

Reviewer's report

Title: Integrating complementary and alternative medicine into academic medical centers: experience and perceptions of nine leading centers in North America

Version: 2 Date: 14 October 2005

Reviewer: Andrew Vickers

Reviewer's report:

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The paragraph on evidence-based medicine is just terrible. I recommend it is removed. The authors have a poor understanding of this concept: for example, they describe "patient preferences" as a factor "other" than evidence-based medicine that has to be taken into consideration. Good lord: next they'll be telling us that symptom management isn't really part of oncology and corner kicks are a separate issue from soccer. Just open any textbook on evidence-based medicine. Or see: http://www.cebm.net/ebm_is_isnt.asp which has the text of a well-known article. If you are feeling a little lazy, don't worry, patient preferences is mentioned in the second paragraph.

I still think that the key part of the paper is the recommendations for success (table 2). The authors stated in response to my previous comments that they added a section on "administrative structure" but this is rather bland. They need a section called "making it work" or some such.

Rereading the paper I realized that I didn't recognize much of what they claim were characteristics of integrative medicine. Yet I work at a well recognized integrative medicine center. This may be because there is somewhat of a distinction between integrative centers that only treat cancer patients and other integrative medicine clinics. We don't hold "a multidisciplinary case-conference about patients" because the majority of our huge practice (of >10,000 episodes of care per year) is with in-patients being treated for acute symptoms. Similarly, "all programs insisted patients see a team physician as part of their assessment" just doesn't apply for us (indeed for years we didn't have a team physician) because (with some exceptions, such as family members) we only see patients registered at the hospital who are receiving oncologic care.

Are the authors including integrative oncology clinics in with their discussion of integrative medicine at academic centers? If so, why is so much of what they say unrecognizable to our practice?

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: Acceptable

Statistical review: No

Declaration of competing interests:

I work in an integrative medical center at an academic institution