Reviewer’s report

Title: Economic hardship associated with managing chronic illness: a qualitative inquiry

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Reviewer: Jaroslav Rosenberger

Reviewer’s report:

Dear editor and authors,
at first I would address key questions raised by BMJ Health Services Research:

1. Is the question posed by the authors well defined?
Yes, I think RQ is well defined. However, measures used and methods developed to answer RQ are not defined well.

2. Are the methods appropriate and well described?
Inadequate.

3. Are the data sound?
I feel this part is absolutely inadequate. At the present time the manuscript contains only opinions, but no sound data.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
No.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
No.

6. Are limitations of the work clearly stated?
Partly. As the major limitation I see the number of participants, case-mix and qualitative approach which definitely cannot address such type of research question.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes.

8. Do the title and abstract accurately convey what has been found?
Yes.

9. Is the writing acceptable?
Yes.

I have these major comments to the manuscript:

General comment:

The study is conducted as a qualitative research on 52 patients and 14 carers. It tries to address the hypothesis that chronic illness is a determinant of economic hardship. I made some search finding interesting articles connected with this topic, e.g.


Especially the last paper addresses similar issue - due to its authors disability is connected to material hardship. The study longitudinal analysis information from more than 26 000 people, from which some quarter reported at least some level of disability.

In contrast, the present study reports very limited number of participants. In addition, severe case-mix is present in the sample as the authors included three different chronic diseases and also their combination. No detailed characteristics of the sample is presented at all. I feel this is the major flaw of the study as this bias cannot be controlled at all. The example of the need for detailed stratification: diabetic can be a person on diet and with no other problems and co-morbidity, but "similar diabetic" is a person on intensified insulin regime or insulin pump with multiple complications including blindness and dialysis need. Two very different persons, both coming to category diabetes, but with different needs (including economic hardship).

Specific comments:

1. Background. The theoretical basis for the study is partly stated in Methods section instead of Background section: ... people affected by chronic illnesses act purposefully to balance their quality of life with the impact of their diseases, which we called “balancing life and illness” (BLI) [11]. This should be elaborated more in detail.

2. Background. I miss definition of economic hardship which the authors used for purposes of this study (and explained to the participants of the study). As this is a central structure for this article I feel important to bring it already in Backround section (in theoretical framework).

3. Methods. Inclusion and exclusion criteria as well as response rate is missing. How was data collected?

4. Methods. No measures are defined in the Methods section. No source of data
(other than participants) are mentioned. If only patients provided clinical data, this should be clearly stated and mentioned as a limitation of the study.

5. Methods. Some results are presented in Methods section (should be moved to Results).

6. Results. Descriptive statistics of the sample is inadequate (the reasons I explained above). Age is presented only as a categorical variable, education is missing at all, special groups (Culturally & linguistically diverse background) are not characterized, employment status is strangely presented (many people from this sample are too old to work and they are retired, but some can be disabled which is definitely different situation), financial situation is not described at all including some social/health benefits which patients have. Clinical information is not sufficiently defined as I already explained above.

7. Results. No relevant data (except Table 2) are presented in Results section. There are some examples shown in italics, but no meaningful summary from interviews.

8. Discussion. Conclusions are drawn not from data presented in Results section.

9. Discussion. A paragraph about a high consumption of fast food is off-topic.

10. Discussion (or Methods). There are country differences in reimbursing/paying health care costs as well as social/health security systems. Brief explanation of Australian specifics is therefore necessary, so readers can understand why study participants rated some items as economic stressors (because in other countries such items could be covered by government, insurance companies, etc.).

11. Conclusion. I think research based on cross-sectional uncontrolled sample of 66 participants cannot conclude that "The findings highlight how the economic impact of chronic illness generally has no respect for geographic or government jurisdictional boundaries". It can be truth, but in case of this study it is rather based on selection of participants.

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**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