Reviewer’s report

Title: Determinants of public trust in complementary and alternative medicine

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Reviewer: Heather Boon

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Review of Determinants of public trust in complementary and alternative medicine

My overall impression is that this is a well written paper describing a study with a solid design and execution. My suggestions are primarily intended to improve the clarity of the description and interpretation of the data.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Throughout the paper (including the title), the term complementary and alternative medicine is used; however, the authors never define what they mean by this term. For example, if a group is regulated are they still defined as CAM? If yes, then what makes them CAM?

2. Related to #1, I believe it would be more accurate (and more clear) for the authors to explicitly state that they are investigating trust in CAM practitioners ….

Many definitions of CAM include natural products that are usually self-selected by individuals without any input from a practitioner. In North America for example, self-selection of natural products is far more common than visits to CAM providers and makes up the largest proportion of CAM “use” in surveys designed to measure this.

3. The authors use the term “regular” medicine to contrast with CAM. This implies they consider CAM “irregular medicine”. A term more common in the literature, although not necessarily less value-laden is to refer to the dominant health care system as “conventional” medicine. Some prefer “biomedicine.” Any language choice here has its problems, but “regular” is both value-laden and inconsistent with the rest of the literature so I suggest changing it throughout.

4. Background (p.3) – you indicate that Dutch people rate their trust in the conventional health care system as 7 on a 10 point scale and also that 90% of people trust GPs. How are these 2 statements related? i.e., what is the cut off for assessing that someone “trusts” on the 10 point scale – is it any value above 5? On another note, I believe this is first time you use the phrase general
practitioner before switching to the acronym GP, so please note the acronym in brackets here.

5. Background (p.3-4) – you may wish to define the concept of a guarantee a bit more. You state that “Another guarantee is that patients who are visiting a caregiver in regular health care are treated by providers with a special education working to protocols based on best available evidence.” While there is likely little argument that they have special education, I think there is much more debate that all conventional health care providers are “working to protocols based on best available evidence” – this may be the ideal, but there is ample evidence that this is not necessarily a reflection of reality. I think I may be reacting to the everyday use of the word guarantee here, as opposed to the way it is used in your theoretical paradigm and suggest some clarification of this might help you make your point without raising other issues.

6. Results (p.12) – similar to #4, please clarify the cut off on the 10 point scale for determining trust for the finding “50% of the population trusts CAM”... Table 1 lists this as “much and very much” but it is still not clear how that relates to the 10 point scale.

7. Throughout the results, I would find it much easier to follow the logic if the first sentence in each section was framed positively. For example on page 13 under the heading network knowledge you begin with the statement “A minority of people did not receive information from family and friends .. then continue to discuss the people who DID receive information, which is confusing. It would follow more logically to provide the percentage of people who DID receive information and then provide the breakdowns for positive and negative information. I would recommend this approach throughout the results section.

8. Discussion – the data on CAM trust were collected in 2001 and you are comparing them with data on trust of the conventional health care system published in 2005 (I can’t tell when these data were collected) – was there a difference in time period of data collection and if so, is there any reason to believe overall propensity to trust may have changed over time?

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

9. Your finding that trust in CAM is not related to trust in conventional care is very interesting because it has been assumed by some that at least some people only seek CAM after losing faith in conventional care ... you might want to elaborate a bit more on this in your discussion.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a
statistician.

Declaration of competing interests:

I declare that I have no competing interests.