

Question in Project:

SHARElife – Healthcare Module (English Version)

Question Topic:

Public health/ Visits to the doctor & treatments

Construct:

Abandonment of medical service due to high costs

General Information:

Note: This item was tested in German. This is an English translation of the original German wording. The translation does not correspond exactly to the wording in the English [SHARE source questionnaire](#).

Question Text:

Have you ever needed a medical treatment or to see a doctor but you did not because the costs were too high?

[Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil es Sie zu viel gekostet hätte?]

Answer Categories:

Yes *[Ja]*

No *[Nein]*

Cognitive Techniques:

General Probing, Specific Probing, Emergent Probing.

Findings for Question Text:

In conclusion, all ten respondents were asked if they saw any difference between two wording versions, i.e. ‘Have you ever given up a medical consultation or medical treatment because it would have cost you too much?’ and ‘Have you ever given up a medical consultation or medical treatment because you could not afford it?’ Four respondents

(01, 03, 05 and 10) did not mention any difference between the two wording versions whereas the remaining six respondents did notice a difference: respondents 02 and 04 said that ‘being able to afford’ referred to a subjective situation whereas ‘costs were too high’ concerned the price and, therefore, it was a neutral indication:

- *‘Not being able to afford something, that’s my case. The costs being too high refers to those who set the price.’ (respondent 02)*
- *‘Being able to afford something refers to my own financial situation. It does not necessarily refer to the objective price.’ (respondent 04)*

Respondents 06 and 07 claimed that one is still able to afford a treatment in spite of high costs:

- *‘But if it costs too much but is essential for me, I want to afford it.’ (respondent 06)*
- *‘Someone must check and say, that costs too much but I wait to have the treatment whenever it becomes possible.’ And someone else would say, I can afford it. Let’s have the treatment right now.’ (respondent 07)*

Respondents 08 and 09 refer to the difference between a situation when someone gives up a treatment not because they are not able to afford it but, rather, because the costs are not refunded (*‘I am able to afford it but still don’t do it because no one reimburses it.’* respondent 08) A further reason is when a treatment is not considered essential (*‘If I see an extra medical service as essential or sensible, then I am willing to pay a certain amount.’* respondent 09).

Recommendations for Question Text:

Considering both tested wording versions, we recommend sticking with the original verbalisation ‘because it would have cost you too much.’ The alternative wording ‘not being able to afford it’ tends to be influenced by the thoughts of one’s own financial situation whereas the version ‘because it would have cost you too much’ concentrates more strongly on the costs and price of the treatment itself.

Findings for Question:

Five out of the ten respondents stated that they did have a situation where they needed to see a doctor or undergo a treatment but did not because it would have cost too much (respondents 01, 03, 05, 09 and 10). The remaining five respondents answered this question with a ‘No’ (respondents 02, 04, 06, 07 and 08).

Probing questions were used with the intention to identify what kind of treatments and types of costs the respondents had in mind. A further aim was to find out at which level of expenses the respondents abandoned a medical consultation because ‘it would have cost you too much.’ As a result, the respondents who had ever needed to see a doctor or undergo a treatment but did not because they could not afford it were asked about the reason for their answer. Furthermore, they were asked about the kind of treatment involved and how high the expenses for that treatment would have been.

One respondent (01) mentions a bone treatment where the cost was 60 Euros: *‘I was supposed to have a certain bone test (...) and it would’ve cost 60 Euros, and I simply couldn’t do it with my pension. As a result, I gave it up.’* Respondent 01 renounced another treatment involving some infusions after an acute hearing loss, which was supposed to cost 250 to 300 Euros (*‘I cannot afford it but, thank God, pills helped to heal it.’*).

Respondent 03 was prescribed two pairs of insoles. The private costs were 39 Euros for each pair. The respondent bought only one pair: *‘The doctor prescribed two pairs of insoles. And then I said, no, I cannot afford two pairs at this point. (...) Then, I only bought one pair.’*

Respondent 05 did not see a doctor for several orthopaedic treatments (costs: 300 Euros) because not enough money was available. Respondent 09 gave up a prostate treatment (costs: 24 Euros) because the treatment did not seem necessary. Respondent 10 did not see a doctor for a preventive medical check up related to an eye cataract, which was supposed to cost 20 Euros.

Respondents 09 and 10 rated the treatments they gave up and did not see a doctor as ‘not very important’. Respondents 01, 03 and 05 considered those treatments as ‘very important’.

Respondents 01, 09 and 10 explained that the treatments were not supposed to be paid from their health insurance. Respondents 03 and 05 claimed that certain additional private payments were too high.

All the respondents who answered ‘No’ in question 1 were asked if they ‘had ever given up a visit to a doctor/ a treatment’ or if they ‘had been able to afford all treatments so far.’ All the respondents said that treatments had always been affordable for them (respondents 02, 04, 06, 07 and 08).

Respondents 06, 07 and 08 explained that there were no treatments which are not paid from their health insurance. Only respondents 01 and 04 mentioned treatments which were not financially covered by their health insurance: For example, *‘Having a blood test and having a blood sample taken’* (respondent 02) or *‘Shots as part of cancer aftercare’* (respondent 08). Respondent 08 stated additionally that she had once opted for cheaper medical service due to high expenses (generic medication for blood pressure). This did

not apply to the respondents 02, 04, 06 or 07.

Respondents 07 and 08 stated they had private health insurance and, therefore, did not (have to) give up any treatments or consultations.

Recommendations:

In order to a situation where the respondents would only think of recent treatments, we recommend mentioning that the respondents should also consider situations from their youth, and not only from their adult lives.

Considering both tested wording versions, we recommend sticking with the original verbalisation ‘because it would have cost you too much.’ The alternative wording ‘not being able to afford it’ tends to be influenced by the thoughts of one’s own financial situation whereas the version ‘because it would have cost you too much’ concentrates more strongly on the costs and price of the treatment itself.

"When answering the following questions, please consider not only your adult life but also your childhood and youth. Have you ever needed to see a doctor but you did not because the costs were too high?

[Bitte denken Sie bei der Beantwortung der folgenden Fragen nicht nur an Ihr Erwachsenenleben, sondern auch an Ihre Kindheit und Jugend. Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil es Sie zu viel gekostet hätte?]"

Furthermore, we recommend that question 1 and 2 should explicitly state that the respondents should not include dentist appointments or dental treatments in their answers.