Title: Person-centred and integrative medicine from the perspectives of patients using complementary therapies: a meta-ethnography approach

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Reviewer: Anne LEIS

Reviewer's report:

Major Compulsory Revisions

Is the question posed by the authors well defined?

1. The introduction and rationale for the study need to be strengthened in order to better set the stage for the manuscript. Overall context and definitions would be useful. Is the authors’ position that in the new era of personalized, tailored bio-medical care, patients' desire for individualized, person-centered care is still not known? not recognized? not practiced? In the manuscript, several terms seem to be used interchangeably: person-centered, integrative, individualized, personalized. Is it the case? Please clarify meanings. As written, the main intent of the article appears not clearly defined as explained in the next point.

2. While the topic triggers interest in the manuscript, a lack of alignment between the title, methods, results and discussion seem to interfere with a full understanding of the authors' intent and ultimate message. For example, according to the authors, the goal of the project was to describe the concepts, expectations and perceptions of individualised or person-centred as well as integrative medicine inherent in patients’ reasons for using CAM, as documented in qualitative studies.[1st sentence in methods section]. In the abstract, the following formulation is used: By means of a meta-ethnography, this project explored patients’ reasons for CAM use with respect to inherent perspectives of individualised medicine and integrative care. This is confusing and maybe not quite well articulated. While it seems that the authors wanted to explore the meaning of integrative or person-centered medicine, they focused on studies reporting on patients’ reasons to turn to Complementary and Alternative Medicine (CAM). When reaching the discussion, the 3rd sentence finally clarifies in the end that there was a dearth of primary studies describing expectations or perceptions of individualized and integrative medicine from the patients’ perspective and therefore studies about reasons for CAM use became the focus of the search. Some reorganization of text should occur to enhance consistency and allow the reader to follow from the start.

3. Is the study about describing and validating patients’ perceptions of person-centered and integrative medicine through a meta-ethnography OR comparing and contrasting patients’ perspectives of person-centered and integrative care with health care system’s and professionals’ views of personalized medicine. There is a lack of clarity and consistency.
4. It would also be essential to better articulate the importance and relevance of the topic as well as the anticipated contribution of this meta-ethnography to the research literature.

5. This study is not really novel in contrast with the claim by the authors at the end of their first section. As is, it does not seem to provide a coherent and sound addition to scientific knowledge.

Are the methods appropriate and well described?

6. In the methods’ section, the first sentence starting with the goal of the project….. should appear at the end of the introduction instead. A meta-ethnography according to Noblit and Hare description was chosen as the method and a definition is provided. Although the 7 steps are well described, the reason for selecting this approach lacks justification. In the 2nd paragraph of the discussion section, some explanation is finally given. Again, this is too late.

7. When describing the data bases and the search process, decision points are unclear. The predetermined inclusion and exclusion criteria are missing. The table designed to present the criteria only mentions the selected key words and a summary! The absence of specific steps that led to study inclusion is an impediment for fully appraising methods used to obtain the final pool of research studies for the meta-ethnography. How did the authors proceed from 63 studies to the final list of 30? The authors mention that “a detailed description of the literature search and appraisal of the meta-ethnography will be published separately” More detail and a reference to the publication is necessary.

8. Several claims in the methods need to be substantiated or illustrated such as the concept of translating the studies (section 5 in table 1) and the synthesizing translations. For example, in section 6 of table 1, what do the authors mean with the sentences: “the so-called synthesizing of key themes resulted in a new whole of the parts, more than the parts alone imply” and “we developed third-order concepts for a theoretical framework of patients’ expectations of individualized medicine and integrative care.” Are the theoretical framework and the diagrammatic model (section 7 of table 1) identical or interchangeable? Again this needs some clarification.

Are the data sound?

