Reviewer's report

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

Version: 3 Date: 5 February 2010

Reviewer: Deepa Rao

Reviewer's report:

I thank the authors for taking into consideration all the comments of the reviewers and revising the manuscript based on suggestions provided. The manuscript reads well and the ideas flow logically. I do have a few comments that I hope the authors will consider.

- Major Compulsory Revisions

1. Thank you for providing some information on the importance of medical pluralism. I would like to see a bit more information on the prevalence of use of WM and CAM in Taiwan. Prevalence of TCM among white collar Caucasians has been reported but not among the general Taiwanese population. A high prevalence of use for both these systems will help justify the importance of the study. Also more detail on the possible adverse effects due to the simultaneous use of these two systems would be useful. Specific examples would make the justification for this study stronger.

2. In the ‘Definitions and measures’ section, MP is defined as people having used WM and TCM at least one time each in 2001. I would also like to see a literature definition of medical pluralism. Is it the phenomenon of using more than one health system in a given period or is the simultaneous use of more than one healing systems for treating an illness at any given time?

3. It is unclear why the third and second tertile of the population density were classified as areas of high and moderate urbanisation respectively. Clarify the link between population density and urbanisation.

4. Tobacco smoking, alcohol drinking and areca chewing were considered to be unhealthy lifestyles. What is the basis for choosing these three factors? What about factors such as diet and physical activity?

5. In the discussion section, it is unclear how the authors made the conclusion that 1 in 3 people may not be satisfied with WM. Considering that the earlier sentence states that people living in an area with a high density TCM physicians were more likely to adopt MP, I would think it’s more a matter of easy access. If a service is easily accessible, it is more likely to be used. It cannot be concluded that high use of a particular service is because of lack of satisfaction with another service. If the question on satisfaction with WM services was asked in the interview, then it should be reported before such a conclusion is made.
6. In the discussion section, second paragraph third line – ‘Because TCM is considered as one type of CAM in western countries, it provided another choice for those dissatisfied with WM services’. This sentence is unclear. Can the authors please clarify this statement?

7. Discussion page 15, second paragraph, last sentence – ‘It was also found that in Taiwan, patients with cancer receiving outpatient chemotherapy may also use CAM’. Unclear how this fits. It seems a bit out of context. Please provide more detail on how this information is relevant to this study otherewise delete.

8. Page 16, fourth line – ‘Second, some of the respondents denied claiming their NHI data’. Unclear how this is a limitation? What implications would this have on the results of the study? How would the results have been different had they claimed the data? Please provide clarification and detail.

- Minor Essential Revisions

In the results section, please include the units for income e.g. family income = NTD 30000 to 49999.

- Discretionary Revisions

In the results section, it is reported that people who used folk therapy were more likely to adopt MP than people with no FT use. What is the prevalence of FT use in the sample interviewed?

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

**Quality of written English:** Acceptable

**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'