Reviewer's report

Title: Support for a tax increase to provide unrestricted access to an Alzheimer's disease medication: a survey of the general public in Canada

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Reviewer: Hideo Yasunaga

Reviewer's report:

1. Is the question posed by the authors new and well defined?
The question is not clearly defined.
2. Are the methods appropriate and well described?
The methods are not necessarily appropriate.
3. Are the data sound?
They appear to be.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
In general, yes.
5. Are the discussion and conclusions well balanced and adequately supported by the data?
They appear to be.
6. Do the title and abstract accurately convey what has been found?
Yes.
7. Is the writing acceptable?
In part, no.

General
The authors conducted telephone interviews with 500 Canadians, asking whether they would support a tax increase to provide unrestricted access to Alzheimer's disease (AD) medication. 80% of participants accepted a tax increase. The authors concluded that Canadians would be likely to support the relaxation of reimbursement restrictions on AD medications.

Major Compulsory Revisions
1. The authors' opinion on the current restriction on AD drugs available in Canada seems somewhat inappropriate, while the purpose of their study appears ambiguous.

Generally, reimbursements for medications should be considered on the basis of scientific evidence regarding the effectiveness and cost-efficiency of drugs. The
authors should further discuss this aspect. The authors did not give any evidence about the effectiveness of more than one-year of medication by donepezil for severe AD patients. If there is no evidence, then the reimbursement restriction on donepezil in the "Ontario Drug Benefit Program" should be considered appropriate.

The authors asked the study participants whether they would pay tax for a ‘hypothetical’ drug that could halt AD progression without adverse effects. 67% accepted paying tax for unrestricted reimbursement in that case. If a pharmaceutical company were to successfully develop such an excellent drug, the governmental drug agency will have to quickly approve it, and the reimbursement planners will have to consider unrestricted reimbursement on it, regardless of public opinion about paying extra taxes for it.

2. The earlier reports that the authors referred to described willingness-to-pay (WTP) measurements that used contingent valuation methods. WTP can quantify benefits of health outcomes; nevertheless, the authors did not ask participants their WTP for unrestricted reimbursement of drugs. The reason for this is unclear. They simply made a yes-or-no question about paying a tax. I am not sure if such a method has sufficient validity or reliability; the authors should discuss this point.

3. A separate, disturbing aspect of the analysis is the sample. The original solicitation to participate in the survey was made to 13,195 subjects recruited from a “pan-Canadian sampling frame”. The authors received just 500 responses. That is a 3.8 percent response rate, which alone may invalidate the study. Although there is some discussion about telephone surveys, there is no mention of bias problems within the sample of this particular telephone survey.

Minor Essential Revisions
None

Discretionary Revisions
None

**Level of interest:** An article of limited interest

**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.