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COMMENTS TO EDITOR: I am, with significant hesitation, recommending major revision rather than outright rejection (which I suspect is the wiser course). If you would like to reject, I would be comfortable with that call, as I do not think the article is acceptable in the current way it is written. However, there is a tiny kernel of a good idea here that **MIGHT** be successfully developed. I am becoming increasingly disappointed in authors' ability to pay attention and learn from the excellent guidance they are receiving from reviewers.

COMMENTS TO AUTHOR: This is a well-intended essay but will require **SIGNIFICANT REVISION**, indeed a complete rethinking of the point you are trying to make, before it can be considered for publication. Reviewer 1 makes good points about the irrelevance of your supervisory role to the main thrust of this story, which seems to be about the role of emotions in medical care. If you are trying to make the point that you were a role-model to the students and interns, then you have to make this explicit - and close the loop by showing how your behavior affected them, not just the patient. If you are trying to make the point that this was a perfect storm of stress triggering unprofessional behavior, then this could be done much more succinctly.

However, the larger problem is that you have not reflected sufficiently on what you have learned from this incident. Are you really saying that expressing this level of anger and frustration is "healing"? For whom? Rather, I think reviewer 1 is correct that the central issue to consider is whether your feelings, as a physician, should be "managed," or whether, instead, they should be "mobilized" in a more productive way.

A worthwhile essay needs to share more clearly with the reader how you would proceed in the future with a similar situation. It's not enough to say you're ashamed and hope such actions are not required to motivate future patients. Rather, you need to dissect **WHY** your outburst had a positive effect (i.e., it demonstrated your caring and concern for the patient) and then figure out more professional ways of demonstrating these feelings that might have a similar results without shouting or using profanity with a patient (this is probably what reviewer 2 has in mind as well). Some statement, as suggested by reviewer 1, about the potential toll of expectations for whole-person, patient-centered care on the overworked, exhausted resident-physician, and how this can be mitigated while preserving caring/compassion, would also be appropriate, as you seem to suggest at the start of your essay that the stresses you were facing triggered your outburst.

COMMENTS TO EDITOR II: I would like the author to consider a further revision of this article along the lines I've indicated in my edits. I cleaned up grammar and language in a few places. My main concern, however, is an insufficient level of self-awareness in the concluding paragraph. I think it is inappropriate to publish this piece unless the author is willing to state explicitly that it is wrong to use profanity

toward a patient; and that simply haranguing a patient that "he will die" unless he does what the doctor says is a failure of communication. I believe the author's analysis is fundamentally correct, that his outburst was compelling for the patient because the patient was able to see past the physician's unprofessional conduct to his genuine caring and concern. However, all this needs to be stated much better than it was in the revision.

COMMENTS TO AUTHOR II: Dear Dr. , Thank you for your efforts to revise this essay following reviewer recommendations. It is much improved. However, the concluding paragraph still seems lacking in major ways. Specifically, I believe you need to state explicitly that it is always wrong to use profanity toward a patient, no matter what your level of frustration. I also think it would be helpful if you recognized that that simply reiterating to a patient that "he will die" unless he does what the doctor says does not constitute good communication skills. You also need to make clearer your excellent insight that your outburst was compelling for your patient, despite its being inappropriate, because he was able to see past your language to the genuine caring and concern that underlay it. The essay needs to convey clearly that you have renounced swearing at patients but have retained the complex caring that informs the doctor patient relationship.

I've provided some editorial suggestions throughout the manuscript. Most of these are rather minor to improve the flow of the essay; but the final paragraph is significantly reworked. You may have a better way of making these points. But please consider addressing them in some form.

COMMENTS TO EDITOR III: The author has successfully reworked this article. I find it interesting and worth publishing because it is a rare instance of a physician admitting giving way to his frustrations with a patient in an unprofessional manner. I believe this happens rarely in actual patient encounters, but frequently in the doctor's mind! This piece I hope will give readers a chance to reflect on how they manage their own frustrations in patient care. I'd like to see one very minor change made (see Author Comments) - if you think we should run it by the author, please convey this to him.

COMMENTS TO AUTHOR III: The article reads very well, and I applaud your courage in reflecting on this challenging situation. You learned a lot, and convey that well to your readers. One small, but important change, which I think better communicates your intended meaning:

Pg. 4, lines 2-3 from the bottom: "...not an effective way to communicate potential outcomes. Rather, further exploration of patient resistance is important to trusting and demonstrating concern for the patient."

I'm very pleased with the final paragraph. It's a complex issue (how the positive emotion of caring can lead to the negative emotion of frustration), and you deal with it in a way that I hope will stimulate self-examination on this topic among our readers.

