Reviewer's report

Title: Diagnostics and interventions in complementary and mainstream medicine

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Reviewer: Fuschia M. Sirois

Reviewer's report:

The authors report the findings from a comparative analysis of the types of health problems treated, interventions performed, and time spent between general and CAM practitioners in the Netherlands. With its focus on what goes on in CAM consultations, this paper makes an important and timely contribution to the literature on CAM use and more specifically the differences in health care activities between conventional and CAM physicians. That being said, there are some important issues that need to be addressed.

Major Compulsory Revisions

By stating the first objective as: “What complaints are diagnosed in CM practices and do these differ from mainstream general practice?” the authors assume that people seek care from either a CM practitioner or a GP for essentially the same health issues. There are several studies that suggest that those who use CAM do so for particular complaints which may or may not be different from problems where conventional care is sought (see Al-Windi, CTIM 204; Sirois & Purc-Stephenson, CTICP 2008; Sirois, JACM 2002). Without accounting for these potential differences in the types of health issues that may influence the choice of care sought, the authors run the risk of confounding the types of complaints diagnosed with the types of problems that influence choice. Therefore, some mention in the introduction of the typical problems linked to CAM use is needed.

Better still would be to rephrase this objective to be more in line with what was examined. In fact, on page 6 the authors present the results by stating “...CM patients presented general complaints...” Perhaps the focus should therefore be on the differences between presenting complaints (inferring that the patient is the active agent) rather than on diagnosing (inferring that the practitioner/GP is the active agent). I understand that the main focus of the paper is on elucidating CM physicians medical activities. But the nature of the problems diagnosed is necessarily limited by those who present the problems and this distinction and the limits it imposes on the conclusions drawn from the findings needs to be made much more clear throughout the paper.

What are the limitations of the study? How may the physicians who chose to participate differ from those who did not and what are the implications of the use this self-selected sample for the findings? How does the role of health problem type in the choice of care impact the findings and their interpretation? What are the implications of using a comparison data set collected in 2001? These
questions need to be considered when presenting the limitations of the study and making conclusions about the meaning of the findings.

Minor Essential Revisions

- In Table 3, what were the significance levels for the tests and was there any corrections made for multiple tests?
- The information regarding the year of data collection for both the comparison data DNSGP-2 and the physician data needs to be presented in the methods, not just in Table 3.

**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.