

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	The Association between the Use of Biomedical Services and the Holistic Use of Traditional East Asian Medicine: a National Survey of Outpatients in South Korea
<b>AUTHORS</b>	Shim, Jae-Mahn; Lee, Yun-Suk

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Yingchun Zeng The Third Affiliated Hospital of Guangzhou Medical University, China
<b>REVIEW RETURNED</b>	08-Sep-2017

<b>GENERAL COMMENTS</b>	<p>Overall this is a great article, and the topics warrants further investigation. However, a couple of comments are needed to address before accept for publication:</p> <ol style="list-style-type: none"><li>1. The title of this manuscript should be changed as "The Association between the Use of Biomedical Services and the Holistic Use of Traditional Chinese Medicine (TCM) among Outpatients in Korea". All terms of East Asian Medicine (EM) should be changed as TCM. As this study investigated the treatment modalities of "acupuncture, moxibustion, cupping, herbal remedies, and acupressure" are all originally from TCM more than 5000 years ago.</li><li>2. The introduction section of the current version of manuscript is too informative and need to be concise to state the key rationales to conduct this study.</li><li>3. The statement at page 3, line 47-49, "In China, however, biomedical doctors are allowed to practice any EM modalities as the doctors deem necessary for medical treatments." needs reference to support, as the current Chinese medical system is different from this statement, as only TCM doctors in mainland China are allowed to practice TCM modalities.</li><li>4. Discussion of this manuscript is lack of in-depth discussing the key findings of this study.</li></ol>
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<b>REVIEWER</b>	Regina WS SIT The Division of Family Medicine, the Jockey Club School of Public Health and Primary Care, the Chinese University of Hong Kong I declare no conflicts of interest
<b>REVIEW RETURNED</b>	27-Sep-2017

<b>GENERAL COMMENTS</b>	Thank you very much for inviting me as to review the manuscript. I had tried to read the manuscript several times and on separate days, unfortunately, I was not able to understand what messages the authors here wish to convey to readers.
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	<p>1) The manuscript definitely needs English editing. Despite my effort to read through the whole article for several times, I was not able to understand the content, and the readability of this article needs to improve.</p> <p>2) I don't quite understand why the authors keep mentioning the term "Holistic use", I don't think its the suitable term to use. Instead of " holistic", I thought the authors are telling us the " empirical" use of EM medicine in Korea?</p> <p>3) I can't find the ethics statement here, can the authors point it out? Its usually required at the end of the manuscript.</p> <p>4) I think the idea of the article is to tell us how frequent EM is used in Korea and whether its related to medical services. However, again, the term of "biomedicine" is strange and I never heard of it as physician.</p> <p>5) The study said its conducted in Korea? Is it South Korea?</p> <p>6) The sample is confusing. It mentioned that the sample is from outpatients (line 15), then under the method, it mentioned that the Survey is from Outpatients and Inpatients (Line 33-35), then an outpatient questionnaires were administered to 9 outpatients and 8 inpatients (line 49-56), and the word "random" was use and said its a representative sample, so how the "random" was designed? And is it outpatients or inpatients?</p> <p>7) The introduction is too lengthy and poorly structured, suggest to be more precise and concise and tell us what exactly this paper wanted to do.</p> <p>8) The authors keep telling us that the dependent variable is "holistic use" of EM, but the definition is not clear and no citation to support the definition. Is it an arbitrary definition designed by the authors? Besides, this important variable is not measured properly by validated questionnaires, simply asking the question " have you use any specific EM for medical problems in the past 3 months", then answer yes and no, has little scientific value. The same problem for the variable on the use of "biomedicine", again Yes and No. Its not a preferred way to study association between variables.</p> <p>9. I believe the study is trying to tell us the use of EM is common and its even more for those who are using conventional medicine. The novelty is lacking.</p> <p>10. I don't quite understand the conclusion, perhaps its related to the article's readability.</p> <p>I am sorry that I cannot give further comment on the manuscript, as I find it extremely difficult to understand what is written down. Perhaps its not suitable for BMJ Open, a prestigious international journal, to accept the article.</p>
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## VERSION 1 – AUTHOR RESPONSE

### Reviewer 1's Comments and Authors' Responses

R1-1. Replace the “East Asian medicine (EM)” with the “traditional Chinese medicine (TCM).”

--> We agree with the reviewer that there are different names for the set of medical practices in the region, such as TCM, traditional Korean medicine (TKM), traditional Japanese medicine or Kampo, and oriental medicine. Looking at the historical development of these medical practices, it is true that the ancient Chinese medical tradition comes into the picture. At the same time, it is true as well that the ancient Korean medical tradition such as Sasangyihak adds to the picture in Korea, whereas the traditional Japanese medical tradition does so as well in Japan. In fact, there are not insignificant political struggles surrounding how to name these traditions not only within a country but across the East Asian countries. Therefore, we decided to use the less parochial/partisan term “East Asian medicine” than “Korean medicine” or “Chinese medicine.” By the way, the questionnaire for the data that this paper uses addressed the medical practices as “traditional Korean medicine (Hanyihak).” In this paper, East Asian medicine (EM) refers to this traditional Korean medicine, to which we preferred the traditional East Asian medicine (TM) as its academic representation.

R1-2. Tighten and reorganize the Introduction.

--> We made significant revisions to the introduction. In the process, we moved some of the old introduction to the Discussion part. After this revision, we believe that the manuscript reads more efficiently.

R1-3. Provide references for a description of the Chinese medical system in the earlier manuscript.

--> In revising the introduction, we deleted the description of the Chinese medical system as it was unnecessary for the development of the manuscript.

R1-4. Strengthen the Discussion.

--> See responses to E2.

### Reviewer 2's Comments and Authors' Responses

R2-1. Edit English expressions.

--> See responses to E3.

R2-2. Define what “holistic use” means more clearly.

--> We refined the definition and located it in the very beginning of the manuscript so that readers may not be confused.

R2-3. Is Korea South Korea?

--> Yes, it is South Korea. We specified it.

R2-4. The sample is confusing.

--> We further elaborated on the data collection process.

R2-5. The introduction is lengthy.

--> See responses to R1-2.

R2-6. The dependent variable and the main independent variable that are both measured by “yes” or “no” are not preferred ones for studying association.

--> Yes, they are nominal variables. And the newly generated dependent variable is at least an ordinal variable and at most an interval variable (if taken as a count measure). These levels of measurement may be described as “not preferred variables” (even in this context, “less fine-tuned variables” sound better) and yet not as “not usable variables.” Proper analytical models justify the use and respect the validity of these variables, such as ordered logistic models or negative binomial models as this paper did. So, there is no problem at all with the variables and the models that this paper is using.

R2-7. Include ethics statement.

--> We included it at the end of the method section.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Yingchun Zeng The Third Affiliated Hospital of Guangzhou Medical University, China
<b>REVIEW RETURNED</b>	31-Oct-2017
<b>GENERAL COMMENTS</b>	Without response letter, i do not know why the authors made these revisions.