Reviewer's report

Title: Prioritisation of patients on waiting lists for hip and knee arthroplasties and cataract surgery: instruments validation

Version: 1 Date: 19 November 2007

Reviewer: Lorne Bellan

Reviewer's report:

General I was very impressed with your study. You have done a tremendous amount of work to create a reliable and valid prioritization tool.

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

I do not think that the last sentence on page 7 is a proper sentence and after reading it multiple times I still can't figure out what it means. It needs to be rewritten so that its meaning is clear to the average reader.

I have real concerns about your statements on page 15 about how you were perturbed about patients who had no symptoms or disability being placed on waiting lists and then later on about how your prioritization tool could be used to flag inadequate (I think you meant "inappropriate" the way the rest of the sentence reads) resources allocation. I have experienced the dangers of these arguments first hand in Canada where the VF-14 was used for prioritization in some provinces. The problem is that a tool developed for prioritization isn't automatically a valid tool for measuring appropriateness of surgery. Cataract surgery is sometimes undertaken when people don't feel they have any symptoms but have been shown to have vision that falls below the minimum standard for driving and so they will lose their driver's license without the surgery. Many elderly patients tend to minimize their complaints and will present saying they have no problems and yet, on examination, are found to have profound visual impairment. Cataract surgery is also undertaken in some cases where patients are asymptomatic but their lens cloudiness impairs management of retinal diseases. These are only three easy examples of when using a priority tool breaks down in addressing appropriateness and there are more. The one study (Can J Ophthalmol. 2005 Aug;40(4):433-8)that I am familiar with that tried to look at the problem of using a prioritization tool with a ceiling effect for assessing appropriateness found that 75% of those study who had no potential for improvement based on their pre-operative prioritization assessment reported after their surgery that they had markedly improved. It is harmful to the profession to claim that a tool that has been shown to have construct validity for prioritization of patients once they have been booked for surgery automatically has construct validity for assessing appropriateness for cataract surgery.

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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) On page 6 line 8 shouldn't it be "logic" instead of "logit"?

In the last sentence on page 6 the word "from" should be deleted and the word "a" should be inserted before the word "doctor's".

On page 14 line 10 the word "suppose" is incorrect. I think you meant "impose".

On Table 3 I didn't understand whether "Previous surgery" referred to any form of surgery in the patient's lifetime or organ specific surgery (i.e. eye surgery for the cataract patients)

Discretionary Revisions (which the author can choose to ignore) In the methods section I wasn't clear on the two time windows that were mentioned: June 2001-2 and May 2004-March 2006. Was one for arthroplasties and one for cataract surgery? If so, it would be clearer if you added the word "respectively" after March 2006.

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 importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

'I declare that I have no competing interests'