9. Clearly a lot of work was involved in this study and the resulting manuscript. According to the authors, “A total of 9,578 relevant articles were found, of which 3,615 were screened on the bases of abstracts and titles. Sixty-three full publications were analysed according to the predetermined inclusion and exclusion criteria noted in Table 1. Twenty-five publications were excluded after full text analysis, and an additional eight publications were excluded following a quality assessment performed by two members of the research team working independently. The remaining 30 studies comprised data mostly from the United States, the United Kingdom and Australia. Most literature included studies of cancer patients and studies of patients with chronic diseases.” In the abstract, it
reads that 38 studies were appraised?? The first sentence of the discussion states that the meta-ethnography used a “the three-stage approach of a rigorous literature search and quality appraisal…” Yet this the first time the three stage approach is mentioned! How was it done?

10. In the end, 30 studies were included in this meta-ethnography. Study characteristics are included in the Table 2. More specifics would be expected in order to understand and appraise the ultimate selection criteria that were used. In addition, how this table 2 is organized? Study details are not provided systematically. For example, why the type of qualitative study and the sample number are only mentioned in some of the cases? Why the original objectives of each included study are not mentioned. Here again, there is a disconnect between what is shown in the table such as CAM modality used (does it matter?) and the goal of the meta- ethnography which is to describe patients’ perceptions of individualized, person-centered care.

- Minor Essential Revisions

1. Please refer to the first section entitled: is the question posed by the authors well defined? Several discrepancies (i.e. objectives and methods) were noted between the abstract and the manuscript and should be fixed.

2. In the results section, the notion of line of argument at the end of the 2nd paragraph seems fuzzy? “We discovered a similar context among the individual studies, and an integrating scheme could be constructed. We could precede a line of argument synthesis from the reciprocal translation to a higher-order interpretation.” This seemingly similar context may be the result of the studies’ selection, thus introducing an apparent bias? Clearly some additional explanation would be helpful here.

3. The discussion could be more organized and focused. What does the discussion add? Is the discussion a bit self-serving or does it open the debate? The personal growth concept is not new and has been identified as a component of integrative care. Whether or not it is a motivation or a result would be hard to prove with these qualitative designs. This reviewer wonders on what basis the authors claim that their finding is new and that personal growth constitutes a reason for individualized care Overall, the discussion should clearly go back to the study purpose of better understanding individualized care from the patient’s perspective and also systematically compare and contrast with what is called personalized medicine. The discussion should be based on sound arguments based on definitions and the literature. A few discussion points such as the view of genome-based individualised medicine and diagnostic tool potentially leading to physician and patients’ empowerment . As the authors state, “ the effective use of such diagnostic tools could empower the patient to work with his or her physician to determine the most suitable prevention or treatment plan.” It would be most interesting to pursue this line of discussion even further as it would be a constructive contribution to the debate.

- Discretionary Revisions
1. The discussion devotes the first section to the methods discussion which was felt to be useful and shed light to the overall approach of meta-ethnography. Some information should have been included in the methods paragraph.

2. Some limitations are clearly stated; however in the absence of inclusion criteria driving the selection of studies for this meta-ethnography, it remains difficult to evaluate if limits were adequately acknowledged.

3. Please note that reference 28 is a repeat of 21, reference 30 is a repeat of 24 and reference 46 is a repeat of 16.

4. Issue with wording, cultural representation and maybe translation from German to English seems to have led to a few difficulty in understanding several sentences such as the following in bold:
   a. However, the question has so far remained unanswered as to whether the field’s current focus on molecular biologic specification can ameliorate healthcare needs in a balanced relation to the invested resources.
   b. Here, “integrative care” referred to patients’ room for different treatments options including treatment alternatives within conventional medicine (COM) or in combination with CAM modalities.
   c. Thus, it should be ensured that “speaking medicine” and the time resources for detailed physician information and guidance are sufficiently covered by insurers and other medical health-payment systems.
   d. However, there is a need for comprehensible information, the medical explanation for lay people provided by physicians.
   e. The provision of functional ability is regarded as a fundamental part of wellbeing, as is the desire for fewer side effects and a familiar environment. Patients seek CAM therapies as comparatively harmless ways to harness the body’s healing capabilities [74]. However, wellbeing is not to be seen in a hedonistic sense of “wellness”; rather, patients in our meta-ethnography also expressed the sometimes-difficult work of emotional self-regulation in the dimension of “wellbeing after emotional clearing.”

**Level of interest:** An article of limited interest

**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 have no conflict of interest