

IMESS DISSERTATION



Note: Please email the completed mark sheet to Year 2 coordinator
(cc Allan Sikk a.sikk@ucl.ac.uk and Louise Wassell l.wassell@ucl.ac.uk)

Please note that IMESS students are not required to use a particular set of methods (e.g. qualitative, quantitative, or comparative) in their dissertation.

Student:	Ioana_Raluca_Iordache
Dissertation title:	Health care: necessity or luxury good? A meta-regression analysis.

	Excellent	Satisfactory	Poor
Knowledge <i>Knowledge of problems involved, e.g. historical and social context, specialist literature on the topic. Evidence of capacity to gather information through a wide and appropriate range of reading, and to digest and process knowledge.</i>		X	
Analysis & Interpretation <i>Demonstrates a clear grasp of concepts. Application of appropriate methodology and understanding; willingness to apply an independent approach or interpretation recognition of alternative interpretations; Use of precise terminology and avoidance of ambiguity; avoidance of excessive generalisations or gross oversimplifications.</i>		X	
Structure & Argument <i>Demonstrates ability to structure work with clarity, relevance and coherence. Ability to argue a case; clear evidence of analysis and logical thought; recognition of an arguments limitation or alternative views; Ability to use other evidence to support arguments and structure appropriately.</i>		X	
Presentation & Documentation <i>Accurate and consistently presented footnotes and bibliographic references; accuracy of grammar and spelling; correct and clear presentation of charts/graphs/tables or other data. Appropriate and correct referencing throughout. Correct and contextually correct handling of quotations.</i>	X		

ECTS Mark:	C	UCL Mark:	60	Marker:	Petr Háva, MD, PhD
<i>Deducted for late submission:</i>				Signed:	
<i>Deducted for inadequate referencing:</i>				Date:	14.6.2014

MARKING GUIDELINES

A (UCL mark 70+): Note: marks of over 80 are given rarely and only for truly exceptional pieces of work.

Distinctively sophisticated and focused analysis, critical use of sources and insightful interpretation. Comprehensive understanding of techniques applicable to the chosen field of research, showing an ability to engage in sustained independent research.

B/C (UCL mark 60-69):

A high level of analysis, critical use of sources and insightful interpretation. Good understanding of techniques applicable to the chosen field of research, showing an ability to engage in sustained independent research. 65 or over equates to a B grade.

D/E (UCL mark 50-59):

Demonstration of a critical use of sources and ability to engage in systematic inquiry. An ability to engage in sustained research work, demonstrating methodological awareness. 55 or over equates to a D grade.

F (UCL mark less than 50):

Demonstrates failure to use sources and an inadequate ability to engage in systematic inquiry. Inadequate evidence of ability to engage in sustained research work and poor understanding of appropriate research techniques.

CONTINUES OVERLEAF
**PLEASE PROVIDE SUBSTANTIVE AND
 DETAILED FEEDBACK!**

Constructive comments, explaining strengths and weaknesses (at least 300 words):

Key question does not define effectively the research subject (see master thesis, p. 7. and Introduction, pp. 13.-14.). Higher annual growth of total health care expenditures (THCE) is widely known problem. Here I would recommend to start from explicitly defined and reasoned research problem, including its introductory analytical structuring. Relying on the use of one "magic method" meta-regression analysis (MRA) is very questionable. The author concludes the results obtained with the method MRA **as true**. Use of aggregated data (THCE, GDP) from complex and heterogenous health care systems (HCS) does not lead to a significant causal explanation.

In concrete situations of HCS where priority is given to market arrangement, outcomes easily lead to market failure and then logically leads to greater income elasticity. But these are problems that can be only detected in descriptive way at the macro level, but not explained as regards their real causality (difference of statistical and mechanical causality). Relevant explanations of this research problem can be found at the micro level. Using the concept of income elasticity in combination with the aggregated data in this case is representing methodological simplification, which did not lead to valid answers to the question. This thesis completely ignores the possibility of institutional economics / analysis for causal explanations of the studied problems. In practice, the HCS are strongly dependent on the institutional context together with different degrees of price distortions, therefore, to varying degrees of market failure and health care as luxury good. So it is rather the emergence of luxury in terms of market failure.

The author works with a fairly extensive body of literature, but use of relevant theoretical explanatory framework is missing. This causes one-sided orientation using the method of MRA. While MRA may at first glance look as elegant and objective method, the real level of understanding of such an approach is very low.

Specific questions you would like addressing at the oral defence (at least 3 questions):

What kinds of cognitive outcomes brings us using logical regression analysis to set of individual or aggregated variables? (in terms of causality types, validity of understanding, true/false findings)

What is the cognitive validity of using the method MRA? What are the cognitive limitations of this approach?

Is it possible to conclude that the results obtained using the method of MRA are actually true?