Reviewer’s report

Title: Patterns of medical pluralism among adults: results from the 2001 National Health Interview Survey in Taiwan

Version: 2 Date: 25 October 2009

Reviewer: Vivian Lin

Reviewer’s report:

This is a relatively straightforward reporting of a population prevalence study. Its purported significance is that it’s been the first time done in Taiwan, if not in a Chinese population. Its significance of using both National Health interview Survey and National Health Insurance data is probably more interesting but not stressed.

The discussion section provides some comparisons with other international prevalence studies (although Australia seems to have been missed in the references) but it would be far more interesting to have a stronger comparison with either China (which would have various national statistics of relevance) or greater China (Hong Kong, Singapore) or other Asian societies (Korea, Japan, Vietnam).

It would also be much more interesting if the discussion about the study considered medical pluralism in the context of Chinese cultural practices, as well as any further policy implications for Taiwan. These issues would make the article more interesting and distinctive.

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Major Compulsory Revisions:

Define folk therapy early, so it’s clear what its relationship to TCM is. Recognise the similarities or differences in international terminology used in other national surveys – eg oriental medicine, CAM, etc.

Discuss in introduction why medical pluralism is an important issue for Taiwan.

Discuss medical pluralism in the context of Chinese societies, as well as evolution of the Taiwanese health system. Why would younger and female Chinese be higher users?

Clarify the discussion in relation to what is western society, and what can be expected to be relevant to Taiwan. Comparisons with Asian societies may be more relevant than the western world in general.

State in abstract and introduction: why should medical pluralism be of great concern – concern to whom? About what sorts of issues?

It seems that users in Taiwan don’t necessarily distinguish between non-registered FT practitioners from registered TCM practitioners? If so, this is very interesting and worthy of discussion.
Discussion about maldistribution of physicians in American and Canada, and rural areas, is not relevant – should be deleted.

Clarify the high-density issue. Is it supply induced demand? Or are have practitioners located where the market is? Why the difference between TCM and western medicine – is it because of different patterns of usage for western medicine (eg people’s preference for hospital OPDs)?

The conclusion section is particularly weak, and most of the statements have not been raised in the discussion section, nor are specific to this study. Conclusion should address implications of findings for further research or policy action.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Use ‘adopting’ instead of ‘having’ medical pluralism.

**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:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests