Reviewer’s report

Title: Doctors views of complementary and alternative medicine (CAM) and its role within the NHS: an exploratory qualitative study

Version: 1 Date: 12 January 2007

Reviewer: Heather Boon

Reviewer’s report:

General
The purpose of this paper is to facilitate understanding of why general practitioners hold certain beliefs and attitudes about CAM.

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

The paper is generally well-written but lacks a few crucial details in the methods section. Please clarify the following in a revised paper:

1. A definition of what the authors define as CAM needs to be added to the introduction of the paper. CAM means too many different things to different people – it is necessary to know how the authors define it and how this definition was explained to the GPs participating in the interview in order to understand and contextualize the findings.

2. The theoretical perspective of the authors needs to be identified. “Qualitative methods” is a very large field. Books such as John Creswell’s “Qualitative Inquiry and Research Design: Choosing Among Five Traditions or Lincoln YS, Guba EG. Paradigmatic controversies, contradictions, and emerging confluences. In: Denzin NK, Lincoln YS, eds. In: Handbook of Qualitative Research. Thousand Oaks, Sage, 2000:163-88, as well as a growing number of articles in the social sciences literature stress the importance of explicitly identifying the basic ontological and epistemological assumptions underlying qualitative research.

3. Only 9 interviews were conducted. How was this number chosen? Some justification that this is “enough” interviews to fulfill the purpose of the study is needed. Several times we are told this is an “exploratory” study, which seems an attempt to justify the small sample size. Did you reach saturation in the analysis of the key themes? Sometimes you don’t need a large sample to answer a specific research question, but nine is quite a small number so some justification for stopping the study after 9 interviews is required.

4. The Conclusion brings up new themes and issues which were not identified in either the findings nor the discussion (e.g., questionable value of CAM terminology; additional vs. alternative use of CAM modalities; incorporating elements of CAM modalities into GP practice). Please revise – the conclusion should reiterate the key findings. If the issues raised in the conclusions are important themes from the interviews they should be reported in the findings and then explored more fully in the discussion.

5. Please include the interview guide as an Appendix.

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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)

6. Please add a quote or two from the “middle ground” GPs in Box #1

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Discretionary Revisions (which the author can choose to ignore)

7. Do the authors really think that it is possible for patients to feel comfortable discussing CAM with doctors who are skeptical? This is often found in the discussion/conclusion of papers like this, but is it a realistic expectation?

8. Given the polarized views encountered among doctors and the recognition that the desired “more research” will be a very long time in coming, do the study findings shed any light the debates about the integration of CAM into the NHS? Will this study likely have any impact on this at all?
9. It might be helpful if the authors could suggest what they would recommend as the logical next step to build on their research.

**What next?**: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

**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