Reviewer's report

Title: New Canadian Natural Health Product Regulations: A qualitative study of how CAM Practitioners Perceive they will be impacted

Version: 1 Date: 22 February 2006

Reviewer: Kathi Kemper

Reviewer's report:


It is not clear how relevant these findings are now that the regulations are more than two years old, and practitioners can base their opinions on quite a bit more experience.

It is also unclear why the largest group of licensed CAM providers, chiropractors, were omitted from this study. Other surveys have shown that over 50% of chiropractors make recommendations about natural health products, and chiropractors are the largest group of CAM providers and account for the most visits to CAM providers, at least in the US.

It would have been helpful to see the kinds of structured questions used to guide the interviews. Did the interviews/facilitators routinely ask all CAM professionals the same questions about their general views (thumbs up or thumbs down) on the regulations, their views on the process by which the regulations were developed (did they feel their professional group had sufficient input?) expected impact on patients, cost of care, impact on the profession, safety concerns, access concerns, etc. or did these issues just arise spontaneously? Did the authors ask the practitioners about their sense of power within the Canadian health care system (as per the anthropology of power framework), or is most of the discussion about this based on the authors’ speculation?

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Either include chiropractors or provide a very clear rationale for omitting them AND describe what impact you believe omitting them has in terms of limiting the generalizability of the study.

The rationale for the CAM practitioner groups included in the background is somewhat vague. Most physicians and nurses also believe that these professions focus on treating underlying causes, not just symptoms, and are involved in health promotion and prevention strategies, e.g. immunizations, safety seats, hot water temperature regulation, flame retardant children's clothing, dental care, discussions about diet, exercise, avoidance of tobacco, alcohol and illicit drugs, screening for and getting help for victims of domestic violence, etc.

Need to provide questions guiding the interviews.

Need to provide a paragraph on limitations of this study and another paragraph delineating future research questions as well as implications for policy and practice and education.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the
author can be trusted to correct)

Throughout, Regulations is capitalized, and may be written in lower case. On page 6, "policies, for example on the environment, education, embryology,...encapsulate the entire history and culture of the society that generated them" seems to be a bit of a sweeping generalization. What about art, music, food, and religion as contributors to the history and culture of a society?

Work on making the conclusion in the abstract flow more logically from the results presented. Work on making the abstract's results mirror the key findings from the results section.

Reduce the overall length to about 13 pages. This will tighten and focus the paper.

Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because scientifically unsound

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.