages of this letter.

We hope that you will find our revised paper to be acceptable now for publication in *BMC Health Services Research* as a clinical study.

Sincerely,

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We addressed the reviewers’ comments in the following ways:

Reviewer 1 (PF)

**General comments**

The authors note they used the SGIM work satisfaction scale-- at the beginning of the paragraph they note it has 17 questions-- at the end of the paragraph, reporting on the alpha, they state "using all 16 questions..."

*We apologize for this error, the instrument we used has 17 items. We corrected the alpha (0.88) for the 17 items in the corresponding paragraph.*

In the univariate results the authors note that cost-consciousness is higher among younger doctors--but in the same paragraph note that senior (older) doctors in the public sector are more cost-conscious--- is this because private sector docs are older (as well as being less cost-conscious) and swamp the effect of senior public sector doctors-- or is something else going on?

*Cost-consciousness was slightly higher in young doctors and much higher among senior doctors in the public sector, who were older. However, as the doctors in the public sector were relatively few compared to the private doctors (68 in public sector vs. 748 in private sector, most over 35, cf Table 2), overall older doctors were less cost-conscious. We changed a sentence accordingly “Doctors in the public sector were in general more cost-conscious, in particular the senior staff across all age categories.”.*

Reviewer 2 (KV)

**Minor Essential Revisions**

1. As mentioned in the previous review, it would be helpful if the authors would explain in their response why it is not possible to provide a Table comparing the demographic and available practice characteristics of those who responded versus those who did not.

*We added the information provided in the previous covering letter in the limitation paragraph of the discussion: “We could not assess response bias in depth, because the two medical organisations gave us only the addresses of their members, with no other socio-demographic information. The only characteristic that we could track was sex, and its distribution was similar among those who responded and those who did not.”*

2. Provide references for potential predictors other than stress from uncertainty and work-related satisfaction.

*We studied the association of socio-demographic characteristics with cost-consciousness in an explanatory way, as stated in the last paragraph of the Background section (“The aims ...”). It is therefore difficult to provide references, other than the papers cited in the Background section, that relates to the influence of several factors on medical decisions.*
3. In Table 2, it would be helpful for those unfamiliar with the stress from uncertainty and work-related satisfaction scales to see the minimum and maximum values for each of the quartiles.

*These results have been now added in Table 3 and 4.*

**Discretionary Revisions (which the author can choose to ignore)**

1. For the last item in Tables 3 & 4, change "work related" to "work-related".

*We changed the Tables accordingly to this suggestion.*