Reviewer's report

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

Version: Date: 13 April 2005

Reviewer: Peter Franks

Reviewer's report:

General
Re: “Cost-consciousness among Swiss doctors…..”
The authors clearly present the results of a survey in Geneva of doctors’ responses to a questionnaire on cost-consciousness. I have only a few comments.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The main problem throughout is the lack of objective evidence that responses on this questionnaire reflect anything other than the response to the questions. There is no theoretical framework provided—that might allow one to consider what this construct means or how it fits into other constructs (such as tolerance of uncertainty, and satisfaction—two other constructs/scales used in the survey) or other behaviors of physicians. Is it a trait or a state? What does it mean, in other words?

Introduction
Last sentence, first paragraph states “…medical decisions are influenced by subjective …concerns about cost….” But this statement is not supported by any reference—or literature. In fact, the scale used has not been validated against actual behavior—just perceptions of resource use—which may be circular (see following paragraph). Thus the conclusion that rising cost-consciousness may have economic consequences (see next paragraph) is un-supported.

The next paragraph posits a possibly false dichotomy between cost-consciousness and supposed deontological obligations of doctors. Without exploring these relationships it is uncertain these may be conflicting ethics. In fact, given the findings of the study, one might argue the opposite.

Methods/Results
Data on the reliability of the satisfaction scale should be provided (as is done with the other scales).

It is uncertain how the multivariate analysis was done—Table 3 does not show all the potential confounders. For example, specialty was a significant univariate predictor—but it is not mentioned whether this or other predictors not in table 3 were included.

Discussion
First paragraph states “we found doctors had a favorable…” but favorable is an interpretation of the findings.

The last sentence of the Stress from Uncertainty paragraph is unclear to me—i.e. “the association [between stress from uncertainty and cost-consciousness] may result from a conflict…..” It is quite likely these constructs are measuring the same or similar psychological factors—so their correlation is not surprising - I don’t see a conflict.
The limitations identify some of the main limitations of the study, but yet the authors go on to make conclusions beyond the data. The sentence “in a setting where health care expenditures are among the highest…..doctors appeared to be generally concerned about contain[ing] costs..” One might infer from this that the 2 ideas are connected—i.e. were expenditures were lower, doctors might be less concerned—but this has not been examined.

The last sentence again poses what I consider to be a false dilemma about the dual commitment of doctors—and it anyway does not gain traction from the data presented.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

'I declare that I have no competing interests