Author's response to reviews

Title: Current Challenges and Future Directions for Naturopathic Medicine in Australia: A Qualitative Examination of Perceptions and Experiences from Grassroots Practice

Authors:

Jon L Wardle (jon.wardle@uts.edu.au)
Jon Adams (jon.adams@uts.edu.au)
Chi Wai Lui (c.lui@sph.uq.edu.au)
Amie E Steel (amie.e.steel@student.uts.edu.au)

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Author's response to reviews: see over
Dear Editors,

RE: Current Challenges and Future Directions for Naturopathic Medicine in Australia: A Qualitative Examination of Perceptions and Experiences from Grassroots Practice

Thank you for the opportunity to revise the above paper. We thank the reviewers for their comments and believe that their input has made the manuscript stronger. We have addressed each of the reviewer comments below. We have also attached a document with tracked changes.

We trust that we have satisfactorily addressed the reviewer concerns, and look forward to hearing from you in due course.

Yours sincerely

Dr Jonathan (Jon) Lee Wardle (on behalf of all authors)
1. P 10 para 1 - First sentence. Please clarify.

We agree that this sentence could elaborate on the point being made, and therefore have made the following amendments (amendments highlighted):

Some participants perceived that the public’s confusion over naturopathic training and scope of practice, combined with the unregulated practice environment and co-option of the term naturopath people participants described as “quacks”, “charlatans” and “shonks” reinforce the conception that naturopathy was not legitimate or scientific practice.

2. P 12 para 1 - second sentence seems to be incomplete. What are the authors saying about support for statutory regulation?

We have made the following amendment (amendment highlighted):

Regulation formed an integral part of the solution for many of the professional challenges perceived by naturopaths in this study. There was a belief by practitioners that regulation “would fix” many of the problems within the profession, even those not necessarily related to professional or practice standards (such as uniting the profession), which is a finding consistent with quantitative research that suggests that support for statutory regulation amongst the naturopathic workforce is related to a variety of issues, not just increasing professional standards [8, 9, 30].

3. P 14 para 3, sentence too long and last part doesn't make sense:

We have converted this text into two sentences and have made the following amendments (amendments highlighted):

Although the naturopaths in this study highlight concerns about uncritical acceptance of a dogmatic EBM model and the negative effects this could have on naturopathic practice, they also incorporated a broadly positive view of an increasingly scientific approach to naturopathic training and practice, which incorporates increased biomedical training. These findings seem consistent with previous studies of naturopathic perspectives of science and evidence, which demonstrate naturopaths exhibit a complex and critical approach to evaluating and incorporating scientific and evidence-based perspectives in practice [19, 43].
REVIEWER 2

1. One weakness of the report, an issue which is recursively reflected in the comments of the interviewees, is the lack of definition in what the practice of naturopathy constitutes. The authors provide no references to any specific authoritative body or publication as to their sample tenets of the profession (“Tolle causum” and “Vis medicatrix naturae”). Beyond the two phrases, the authors do not cite details on what distinguishes naturopathic practice from other forms of health care despite that interviewees are threatened by the possible “devaluation of naturopathic philosophy.” The interviewees cite the potential loss of the “art” of practice, of requisite “individualization” of treatment, and perhaps of a holistic perspective on the patient to the increasing pressure for evidence-based medicine which they generally equate with commercially-driven, mechanistically-rationalized, population-based outcomes of single therapeutic agents. There is no defense of “individualization” or a holistic perspective as specifically naturopathic, just as the profession's tenets are not defended (or defensible?) as specifically naturopathic. The vaguely looming naturopathic “art” of practice, which is also unexplored here, may hold unique benefits of the practice from which all health care providers may learn and of which potential patients should be made more aware.

We concur that a greater descriptor of naturopathic philosophy and a reference to an authoritative source would be useful. We have therefore included a more comprehensive definition of naturopathic practice in the introduction with reference to authoritative sources. These sources (one international and one from Australia) share the same definition of naturopathic practice, philosophy and theory and can explain the complexities of this discipline in far more detail than we ever could in this article.

