Reviewer's report

Title: Determinants of public trust in complementary and alternative medicine

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Reviewer: Marja Verhoef

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Major compulsory Revisions:

This is an interesting paper comparing trust in CAM with trust in conventional medicine using data collected in a health care consumer panel. Unfortunately the data are almost 9 year old, which could be quite long for a topic like this and should be addressed. The research questions are clear and relevant. Results of such a study may have important implications of how CAM professions can build trust. I have several concerns, but most of these could be addressed I believe.

My major concern is related to the wording of the 7 hypotheses, in particular the lack of clarity in the concepts and the language used.

H2 (Media Images) is related to media images, however exposure to media information is also used, as well as self-reported media attention (in the Discussion), which are all very different concepts. This hypothesis is only backed up by a small study that took place in Canada. This is a concern as issues related to media content are culturally determined. On this note, issues related to are not mentioned at all. What is used and thought to be credible in the Netherlands is different from other countries, which means that your results are culture-specific.

H3 (Network Knowledge) is about network knowledge. Again multiple terms are used to describe this issue and again it is not clear what exactly the intention of the hypothesis is. Knowledge and information are mentioned as well, as is experience, stories (p.15) – at least I think that the stories relate to ‘network knowledge’ – friends (in table 4).

Conceptually, the way these hypotheses are described, seems to suggest that both H2 and H3 relate to actively conveying information. These factors as certainly impacting people’s perspectives on trust of the CAM profession and CAM practitioners, but it seems to me that these are context factors that more passively impact on people’s thoughts and beliefs. Having networks, reading the media one cannot escape being influenced by what is printed and by what network members do, say and believe, but it does not have to be a situation of active information exchange.

H4 (Personal experiences with representatives of the health care system) relates to previous CAM use, but you do not address the multiple and profound differences between the various CAM approaches. People may in fact trust some CAM providers, but not others. This hypothesis clearly brings home how
unwieldy the concept CAM is.

H5 – H7 are very exploratory and based on very limited information, you may need to emphasize this.

H5 (Advice of regular health care providers, notably GPs): I thought that it would be questionable whether many people would receive such advise, which is what you found as well. The question is also whether people asked for advice or whether the GP gave it unsolicited.

H6 (Philosophy of life): the operationalization of this hypothesis seems to be somewhat farfetched – how many Dutch people do not have a religious affiliation or one in name only?

It is, however, interesting to note that despite the shortcomings of the hypotheses, the results of the analyses seem to fall into place.

Some other issues:
- the terms ‘determinant’ and ‘influencing’ are commonly used, given the tentativeness of the hypotheses I think that it could be better to talk about correlates and associations - at least this should be addressed.
- A concluding section on practical implication of the findings and its potential relationships to trust for CAM practitioners, would add substantially to this paper.
- The term regular is used for what could also be called medical, biomedical, conventional, mainstream…. You define regular (p. 12) as medical and physiotherapy). I’m not sure whether regular is the best and best understood denotation. You also speak about ‘regular education’, which is not clear.

Minor essential revisions:
- The definition of trust on page 3 seems to suggest a dichotomy (winning or losing), however the way you describe trust it is a matter of level or amount (I would use degree)- in other words a spectrum.
- In several places alternative and CAM are used interchangeably (p.4, 8, 10) and at the same time it hints at a difference, this could be clearer.
- The term ‘ previosuly developed model’ (p.4) is somewhat unclear – is it just a lit of factors, a statistical model, a conceptual model? Please explain. Also, the last sentence on page 4 ends with…trust: in general? In conventional medicine? CAM?
- The description of the questionnaire (p9-11) is somewhat tedious and not so easy to follow – could you just included the questions in an appendix or table? There don’t seem to be that many, so this would be feasible and quicker to grasp. Of course some narrative around this would be needed as well.

Suggested edits:

While the paper is fairly well written it should be very carefully reviewed for proper grammar, and in some places punctuation. I have listed some points below, but the list is not exhaustive. The beginning and the end of the paper
need most change, the middle part (p.7 – 16) is clearer.
p.3:
- line 2: care as for
- line 5:...trust that their caregivers are
- line 6: what is a confidence good?
- line 13:... people’s general attitude
- line 14:... need should occur
- line 16: system and professions that are part of it.
- line 17: ...as 7 on a scale from 1(no trust) to 10 (high trust).
- line 20: population instead of people.
p.4:
- line 4: ...convincing as CAM providers also include those who are not certified and whose educational requirements are unclear. In addition, many...
- line 7 – no new paragraph.
- line 8: Moreover, in the Netherlands CAM has been... than regular health care. A case in point was the death...
- line 10: ... healers [9]. The ensuing negative media...
- line 12:...CAM is in the Netherlands and..
- line 19: ...elaborate on potential influencing factors..
- line 20:... second explanatory question:

Some other examples:
Line 13: review instead of inspectorate
p.7: reword last sentence – starting with Evidence..
p.9: instead of ‘could mark etc. use: were asked to mark – or – marked... and not could indicate but were asked to indicate..
line 4 from below : not ‘such as’ but including.
p.11: line 6 from below: Relationships between ... and ... were first analyzed using cross-sectional tables.
p.14: line 1:...had experience with CAM, a majority had a positive experience..

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published
**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' below. If your reply is yes to any, please give details below.