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COMMENTS TO EDITOR: I find this a problematic article, for the reason the 2 reviewers expertly articulate, but feel that since both reviewers would like to give the author a chance to revise (significantly) the author should have this opportunity. The reviews are outstanding, and the author should be encouraged to both wrestle with their implications for her own learning as a physician; and then meticulously follow the suggestions they provide.

COMMENTS TO AUTHOR: This is a very important topic that we would like to see addressed in the personal way that the Narrative Essays section offers. We would like to encourage you to go back to the drawing board, with the caveat that you will have to do some soul-searching to fundamentally change the tone of this piece. In particular, please consider highlighting a bit more how your own fear and uncertainty may have driven the conversation when it finally did occur. Although I'm sure it was not your intent, the piece as it currently stands implicitly blames the patient for breaking off the relationship. It also suggests that this is a difficult, frustrating, and even futile conversation to have with patients, but doctors must do it "anyway." Again, I don't think this is the message you want to convey.

One of the problems, as both reviewers point out, is the conflation of conversations about advance directives and end of life. Acknowledging that you could have untangled these much earlier and dissecting (with compassion) possible missteps you made along the way during this fateful conversation could lead to a more hopeful and insightful article. The article would be much improved if you could "own" that you were poorly prepared for this conversation; and could show how, upon reflection (and perhaps further research) you have identified ways of improving these encounters in the future. Please use the reviewers' excellent comments to write an article that will teach our readers something important about how to hold such conversations, rather than perhaps concluding that talking about advance directives and end of life issues results in harming the doctor-patient relationship and losing patients.

COMMENTS TO EDITOR II: This version is a definite improvement. However, it is still very superficial. The lesson is, Don't avoid the hard conversation. I'd like to encourage the author to try to go a little deeper (see below).

COMMENTS TO AUTHOR II: Dear Dr. van Scoy, Thank you for this revised manuscript. You've clearly paid attention to the reviewer comments and tried to modify the piece in response. For example, you now distinguish between talking about Advanced Directives and end of life, which helps untangle these issues. The more subtle issue of "patient blaming" is much softened, to the betterment of the essay. We hope you are willing to go "one more round" on this essay, in particular deepening your own reflection. For example, you might acknowledge that, in addition to not having time to talk about these topics, these are inherently hard things to discuss with patients and family. When you write, "...misguidedly thinking I should develop more of a rapport..." you might point out that "rapport-building" was at least in part an excuse for avoiding

this tough conversation). When you write, "How easy it would have been to bring up advance care planning..." this makes it sound awfully simple! And when you continue, "...now, having waited, I feared that initiating the discussion would further set off Gene's anxieties..." you might consider whether you also feared setting off your OWN anxieties. Similarly, I appreciate your owning that you "approached the door with trepidation." You ask, "What would the effect of the conversation have on Gene's psyche?" I'd ask further - What effect would it have on YOUR psyche?

As well, I am still concerned that the essays implies that, if only you'd talked to Gene in that early encounter about AD, everything would then have proceeded swimmingly. Perhaps, but I hope the essay can convey that end of life discussion is an ongoing process. On the other side of the coin, I invite you to revisit the line "Yet we must broach the subject anyway, despite the risk of upsetting or even losing the patients..." As was pointed out in an earlier review, this line suggests end of life discussions are frequently painful and often have negative outcomes. I hope your deepening experience with such discussions have helped you to realize that, while there is risk, these can be highly rewarding encounters for both patient and physician; and that there is some way this positive note can be sounded in the essay.

One last request. If you choose to resubmit, which I hope you do, PLEASE submit a version that includes track-change marking, so we can more easily follow the changes you have made.