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: Peter Salmon

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The manuscript examines an important area, framed here using the potentially very helpful idea of 'therapeutically indeterminate' consultations. This concept is broader than MUS, around which much of the relevant previous work has gathered, and points to commonality between MUS, and minor and long-term conditions.

The methods are described realistically, albeit briefly. It is hard to describe qualitative methods convincingly, and I would not want the authors to resort to listing 'techniques' that would not bring the process to life for the reader. However, they could say a little more. For instance, I wondered how they recognized when analysis was proceeding in a useful direction, i.e. how they judged its quality. Were they aiming at a purely descriptive account, or something more interpretative and inductive?

In practice, the Results suggest the analysis remained rather descriptive, structured under 'a priori' headings. However, it seemed to me that there were potentially exciting ideas bursting out of the constraint of the descriptive account. Taking the main sections of the Results in order:

1. The heading 'perception of indeterminateness…' does nothing to evoke the tensions that this section indicates between valuing conventional medicine but also apparently valuing the ambiguity and indeterminacy of much general practice. One GP, at least, indicates, with some emotion, a personal transition here. Then the part of this section that addresses the potentially exciting issue of what GPs feel 'responsible for at the edges of medicine' falls rather flat in a confusing (to my mind) account of the heterogeneity between GPs. There is also phrasing here that confuses the writing: 'seemed almost specialised on patients, 'patient selection process', 'live up with the complaints'. Finally, the statement in text that GPs felt they 'should have an answer to each medical problem' seems to me to contradict the subsequent quote, which implies that the GP recognizes the folly of THINKING that one has to have an answer. In sum, I left that section intrigued but confused by the tensions that GPs were describing and the heterogeneity in endpoints of resolving them.
2. Communication, again, is an uninformative and unevocative heading. I think the authors are getting at reassurance and empathy in this section.

3. 'Stretching' the indication for symptomatic treatment is itself an interesting title - the word 'stretch' indicates some tension and discomfort. But the text does not do justice to this, merely acknowledging that the one GP quoted thought he might prescribe diclofenac too much. That's a serious thing for a GP to be thinking, and warrants more exploration. There is again language here that is confusing: 'issue until which point', 'extension of the indication'.

4. In non-specific treatment I did not see that the first illustration of acquiescing to patient pressure for antibiotics belonged here at all. The subsequent account of non-specific treatments is potentially very interesting, but again I wanted to see more exploration. For instance, GP06 refers to the 'ritual' surrounding homeopathy - how does s/he internalize this within his/her practice given that s/he doesn't want to use the term placebo, but sees this as a placebo?

5. Going on to the CAM section, it seemed that the 'non-specific' section was for treatments seen as placebos, whereas the same treatments could appear in this section if the GPs using them believed in them. So, again, there are more questions raised than answered here. Why do some GPs see these CAMs as genuine treatments, while others just see them as placebos? What are the implications of these different views for GPs' attempts to manage the tensions they describe in this area?

In Discussion I was looking for the authors to show how their findings added to the literature, but they say little about this. Much of the discussion could, I think, have been written before this study was done. More engagement with the data, clarifying, and perhaps going beyond, the rather descriptive findings would give the authors much more to write about in Discussion.

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.

Yes

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?
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Not relevant to this manuscript

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