

## Reviewer's report

**Title:** Implementing an Integrative Medicine Program in Academic Medical Centers: A leadership opportunity

**Version:** 1 **Date:** 26 April 2005

**Reviewer:** Andrew Vickers

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BMC

This is not an uninteresting study. I think the overall is commendable: it is clear that the development of "integrative medicine" clinics and academic medical centers is increasing and it seems reasonable to determine what has helped and hindered these initiatives. Some of the broad brush findings, such as the need for start-up money, are also undoubtedly true.

However, I find the methods, results, conclusions and terminology of the paper somewhat superficial.

The comments below should be taken as major, compulsory revisions.

**Methods.** The authors seem to have visited nine integrative medicine centers and recorded some impressions. But the criteria for choosing a center (what makes a center a "top" one?) are not explicit, the centers themselves are not named (a key problem in trying to evaluate the study). More specifically, the manner in which information was obtained and analyzed is unclear. Were any pre specified methods of data extraction and analysis used at all? If so, what were these? We have an interview guide, but that is about it. It is probably okay if this was all just "general impressions", but this needs to be made explicit.

**Results:** There were a huge number of issues here, and most are dealt with very lightly. Two spring to mind: first, the application of evidence-based medicine to integrative approaches is an important and interesting topic but was discussed in only five lines. Similarly, the huge and important issue of clinical research is given six lines.

**Conclusions:** The key part of the paper is probably table 3. Yet it is very brief and superficial (e.g. what does "track utilization" mean?). I was desperate for more detail and discussion.

**Terminology:** The authors commonly used problematic terminology as if it had a simple and obvious meaning. The elephant in the room is obviously "integrative". For example, in table 1, there seems to be a distinction between a "multidisciplinary hospital-based clinic" and "integration into existing clinics". This is a personal bug-bear of mine, because our program here at MSKCC has been criticized for being "not truly integrative". Yet the criteria for "true" integrative medicine are never made clear. Why is a multidisciplinary clinic not integrative? I also take issue with the term "whole person": leaving the integrative medicine service aside, here at MSKCC we have surgeons, oncologists, occupational therapists, physical therapists, psychotherapists, pain and palliative care physicians, internists, psychiatrists, play therapists, chaplaincy services, an on-call ethics advice system, bereavement counseling, dentistry and clowns (really). Somehow this is not "whole person" but, say, homeopathy is because practitioners say so. Finally, a rather bizarre statement at the foot of page 6: patients were said to have presented with "similar complaints", but then the authors present a list that ranges from asthma to menopause to cancer.

In sum, the authors need to be more careful with language, provide more insight into the methods and report their findings and conclusions in much more depth. If they have to cover material in less breadth, or split the paper in two, so be it.

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Minor Essential Revisions and Discretionary Revisions are not worth stating at this point.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No