Reviewer's report

Title: Barriers to diabetic foot care in a developing country with a high incidence of diabetes related amputations: an exploratory qualitative interview study

Version: 3 Date: 25 February 2015

Reviewer: Volkert Siersma

Reviewer's report:

This paper identifies by means of qualitative methods (interviews with health care professionals and patients) several barriers and facilitators to diabetic foot care within the health care system of Barbados, a developing island state in the Caribbean. Three broad themes are identified: the priority of glycemic control, changing professional roles and the reliance on self-care.

Minor essential revisions

1) In my opinion the authors make a too big point out of educating the reader what qualities are sought after in data for qualitative studies. One may expect the reader to know that a representative sample (representative of what, then?) is next to useless in qualitative research and that a sample in which we find many differing experiences is far richer on information. I assess the authors’ 20 interviews as quite adequate for their purpose. I notice that they do not use saturation as a criterion to stop their interview sequence, and they do not claim to have found an exhaustive (of some sort) list of barriers/facilitators. As qualitative samples come, I do not see much weakness in the present sample. Strengths and weaknesses of the study sample should be discussed from a qualitative viewpoint, not with references to a quantitative, frequentist viewpoint.

2) Slightly unclear, but that is how I understand it, diabetic foot care in this paper includes both treatment of ulcers and prophylaxis. With prophylaxis, patients (especially) may not be aware that they had problems (e.g. difficult access to health care specialists) because they did not use the service, notably when they did not have foot problems.

3) Tight glycemic control may be unlucky as, for example, the ACCORD trial shows. This could be mentioned. This could be a motivator to prioritize other treatment and prophylaxis modalities.

4) The limited access to certain services, here podiatry, may be an issue in many areas of the health care system; especially in developing countries. Is it?

5) The particular setting of Barbados sets it apart from certain other developing countries. I assume that Barbados is relatively compact, e.g. no vast wilderness or mountain areas with poor access to health care services, and that the diet may be fish based which would protect from heart disease? How much can the results in this paper be generalized?
Level of interest: An article whose findings are important to those with closely related research interests

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