Reviewer's report

Title: Differences in the quality of interpersonal care in complementary and conventional medicine

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Reviewer: Fuschia M. Sirois

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This an interesting and timely paper regarding differences in interpersonal care between CAM and conventional medicine physicians. My main concerns are that the introduction, while descriptive of the local reasons for this study, does not situate the current study within the broader CAM literature with respect to the role of interpersonal care in CAM. Some more contextualizing of this issue, for which there is a growing body of literature, is needed. There is some literature mentioned after the fact in the discussion, but a better presentation of the issues and current literature and theory specific to CAM is needed in the introduction.

Major Compulsory Revisions

The introduction is surprisingly brief given the growing body of evidence linking the importance of patient-physician relationships to outcomes in both conventional and CAM care. Although it appears that this study was pragmatically driven to address the issues of withdrawal of CAM procedures from basic health coverage in Switzerland, some mention of current research on this topic is necessary. To not include this assumes that the reader is familiar with current research, and/or makes it appear that none exists. There are several studies that could be cited to support the idea that the patient-provider relationship can play a role in treatment efficacy and should therefore be considered when evaluating the efficacy of CAM. For example, two studies have found that empathy – a characteristic of the patient-provider relationship – predicts positive outcomes in acupuncture (MacPherson, Mercer, Scullion, & Thomas, 2003) and homeopathy (Bikker, Mercer, & Reilly, 2005).

There is also some theory now on why the patient-provider relationship may play a role in treatment outcomes (Long, 2002; Paterson & Britten, 2004; Verhoef, Vanderheyden, Dryden, Mallory, & Ware, 2006), which should be mentioned. In general, these models suggest that the quality of the therapeutic relationship may impact perceived and actual outcomes through multiple means, including fulfillment of patient needs. But this is not the only way that interpersonal quality can impact outcomes. I wonder if the author’s could comment on some of the other proposed routes suggested by these models which have been developed specifically for understanding the role of non-specific factors in CAM care and outcomes. The current discussion is skewed to one point of view and does not provide a broad view of other relevant perspectives and interpretations of the findings.
Finally, the authors state in the discussion that “the fact that expectations of CAM patients are less vague than those of COM patients [20]—they are more clearly focused on a specific CAM treatment approach—makes it easier to get fulfilment.” Is this necessarily true, that is are ALL CAM consumers are equal in their expectations of CAM even if they have are fairly new to CAM treatments? There are at least two studies that suggest that this is not the case and that CAM consumers may “learn” about what to expect from CAM with increased use and experience with CAM (Sirois & Gick, 2002; Sirois & Puc-Stephenson, 2008). The author’s point here should therefore be more cautiously stated, especially since there is no data regarding the patients’ experience or use of CAM. This is a limitation of the study that needs to be noted.

**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