Author's response to reviews

Title: Determinants of public trust in complementary and alternative medicine

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Author's response to reviews: see over
Revision Note

Ethical approval

The “Dutch Health Care Consumer Panel” is registered by the Dutch Data Protection Authority (no. 1262949). No further ethical approval is needed for this type of study under Dutch law. We have also stated this in the method section of our manuscript (see page 12).

Reviewer #1: Aslak Steinsbekk

The authors have revised the paper well and I have no further major comments.

Minor Essential Revisions
It would be good to have the numbers for the current and past CAM users for both products and practitioners.

Authors’ response: We have added the information on those who indicated to have used CAM in the past and those who reported to use CAM at this moment to the text on page 15. We have chosen to present this information in percentages.

Page 21: It is now stated (25% of 40%), meaning percentage points. This is always trick, but I think it is more correct to write 70% of 40%.

Authors’ response: We have corrected this in the article.

Reviewer #2: Fuschia M. Sirois

As the authors’ response to the reviewer feedback was not available, I am basing my comments on a comparison of the original to the revised manuscript.

Overall, the authors have been very responsive to the reviewer comments and have addressed many of the concerns raised. The introduction has been much improved by the addition of the suggested references and the clarification of key terms. The discussion also now includes a detailed and thoughtful presentation of the various limitations which need to be considered when interpreting the findings. The addition of the diagram of the model being tested is also a welcome addition. I have no further suggested revisions.

Reviewer #3: Heather Boon

Major Compulsory Revisions
Discussion top of p21 – there have been numerous reports from other studies that people are uncomfortable sharing CAM use with conventional physicians and reasons why have been provided – this literature needs to be acknowledged here. Some examples include:

Authors’ response: We agree with the reviewer that these studies need to be acknowledged here. We added these to the discussion.
Minor Essential Revisions
There are still a few minor English errors that should be corrected. For example, p23 line 14 – “There is reason to belief” should be changed to “There is reason to believe”

Authors’ response: We have corrected this in the article.

Reviewer #4: Marja Verhoef

The authors have carefully addressed the comments and, thus, improved the paper.

Minor Essential Revisions
- P. 2, line 3: under results, add ..than non-users .. at the end of the sentence

Authors’ response: We have corrected this minor revision in the article.

- P. 4: definition CAM: This definition does not really fit how CAM is used in this paper, namely practitioners and practices (see for example on p. 13)

Authors’ response: We have chosen this rather broad definition because we feel that it encompasses the use of CAM products as well as visits to CAM providers.

- P. 4: Rearrange sentences in first paragraph. Begin with the definition. The first sentence should precede the sentence starting with: Firstly….

Authors’ response: We have corrected this.

- The word ‘while’ is not always used correctly. For example on P. 4, 5th line from below (‘as’ would be better), on P.5 second last paragraph (it should be deleted), P.10 middle of the page (better: ….may feel as reliable, as GPs…. Part can be deleted as it is already in the sentence).

Authors’ response: We have corrected these minor revisions in the article.

- The authors have explained that data from 2001 are still valid. However, they refer to use of practitioners only (6-7%). Also, it does appear that CAM is slowly gaining in importance in the Netherlands, as illustrated by discussions on including CAM in health care insurance packages, professional interest groups, etc.)

Authors’ response: Actually, there is not much debate (at least not more then 5 to 10 years ago on CAM in the Netherlands. There is no debate about including CAM in the basic insurance package (which is obligatory for all citizens). In some additional insurance packages CAM is included, but that has not changed either. A rather new development is that CAM professionals try to establish a register of practitioners, but this will not be an official register based on legislation (like the BIG register is for conventional medicine, allied health professionals and nurses). Another new development is the use of the term integrative care. The first article (as far as we know) on this subject in the official journal of the medical association (Medisch Contact) appeared in 2009. In sum, we feel that there is enough ground to say that our data are still valid (although we will only know when this survey could be repeated).

Authors’ response: We have corrected these minor revisions in the article.

P. 6, line 9: add ‘trust in CAM providers’ after interpersonal. Please note, Figure 1
Interpersonal trust in providers CAM – the order of the last two words need to be changed.
P. 8, last line: the word ‘acted’ is missing.
P. 11, Sirios, should be Sirois.
P. 14, last line first section – controlled rather than corrected.
P. 23, second line last section, believe rather than belief.

Authors’ response: We have corrected these minor revisions in the article.