Reviewer’s report

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

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Reviewer: Gareth Drake

Reviewer's report:

I found this to be an interesting and clinically pertinent paper, especially given current pushes to reduce anti-biotic use, and the high prevalence of MUS consultations. It appeared that having an extra set of interventions called CAM increased the options for GPs who still felt able to 'give something' to patients so that they weren't left 'empty handed'. This is really interesting and rich and maybe a good counterpoint to the more harmful use of pharmaco-active placebos like anti-biotics. Also, interesting questions are raised that could be thought about further. Why is it so hard to leave patients empty handed? How could GPs be supported to move a step further, from the CAM that they know isn't pharmacologically active to a more purely relational approach? But perhaps this is beyond the aims of the paper.

It might seem below that many of the comments are on readability and grammar. I hoped this wouldn't take over, but I found the paper wasn't very clearly written in certain sections. Overall it was possible to follow, but there are substantial difficulties with some passages that got in the way of being able to grasp in a coherent manner some of the very rich results that the authors drew from the data. Given that resonance with the reader, coherence, and a clear narrative are aspects of quality assurance in qualitative work (Elliot, 1999) a close look for readability and grammar would be advisable. It does make a big difference when something reads well. Though I selected 'Needs some language corrections before being published', I do think some of these need to be substantial - though 'Not suitable for publication unless extensively edited' was perhaps too harsh.

Background

Clear rationale given for the study, though slightly unexpected introduction of CAM at the end, although I see complementary therapies are mentioned higher up on line 29, though only in brackets - could the CAM acronym be used at line 29 to integrate it more in the narrative of the background? The second aim on page 3, makes clear the rationale for studying CAM, but only with the final three words on line 58, 'in this respect'. Perhaps another sentence in the background, making clear that CAM use by GPs is being studied by the authors as a way to further explore the broader finding that GPs prescribe non indicated drugs, placebos etc. The
authors could have investigated all non-essential prescribing, and seem to end up doing that, but the focus on CAM is due to its use in Germany - I suppose I am suggesting just a small elaboration, justifying further the focus on CAM and linking it more explicitly to the general pattern of defensive prescribing mentioned earlier in the background.

Some small grammatical suggestions:

Page 3 line 20/21, is 'correct' the appropriate word here - optimal maybe? Doesn't seem to be clear from current research what 'the correct' solution is. Gives an impression that the field is clearer than it is.

Page 3 line 47 'One study investigated on…', doesn't need the word 'on'.

Methods

Page 4 - 'problem orientated interviews' - could a reference or further explanation be given?

Data collection: Could interview schedule be included in supplementary material?

Recruitment

It was unclear why 'skeptics' 'pragmatists' and 'convinced CAM users' became a key dividing criteria in recruitment. I wasn't sure how much value this added, particularly when only 1 GP was deemed sceptical. It also felt quite jarring - it reads as if initially the focus was on exploring therapeutically indeterminate situations, with CAM being introduced as an interesting tool used by some GPs especially in Germany to manage indeterminacy. But by the recruitment section of the article CAM seemed to have reified into the focus. Could a general nod to purposive sample be given: 'Given the prevalence of CAM in Germany, at the recruitment phase, attempts were made using purposive sampling to ensure a representative range of attitudes to CAM were gained'? The criteria (skeptic, pragmatist, convinced…) also didn't seem to capture the richness with which CAM was used by GPs - often with clinicians approaching it as a relational tool rather than with belief in efficiency beyond placebo effect.

I wondered could the whole issue of 'Range in attitude in GP toward use of CAMs' be shifted to the results as an introductory theme? It did seem to be very rich as it arose in the results sections but the 3 dividing categories didn't really capture that.

Analysis: Could a reference be used to show how analysis was informed by grounded theory or thematic analysis literature?
Might it be helpful to include a note on quality assurance? E.g. Elliot 1999

Results
Page 6, Line 53, 'general key issue' just key issue? - This sentence is difficult to follow e.g. 'was to what extent'. Next line 'sceptical' not 'sceptic'?

Reading on, the whole paragraph that begins with 'A key general issue…' is unclear and seems slightly crow-barred in. The opening of the theme on page 5, and the quotation above are rich and coherent and interesting. And then the section immediately afterwards starting with 'While the details of the accounts of our participants differed…' is again coherent and clear. Is it the attempt to link CAM use from the sampling criteria that doesn't seem to fit here?

Page 7/8
Line 58, at bottom of the page. Sentence beginning 'However, due to the deceptive element…' - wasn't clear whether the authors are saying that GPs did or didn't use these placebos, or that GPs didn't want to talk about it?

Page 8
This seems to be one of the few times that explicit reference is made to the initial sampling division (into skeptic, pragmatist, etc…). 'Our most cam-sceptic participant characterised…' If the dividing criteria were ditched it could just read ' A GP sceptical in the use of CAM commented….'

Page 9, line 1, 'However, some participants…' - difficult sentence to follow
Page 9 line 24, "Under the category, 'non-specific treatment'" - italics or quotation marks or comma to delineate it as theme….later in same sentence not clear what 'patient in front' means.

Page 10
The quote on line 28 that begins 'Does the subject of the placebo play a role…' Is very interesting. The complex and intuitive way that the GP uses CAM is not clear from the recruitment information. This GP knows the therapy is a placebo but incorporates it relationally. This openness seems indicative of a relational flexibility in the face of indeterminate situations rather than a belief in homeopathy - again this is not clear from the recruitment information.
Maybe I am being slow on the update but I thought 'convinced CAM user' meant you were recruiting people who believed in the pharmacological properties of homeopathy - but then there didn't seem to be any evidence of this in the results. Similar example on page 11.

Discussion

Page 12, line 32, delete 'older'?

Page 13, paragraph on line 6, starting 'the concept of therapeutically indeterminate….' This whole paragraph is unclear and difficult to follow.

Line 45 -'Morphologically', I think this is the first time this is used, could it be explained. The sentence that begins, 'The spectrum of strategies described morphologically…' seems like a summary, could it be moved to start of discussion?

Page 14, line 1, 'Communication without giving a treatment is a different strategy…' - different to what? I assume it's to points 1 and 2 but this is not clear.

Rhetorical question on line 9. The answer 'lack of empathy and lack of time' is both unfair on GPs and not comprehensive. The authors go on to talk about human warmth and true interest in a slightly anecdotal manner but a manner that does approach the problems of a medical model. However, there is a huge literature on burn-out rates in front-line clinicians, the function of distancing from emotional involvement, the lack of supportive or emotional resources for clinicians, systemic separating of clinician from patient in a biomedical model, that could be included. The paragraph concludes by saying some GPs can come up with creative solutions - but it seems, from the results, that the GPs who used CAMS were doing so humanely and warmly within the context of a good relationship. Or is that the point the authors are making also? Not quite clear what the thrust of this paragraph is.

Limitations - sampling choice and representativeness might be a weakness?

Conclusions - not clear what 'Reflecting therapeutic indeterminateness..' is/looks like?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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