We would like to point out that comments of the participants were made largely in relation to the pressures naturopaths felt in relation to their practice – they felt that naturopathic philosophy and theory were being diluted by both internal and external pressures. Participants were in fact asked to define what they meant by naturopathy or naturopathic practice when they raised this point, and there was consensus amongst respondents to the principles-based definitions used in these references and other recognized sources. These elements were raised as defining, and reinforced throughout naturopathic education (hence the belief that untrained practitioners were ‘bogus’), and therefore although individual themes of practitioner concerns were raised (e.g. loss of holism and individualization), these were seen as specifically related to naturopathic theory by respondents. Although we initially only included two principles for brevity in the results, we have now removed these entirely as the inclusion of a definition in the introduction makes this redundant and the sources we have referenced comment on naturopathic theory and philosophy in far more depth than we could in this article.

We understand that such definitional issues are a broader issue in the profession internationally, and that a definitive authoritative source on naturopathic practice and theory (the Foundations Project) is currently under development. Therefore we have made reference to this in our discussion.

Although not previously made overt in the original manuscript, the respondents did highlight issues such as individualization and the “art” as specifically naturopathic. Although a vague concept in its own right, the respondents raised this more in relation to the clinical autonomous nature of the ‘art’ of practice, as distinct from the protocol-driven nature of the
‘science’ of practice. We concur with the reviewer that the “art” of naturopathic practice could be explored in further research, as it may hold unique benefits or provide valuable lessons for practice, and we have raised this issue in the discussion.

2. Though analysis of the data points to a dismissal of single agent research as inadequate to the naturopathic evidence base, the report offers no interview data that expresses what kind of evidence would be acceptable in a valid naturopathic epistemology. The lack of definition and an acceptable epistemology make it extremely difficult to differentiate “bogus” unqualified practitioners from the bona fide.

We thank the reviewer for their comments. Although the report does raise issues of definition and epistemology, these were not the primary factors by which respondents identified ‘bogus’ practitioners. Although some respondents did highlight that the biomedical paradigm was influencing practice, and that this itself was not true naturopathic practice, most of the discussion on “bogus” practitioners was related to training. In an unregistered/unlicensed jurisdiction such as Australia the lack of protected title meant that persons without naturopathic training could present as naturopaths. This was presented by participants as reflecting poorly on trained naturopaths as this ‘bogus’ group was often more fringe in their beliefs, their poor knowledge of health science often meant their treatments could be risky or ineffective, and they were not necessarily holistic or altruistic in their application of therapies. Participants also highlighted that as naturopathic theory and philosophy underlies and is present throughout the entirety of naturopathic training, not receiving the appropriate qualifications automatically made someone ‘bogus’. This point has now been clarified in the revised manuscript.

3. The data from this small study remains available and might be re-analyzed to focus on the twin fundamental gaps of naturopathic definition and appropriate evidentiary tools which are the necessary foundations of process and outcome standards for the future development of the profession. In the absence of these core functions, it is no wonder that practitioners look to external regulation to help them define their roles in a national health care system.

We agree that these areas provide important and interesting avenues for further research and discussion, but they remain beyond the scope of the data from this project. Nevertheless, such issues were intonated by some respondents and there has been some preliminary work done in this area. We appreciate the insights of the reviewer and concur that they need further exploration, and have therefore included these topics in the discussion.

4. The authors indicate that the effort for regulation “may be representative of deeper frustrations and disconnections with leadership amongst professional associations” and—this reviewer might emphasize—its academic institutions.

We concur that the academic institutions were a part of the ‘leadership’ that was criticized by the respondents. Recent work has also highlighted this in Australia [REF 10]. We have added academic institutions to this sentence, as well as making the statement in the abstract more inclusive.