

# Review of: "Assessing the financial impact of physician self-referral on patients and how they cope with payment in Southeast Nigeria"

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Potential competing interests: No potential competing interests to declare.

This is a very important topic. Given how widespread this practice is in most low-income countries including in Nigeria, this descriptive study provides evidence of the financial impact of physician referrals. Also, there is a dearth of research on the topic in Nigeria; this study is uniquely the first study to assess the impact of dual practice on patients. This is a major strength of the paper.

However, the authors have not provided any information on why patients were referred by their physician to private practice. It would be interesting to know what reasons physicians may have provided their patients. Future studies on this topic may want to assess providers, perspective. The study insinuates that physician self-referrals in Nigeria are purely for economic gain, but this has not been supported with evidence from the literature, most likely due to a dearth of literature on the topic in Nigeria. Thus, their analysis of the issue appears biased against physicians. The authors can strengthen their paper by providing the reader some more context. For instance, most public hospitals in developing countries lack adequate funding and other resources. Remunerations are also low hence the need for supplemental income.

Here are few papers that can provide additional context:

- Onwujekwe, O., Orjiakor, C. T., Hutchinson, E., McKee, M., Agwu, P., Mbachu, C et al., (2020). Where do we start? Building consensus on drivers of health sector corruption in Nigeria and ways to address it. *International Journal of Health Policy and Management*, 9(7), 286. [https://www.ijhpm.com/article\\_3723.html](https://www.ijhpm.com/article_3723.html)
- Daini, B. O., Okafor, E., Baruwa, S., Adeyanju, O., Diallo, R., & Anyanti, J. (2021). Characterization and distribution of medicine vendors in 2 states in Nigeria: implications for scaling health workforce and family planning services. *Human Resources for Health*, 19(1), 60. <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00602-2>

It is important that the authors clearly state that their study is descriptive and provide some justification for why this study design was used. Limitations of this study design should be discussed in the limitations section too. There is an error in the 3<sup>rd</sup> sentence in the limitations section i.e., "samll".

The discussion section of the paper needs to be strengthened as well. It is not enough to recommend measures to

prevent referrals without addressing the underlying factors associated with this practice (Hence the need for more information in the literature review). The authors need to provide specific recommendations rather than generalized statements. For instance, the authors have stated that it is the duty of the government to reduce healthcare costs associated with physician self-referrals. How can the government in Nigeria address this issue? What can Nigeria learn from other countries with measures that limit self-referrals?

It is not clear why cost of travel to private hospital was estimated separately from costs from the private hospital. Is there are reason for this? Also, it is not clear why participants without referrals were included in Table 1. Authors may want to restrict information to participants with referrals (n=34). Alternatively, the authors may want to assess if there are statistically significant differences between participants with referrals and those without. Also, information on income is necessary to provide readers some context of the considerable financial burden self-referrals place on patients. If this data was not collected from participants, the authors need to provide information on average salary in Nigeria.

Overall, this is a good and very important study. I enjoyed reading the manuscript.