Reviewer's report

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

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Reviewer: Kell Julliard

Reviewer's report:

General

The authors are to be commended for undertaking a qualitative study of the rationales of a broad range of doctors for their beliefs about CAM. We do need to understand more about the thinking of a range of physicians on this topic. The paper is well written and clear and provides some interesting findings. The way the paper presents its methodology and findings could be improved, and some thoughts about how to accomplish that are found below.

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

METHODS

The methods would benefit from elaboration and more explanation.

Sampling: the authors' sampling strategy relies on finding "doctors in general practice serving a variety of patient populations." This variety should be described. Are there racial/ethnic/cultural variations, socioeconomic status variations, educational variations, or all of the above? A table listing the variety that actually existed in the sample would be sufficient. What about other characteristics that could affect doctors’ rationales, such as length of time in practice, length of time since training, kind of practice (e.g., urban vs. rural)? Was there sufficient variation here as well? The other issue that seems important to me is the research and academic orientation of the interviewees. In our setting (which is a non-academic community hospital), no one mentioned research and evidence as important in issues related to acceptance of CAM (this shocked us, but was borne out in the survey we conducted as well). I believe that it would be wise to change the title of the article to "Academic Doctors’ Views etc." -- this would spare the authors needing to interview more physicians.

Data collection: in theory at least, data are collected in qualitative research until saturation occurs. Why did the authors stop at 9 interviews? Some rationale should be given as to why the sample size was so small and how this affected the completeness of the data.

RESULTS

While having callout boxes is a good idea, I believe that they should be used for key points rather than participant quotes. Some of the quotes were confusing out of context (such as, who is the "we" in the first quote of box 1?) and most took more than one reading to figure out how they fit in with the box's topic. I would suggest putting the quotes in the paragraphs where their topics are discussed so that they can be used to crystallize and emphasize a specific idea. Also, giving participant numbers is not helpful unless there is a table or list of which participants had what characteristics.

Personal experiences: I was interested in doctors' personal experiences of receiving CAM as patients as well as of witnessing the results or lack of results from CAM in patients they were treating. It was confusing to me sometimes whether both of these were being invoked, or only the doctors' experiences with their patients. Doctors' explanations around both of these should be given if possible.

Communication: this section was almost all related to behaviors of the clinicians rather than the rationale for those behaviors. In this section in particular, and the other sections of the results in general, I would like to
see the authors go much deeper in terms of communicating the rationale, reasons, and explanations physicians had for their opinions and actions. For instance, were the doctors asked for their definitions of what CAM was (such as what modalities would be included under CAM)? Those rationales would be interesting to understand better.

Information and training needs: Examples where more explanation/rationale would be valuable are "A minority had no interest in learning more about CAM" and "Most of the doctors interviewed did not feel detailed teaching was necessary . . . ."

Evidence base: A more thorough explanation of what it would take to convince these physicians of the evidence base for CAM would be most welcome in this section!

DISCUSSION

The limitations related to sampling should also be addressed, once the authors have specified how successful they were in achieving a variety of patient populations and experience levels of physicians in their 9 interviewees.

Given the exploratory nature of this research, like a pilot study, what steps should be taken in future research to build on these findings? A larger qualitative study? A survey? Something else entirely? These recommendations could come close to the end of the discussion.

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

Careful proofreading by an experienced editor will catch the typos present in the manuscript. Box 3’s contents begin with a small letter. Is the sentence incomplete, or was the capital letter omitted?

Discretionary Revisions (which the author can choose to ignore)

It is difficult finding relevant references that include the rationales of CAM skeptics, but even so the authors may find of interest the following two references (which focus on physicians with CAM interest):


Likewise, work from our center may be of interest even though its focus was to explore definitions of health and how they are similar or differ between conventional, integrative, and CAM providers. Some of the findings relate to rationales for physicians' ideas about CAM. Here are two such articles, if the authors would like to take a look at them:


What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

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 declare that I have no competing interests.