**Manuscript evaluation**Title: Technology & hospitals loot—Not Doctors  
  
1. Importance of the paper  
  
           Does it address issues relevant to the fields of bioethics and medical ethics in the developing countries?

YES  
  
2. Is it topical?  
  
           Is the issue discussed from another country's/culture perspective? NO  
  
           Will it influence practice or policy? YES  
  
           Is it too specialized for the journal? NO  
  
3. Originality  
  
           Is the information /comment new? YES

Is there any likelihood of plagiarism? NO  
  
  
4. Conclusions  
           Is the interpretation warranted, unwarranted, well developed? YES  
  
           Does the article contain loose generalisations? NO  
  
           Are there any important omissions? I think there was an important omission which I have commented on in the word document which I have attached.   
  
  
5. Other comments: I have made few language and stylistic edits for consideration.   
  
  
6. Recommendation  
  
 Accept with modifications (specify)  
  
 - style: The initial draft had an informal conversational tone. It would be good to give some touches of academic writing.

- substance: Alternative arguments were ignored in a quest for strong argument. A relook would help in creating the very same argument strongly.  
  
  
  
7. Separate comments for the author

Thank you Sir for writing this article. It was necessary for someone to articulate the increasing bills as a consequence of rising costs, which was the consequence of expectations of public and increased reliance on modern technology. Your recommendation on making people cost conscious is very apt. However, I personally think doctors are not operating in a different universe. They have same beliefs like the public, thinking increased technological input would result in better health outcomes. You could consider other points like the need for the return of ‘family doctor’ in restoring faith and a staged approach to increase in interventions through referral rather than direct specialist appointments etc to decrease healthcare costs. In your recommendation about user fees for middle class people in the public hospital settings, you could give evidence by pointing to successful models as it seems as though there might be a dilution in the care for the poor.

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\***Please let us know whether you would like your name to be published as a reviewer of the manuscript. This is optional.**

NO, please let me remain an anonymous reviewer