


Experiences of Chinese Rheumatoid Arthritis Patients Who Chose Western Medicine, Traditional Chinese Medicine, and a Combination of Treatments: A Study Based on Interviews and Thematic Analysis [Letter]

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Dear editor

We meticulously review the article entitled Experiences of Chinese Rheumatoid Arthritis Patients Who Chose Western Medicine, Traditional Chinese Medicine, and a Combination of Treatments.¹ This study offers a detailed qualitative analysis of the lived experiences of Chinese rheumatoid arthritis (RA) patients who underwent different treatment approaches: Western Medicine (WM), Traditional Chinese Medicine (TCM), or a combination of both (integrated treatment). It emphasizes the complexity of treatment decisions among RA patients in China, shaped by a blend of cultural beliefs, personal experiences, and practical considerations. The study also underscores the significant need for increased awareness and education about RA among both the general public and healthcare providers in China. Through its qualitative methodology, the research captures nuanced insights into patient experiences that may be overlooked in quantitative surveys.

While this study holds substantial value for medical professionals, policymakers, and other stakeholders, several areas warrant further elaboration. First, the authors employed thematic analysis as the primary methodological approach, detailing a four-step process.¹ However, the thematic analysis methodology commonly cited in qualitative research involves six steps.² Providing a clearer explanation of the authors' methodological choices, including any deviations from the standard approach, would enhance transparency and strengthen the study's credibility. Additionally, although the researchers shared the theoretical basis for deriving themes, incorporating visual aids such as diagrams to illustrate the coding process and the relationships between themes and sub-themes would further clarify the research process.³

The article also notes that the study is part of a mixed-methods research design, yet it would benefit from a more detailed explanation of how the qualitative findings integrate with other components of the mixed-methods approach. A more comprehensive discussion of this integration would help readers understand the broader context of the research and its implications. Moreover, the role of ethnicity and cultural beliefs in shaping treatment decisions warrants further exploration. As China is a multiethnic country, ethnicity and beliefs play a significant role in influencing medical practices.⁴ Including more specific information about the patients' ethnic backgrounds and cultural beliefs would provide greater insight into how these factors influence decision-making, offering a more holistic perspective on the lived experiences of RA patients in China.

Future studies should also consider incorporating the perspectives of healthcare providers, such as rheumatologists, TCM practitioners, and general physicians, to complement the patient-centric approach. Including these viewpoints could

yield a more comprehensive understanding of treatment decision-making, highlighting gaps in communication, inconsistencies in treatment recommendations, and potential biases among healthcare providers.⁵

In conclusion, this article offers valuable insights into the lived experiences of RA patients in China. By vividly portraying these experiences, it equips stakeholders with a deeper understanding of patient needs and challenges, essential for improving patient adherence, achieving better treatment outcomes, and informing future policy reforms.

Disclosure

Yilin Jiang is the first author. The authors report no conflicts of interest in this communication.

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<https://doi.org/10.2147/PPA.S497303>