Reviewer's report

Title: Complementary and alternative medicine offered within Norwegian hospitals

Version: 2 Date: 4 June 2015

Reviewer: Lynda Balneaves

Reviewer's report:

This study will be of interest to researchers and decision makers who are focused on the increasing uptake of CAM therapies within conventional health care settings internationally. A well written manuscript that captures the increasing use of CAM in Norwegian hospitals and offers insightful commentary on the shifts in CAM implementation within conventional care. Several revisions are required:

Major Compulsory Revisions
1. Recommend providing a rationale for why only private hospitals with a contract with health authorities were included and not those without a contract (lines 124-126)
2. Psychotherapy is not considered in all countries to be a CAM therapy. A definition of CAM and the rationale for including psychotherapy would be helpful to readers outside of Europe. In addition, it was surprising that music therapy was not included under “art/expressive therapy”, which typically includes music therapy as an expressive art. Lastly, a definition and/or examples for “alternative diet” would be very helpful.
3. Several times in the discussion mention was made of telephone interviews that were conducted with institutions that did not participate in the survey. If this information is to be reported in the manuscript, it warrants some description of the interview process in the methods.
4. I found it interesting that acupuncture use decreased since 2008 – some commentary about this change is required in the discussion about the decrease in use (i.e., recent data about sham, changes in coverage, etc.)

Minor Essential Revisions
1. Recommend avoiding the term “alternative medicine” (see line 90) as it does not accurately capture how CAM therapies are provided within Norwegian hospitals. Use “complementary medicine” instead.
2. Spell out “9” on line 117.
3. Line 118 – remove the comma between “invited” and “were”.
4. Line 153- capitalize “figure”.

Discretionary Revisions
1. Line 92-93 (Swiss study) breaks up the focus on Norwegian hospitals – recommend moving earlier in the introduction or deleting.

2. Woven throughout the discussion were comments about changes in the survey, the health authorities, etc. that may have influenced the findings. It is recommended that these be condensed into a Limitation section.

3. Overall, the discussion is quite lengthy and could benefit from editing to shorten the length.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare I have no competing interests.