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

Version: 0 Date: 14 Oct 2018

Reviewer: Christopher Burton

Reviewer's report:

Overall this is an interesting approach to a topic which has been considered from some angles previously (e.g. Dowrick & Salmon on normalisation; various groups on antibiotic prescribing) but which probably could do with a generalisable framework for understanding / teaching. At the moment I don't think this paper is strong enough to outline such a framework (though maybe that is too ambitious) but I think it should at least show us one way forward and also look more carefully backwards at earlier work.

The introduction needs to be clearer about the exact scope of this work. It refers to situations where treatment is "not medically necessary or evidence based treatment not available". This needs to be unpacked more fully and I think this could be done before embarking on the analysis rather than depending on it. As part of re-thinking the starting point I think the authors need to be familiar with the work on normalisation etc (e.g. Dowrick / Salmon) and be explicit about how the current study relates to that. Some of what is included here might well be covered by normalisation.

The introduction (and a surprisingly prominent section of the results) relates to diagnostically (rather than therapeutically) indeterminate situations. It highlights that some of the indeterminacy is at the knowledge of what something is rather than just what to do about it. A willingness to accept conceptual or diagnostic indeterminacy is implicit in the way some GPs talk of "medically unexplained symptoms"; and doctors' failure to be able to explain disorders in this conceptual space is particularly relevant to what goes wrong in medical consultations (Johannsen & Risor).

Treatment in the context of this study does not seem to include self-management or even temporalisation (waiting for the body to recover itself), or where they do occur they are just seen as part of communication. We need to understand more about them.

The methods section reports how participants were thought of as supportive of / sceptical of CAM but we should also be informed of the researchers' positions. I would have liked to see whether participants' views influenced the way they described both CAM and non-CAM decisions. (In the interests of transparency, I'm CAM-sceptic in terms of its proposed mechanism of effect, but am happy to optimise the non-specific effects of consultation to maximise the effects of communication / weakly effective treatments)
The analytical method is described as "inspired by grounded theory" - we need to hear something much clearer and more concrete than that.

The reported data includes a number of "good stories" but with relatively little critical analysis. The "voice of experience" of the GP who has come to realise IBS can be as disruptive as IBD may be a salutary lesson about the difference between person-centred and technical medicine, but I think one could hear almost the same from an "enlightened" gastro-enterologist. This story tells us little about indeterminate-ness in general practice so much as about a shift from disease-centred to person-centred care. If that boundary is one aspect of indeterminacy (inclusion of "illegitimate" distress) then it should be the focus of the data and analysis.

There is an interesting assertion in the abstract - about the relationship between perceived responsibility and preferred strategies - which doesn't really feature in the results. This is where the analysis would go deeper than the relatively straightforward reportage we see in the results section. There are hints at it but it really needs to be brought out in the analysis.

The quality of the written English is generally very good but there are just a few areas for clarification:

* I think purposive rather than purposeful sampling was used

* Methods / Data collection /2nd sentence would usually be something like "interviews were informed by a topic guide...." As written it implies that you had one but didn't use it!

Overall I think this paper has potential merit, but needs better grounding in earlier work, more rigorous detail about the methods, and a more critical depth of analysis.

Finally while it's not mandatory, it might be helpful for the authors to complete a reporting checklist (such as COREQ) and submit it with any revisions.

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

No

**Does the work include the necessary controls?**
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Yes
Are the conclusions drawn adequately supported by the data shown?
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