Author’s response to reviews

Title: On the edges of medicine – a qualitative study on the function of complementary, alternative, and non-specific therapies in handling therapeutically indeterminate situations

Authors:
Agnes Ostermaier (agnes.ostermaier@tum.de)
Niklas Barth (Niklas.Barth@mri.tum.de)
Antonius Schneider (Antonius.Schneider@mri.tum.de)
Klaus Linde (klaus.linde@mri.tum.de)

Version: 2 Date: 28 Feb 2019

Author’s response to reviews:

Dear editor, dear peer reviewers,

Thank you again for the constructive comments which once more helped to improve the manuscript. As a track change version was not requested, the main manuscript file is a clean version with all changes accepted. In case you want to check our changes in further detail we upload a track change version as supplementary material.

Please find our point by point response to your comments below.

Best wishes

Klaus Linde

Response to comments by the editors and the reviewers

Editor Comment: …There do remain some outstanding issues to address. These are listed in the reviewers’ comments. In particular, please clarify the aims and ensure they are all addressed. In the Discussion, please be clearer as to what the study adds, in relation to the wider literature and how the findings can develop our understanding of GP management of Indeterminate situations. I look forward to receiving a final version.
Response: Once again we re-wrote parts of the discussion to focus it more on the points raised by you and reviewer 2 (please see also our response to his comments below).

Gareth Drake (Reviewer 1): This draft was a pleasure to read. Very interesting and clinically relevant. Once published I would hope with permission of the authors to share it among colleagues in the team I work in as we work with Medically Unexplained Symptoms in primary care and it is very pertinent to our work. Thanks.

Response: We are more than pleased to provide this permission!!

pg 3, line 38 A In a survey - delete A

Response: Done

pg 11

line 11 effect not effects?

Response: Done

pg 16

line 9 particularly responsible - in the context of the article does 'particularly responsible' mean 'more responsible than...' those who saw their task as working within the confines of a medical model? This is interesting in terms of the extra emotional and relational workload these more permeable staff are taking on compared to their colleagues in the same team

Response: Your wording exactly expresses what we wanted to say. We revised the sentence accordingly. We believe the explanation is that CAM provides (or seems to provide) “medical” solutions if a GP believe in the functional specificity of the treatment used. If the treatment is “successful” this is rewarding (sometimes it is also possible to charge extra fees from the patient for treatments not part of the catalogue for treatments covered by the social health insurance – but this issue is more relevant for physicians specialized in CAM than for true primary care GPs as in our study).

pg 19 line 40
the broad of CAM - word missing?
Response: The word “use” has been added.

Discussion is quite long - if any shortening needed could attempt be made to condense comparisons to existing literature?
Response: When revising the discussion we shortened it.

Peter Salmon (Reviewer 2): First, I think the authors had made impressive use of the reviewers' and editors' comments in substantially reworking their paper for the better. I enjoyed reading their covering letter, which very transparently lets us into how they have continued to develop their analysis to this new and more convincing stage. I think the paper now 'works', subject to some fairly easily remediable issues, which I list below.

I could not see the supplementary file, so I do not know enough about the focus of the interview for me to understand Aim 1. Taken at face value, the brief account of the interview in the text implies an implausibly broad and unguided discussion of 'features of their practice', but the interview was presumably introduced in the context of a study of CAM, so I imagine that the discussion must have been more focused than that. So the aim to investigate 'whether therapeutically indeterminate situations play a role in' the GPs' accounts presumably refers to whether it plays a role in their accounts of CAM use. In Abstract, the account of the first aim is particularly terse and unclear - to investigate the 'relevance' of indeterminate situations.

Response: First of all, we now describe aim 1 in the abstract with the same words as in the introduction. It is a pity that you could not see the supplementary file, because this should make more transparent that we approached the issue of indeterminate situations indirectly. Our question “what has changed over the years (in your practice)” sometimes triggered answers related to indeterminateness. If participants did not use CAM/non-specific therapies they were asked how they handled situations in which their colleagues did so, how they handled colds or non-specific symptoms. Participants then spontaneously reported many situations which met our “definition” of indeterminateness (but the word ‘indeterminateness’ was not used in the interviews and did not come up either). The word indeterminate situations was mentioned only when informing participants about the study.
I think there are two limitations in this version of the analysis. First, I was not clear to what extent the third aim had been addressed - to identify reasons why GPs prefer different strategies. The authors describe some heterogeneity between GPs, but do not seem to try systematically to explain this. Perhaps I misunderstood the third aim, and this was meant to concern decision-making within GPs. Arguably, though, the third aim is the most important one for an international audience. The details of GPs' decisions about CAM use reflect the specific German context, as the authors observe, so it is the influences on those decisions that are potentially more relevant internationally.

