Reviewer's report

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

**Version:** 4  **Date:** 24 August 2010

**Reviewer:** Richard Nahin

**Reviewer's report:**

The authors and this reviewer have a difference of opinion concerning the number of variables to be controlled in their regression model. The editors can make their own judgments as to the merits of these previously expressed arguments. However, as a reminder, the main strength of the randomized trial is the ability to balance extraneous factors between groups. For instance, disease severity across groups is balanced by randomization. Observational studies, not being randomized, are always prone to unknown biases. Thus, scientists involved with observational studies trying to associate patient treatments with patient outcomes should apply extra effort to identity and control for as many potential biases as possible. In the present paper, the authors have not done an adequate job explaining that they have applied this effort. It is not at all clear how the cited reference (32) is related to their argument to use such a parsimonious model when looking at patient reported outcomes.

In the ABSTRACT, the first sentence of the conclusion ("evidence of a better patient reported effectiveness of CAM . . .") is much too strong given the mixed effectiveness data presented by the authors (e.g., CAM patients had poorer relief of symptoms). All they can accurately say is that general patient satisfaction was observed to be higher in patients seeing certified CAM providers and that this satisfaction was associated with better patient-physician communication.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests'.