Reviewer's report

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

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Reviewer: Deepa Rao

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MAJOR COMPULSORY REVISIONS:

1. Is the question posed by the authors well defined?

One of the main problems with this manuscript is the lack of detail. There is no detail in the background section as to why it is important to determine the prevalence of medical pluralism. How does this influence health care provision? Why is the topic of medical pluralism of concern in Taiwan? To answer this question, it is necessary to provide information on the existing health care system i.e. the availability of the different systems, the current status of western medicine and Traditional Chinese Medicine, the dominant system in use, the issues with using two or more health care systems simultaneously, literature of the lack of understanding amongst the public of the possible issues of using more than one system together, literature on the perceived lack of satisfaction with either WM or CAM. Some limited information is provided in the discussion but that needs to be detailed in the background section so that the readers have a very good understanding of the existing health care practices in Taiwan. It is also necessary to detail why factors associated with medical pluralism need to investigated? What is the gap? There is no justification provided for this study and that needs to be clearly articulated.

The background also provides information on Complementary and Alternative Medicine (CAM) use in the USA. The CAM definition provided is “traditional Chinese medicine (TCM) and folk therapy (FT). I would assume CAM in USA comprises of many more treatment modalities than just these two. Naturopathy, homeopathy, aromatherapy, flower therapy etc are only some of the different ones available. The authors should provide a more comprehensive definition of CAM.

Also how is FT being defined? What does FT comprise of? This is never stated through out the article. The definition of CAM as used in this article is never clearly stated. How is medical pluralism being defined? An assumption can be made that medical pluralism is the simultaneous use of WM and CAM but it needs to be clearly stated. Is FT included as well in the definition?

The research question for this study is unclear and the aims and research questions should be clearly stated.
2. Are the methods appropriate and well described?

More detail is required in this section. The authors have used the data from a nation wide survey. The authors mention the use of NHI claims data. What information does this claims data consist of? As the research questions were unclear, it was difficult to understand how the data from the survey were used or whether they were relevant. A reference has been provided for sampling and measurement details but some information should have been provided in this section. What does ‘non-institutional population mean? Also details should have been provided on how these data relate to the research question.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

This section will also need to be rewritten as most of it is just repeated from the results section. Some of the information provided especially in the discussion section is irrelevant to this study. For example the data in this study is compared with that of the pediatric population in the United States. In addition to the difference in demographics, there is also a cultural difference between the populations which can lead to widely different results. Therefore it is unclear why this comparison is being made.

Reference is made to workforce issues which seems irrelevant to this study. For example page 14, line 1: ‘The relationship between supply-need mismatches between the physicians supply and cardiac disease burden was also found in Ontario, Canada’. It is unclear why the comparison is being made with cardiac disease burden considering that people suffering from cardiovascular conditions would presumably rely on western medicine for treatment.

Page 15, line 3: ‘Thus, we are not surprised that most FT users were also MP users’. It is unclear how the authors came to this conclusion as there is no mention of the data on FT use in the methods section.

There is no discussion on how the results of this study can be used to improve health care among the Taiwanese population or what implications the result will have on the practice of medical pluralism. Will there be educational strategies for both health professionals and consumers concerning use of different medical systems? The value of this study needs to be discussed.

9. Is the writing acceptable?

The manuscript will have to be re-written and restructured for the readers to get a comprehensive idea of the work done. The ideas are not linked well and do not flow logically. There are issues with the grammar, tenses, the sentence construction etc. It may be worthwhile to have someone assist with the writing.

MINOR ESSENTIAL REVISIONS:

3. Are the data sound?
This section was a bit difficult to read as many results were repeated. Perhaps it would be best to only have tables with the data and highlight some important findings for each table. There was also some inconsistency in the reporting.

For example on page 9, line 1: There were 12604 eligible participants included in this study and 32.5% of them had MP. Line 2: Among 12416 people that visited WM in 2001, 33% also had used TCM. The use of TCM along with WM can be assumed to be medical pluralism. If that is the case why are the figures different 33% and 32.5%?

A lot of the data is repeated in this section.

Page 10, lines 15-16: there is mention of ‘reference groups’. The details for this needs to be provided in the methods section.

6. Are limitations of the work clearly stated?

The authors have provided information on limitations. There needs to be more detail on how these limitations have affected the results. For e.g. how will the results be different if respondents misreported their sociodemographic or health behaviours or if they denied claiming the data. What does ‘In a cross-sectional study, factors associated with MP have less evidence compared with a longitudinal follow-up study’ mean? Why is this a limitation?

**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Not suitable for publication unless extensively edited

**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.