Response: The wording of aim 3 in the manuscript is based on the wording in our protocol. Indeed we have problems to fully achieve this aim. As we describe in “dominance of pragmatism” we had problems to clearly distinguish groups of GPs with defined preferences. We discuss this issue now in the limitations section. However, the two most important factors associated (we do not use the word “reasons”) are actually in the results. These are the final two main sections you described as orphans in you next comment. In our new revision we try to link these section more clearly to questions 3 by moving them both under a new main heading “Important factors associated with preferences for specific strategies” and a few minor modifications in the two sections. Furthermore, in the limitations section we not report that we are working on a second manuscript on justifications of our participants for CAM use (and reservations about CAM use). This issue is related to the question of reasons for preferences, but not exactly the same. We hope that our modifications make sense.

The second difficulty with the presentation of the analysis is that the final two main sections of results seem 'orphans'. They do not clearly relate to the research aims or to the rest of the analysis. The former of these sections perhaps relates closely to (and overlaps with, or extends, and could be combined with) the earlier section of Results on 'clarity vs uncertainty'.

Response: please see our response to your previous comment.

I did not find the Discussion as clear or helpful as I think it needs to be. I was looking for the authors to address the three research aims cogently. As it is, the Discussion seems to present a series of tangents rather than addressing the core issues. The authors need to show how the insights from this study can develop researchers', bioethicists' and educationists' ability to engage with GPs' management of therapeutically indeterminate situations. What does this study add?

Response: As stated in our response to the editor we re-wrote major parts of the discussion and conclusions to address your justified criticisms. We tried to address the three aims more cogently. We tried to make our conclusions more to the point but we remain careful with claiming great implications. We hope you will find our discussion improved.
The manuscript is, in general, clearly written, but I noticed several uses of English that were incorrect or where the meaning was not clear:

'strategic pattern' (Abstract) R: the sentence has been reworded; 'A in a survey form the UK…' (p3) R: corrected; 'either' can't strictly precede ?2 options (p3); 'starting assumption' is never specified (p4) R: we deleted “starting”; we hope this makes more clear that we refer to the assumption described explicitly in phrase 2 of the paragraph – it is difficult to move it elsewhere, and we hope; ', however' = '. However' (p4) R: corrected; 'tend convey' (p4) R: corrected to “tend to convey”; 'reference problem/problem solving' (p6) R: corrected; 'open but critical attitude' (p6) R: We have deleted the phrase on our attitudes towards CAM after discussing the issue in our team again. While we think that transparency is extremely important, summarizing our sometimes conflicting, complex and changing views on this broad subject in a single or a few phrases is more misleading than informative; 'liberal manner' (p7) R: replaced by “permissive”; 'internalized that they' (p8) R: “that” deleted; 'considered a relational approach; - what does 'consider' mean here?' (p9) R: the sentence has been reworded; 'with variable preferences and boundaries between the strategies being porous' (p9) R: this wording comes from our language native editor and we would like to keep it; 'trial' is probably not the best word to use in this heading (p11) R: replaced ‘trial’ by ‘intervention’; 'might have prescribed' (p14) R: the sentence has been reworded; 'a patients'' (p14) R: the sentence has been reworded.

Finally, the analysis is described much more realistically, to my mind. However, I think that to refer to 'using' grounded theory (Abstract) is to reproduce a very common category error - GT is not a technique or package that can be 'used', but a way of approaching analysis; better, 'a grounded theory approach' or, as the authors write later, 'an approach inspired by /based on grounded theory'.

Response: We now write “A grounded theory approach…”

Christopher Burton, MD (Reviewer 3): Thanks for taking on board the comments and suggestions. I find this a much improved paper.

Response: Thank you!