

FM REVIEW COMMENTS 2013 19

COMMENTS TO EDITOR: This submission unfortunately is quite marginal. It must be residual Christmas spirit that makes me recommend major revision rather than outright rejection! Although the two reviewers recommend only "minor revision," their reviews are remarkably unenthusiastic. Both note the uninteresting, heavy-handed writing style, and reviewer 1 comments that this sort of thing is done much better in the blogosphere. I actually disagree with this comment, I think it is because the main themes of the essay are so unclear.

The essay itself describes the author's MI as a resident and how this has affected him as a physician. What is intriguing - and in my view, ultimately redeeming - about the essay is his unorthodox response to patients with less serious or psychosomatic illness post-MI. Instead of feeling more empathy and compassion toward such patients, the author is notably more judgmental and dismissive. He struggles with this "hardening of the heart" (one of the few really good metaphors in the essay) and tries to understand it. Ultimately (but very unclearly) he realizes that what he learned in the ICU is that, when you feel misunderstood or not valued, it is especially important to have people willing to fight for you; and people willing to care about and love you.

The essay is complicated by a jocular tone which diminishes the seriousness of the issue the author is trying to examine; and lends an aura of superficiality to the essay. The main point of the essay is also muddled by an overly long and detailed description of the MI itself (in my read, NOT what the essay is about), and other sidebars that confuse the issue. I believe it will take a lot of work to make this a good essay, but I also believe the author deserves a chance to try.

COMMENTS TO AUTHOR: This essay has two important and related themes, but unfortunately as written it is hard to understand the main points of the essay. One theme shows why you "enjoyed" (a very misguided term, as I discuss below) your ICU experience after having suffered an MI at a very young age. This theme focuses on the importance of medical personnel taking your symptoms seriously and attending to potential complications; family and spouse rallying around you; and a friend from residency simply sitting with you and holding your hand. This experience, while obviously terrifying, counteracted earlier feelings of being socially awkward, and wondering if anyone cared enough about you to attend your funeral if you died. This theme is important (primarily for its connection with your second theme - see below), but is cluttered by too many blow-by-blow details of the MI itself, complicated by your showing yourself to be a doctor first and a patient second. Also somewhat irrelevant to this theme is the observation that you get a perverse enjoyment about telling people about this experience. There are many blogs by physicians offering descriptions of what it's like to become ill. At least in my read, that is not a strength of this essay, but simply a distraction from your more interesting insights.

The theme of what you learned in the ICU is largely important because of how it both informs and complicates your second and more unusual and intriguing theme, i.e., that having undergone this traumatic experience did not automatically make you more

compassionate toward patients, in fact at times just the reverse. This is a really interesting and unconventional insight, and deserves exploration.

To help focus the essay, I'd recommend eliminating language about "enjoying" the ICU. This rather casual word (we "enjoy" a good meal or movie) trivializes both the horrific experiences of other patients who spend time in ICUs; and even your own experience, which I believe was much deeper and more significant than mere "enjoyment." What you seem to say you learned in the ICU is that, although you might have been someone who at times had difficulty connecting with or being understood by others, in this desperate circumstance, you discovered that many people stood by you, "took your hand" (literally and metaphorically), and were ready to journey with you.

This insight is really what ties your two themes together. Your initial response post-heart attack is paradoxically not to be more empathic and compassionate toward patients with less serious or psychosomatic illnesses but often to be angry or dismissive of such patients. This is a wonderful admission because it surprises the reader - it is not what we expect. Your essay goes on to honestly and authentically wrestle with this reaction, but you need to probe deeper. Why do you suppose this happens? Is it related to your own feelings about having had a life-threatening event at such a young age? After all you've been through, and the risks you might still face, do you feel resentful of patients who are "not really sick"? I think exploring such questions would help you to articulate why your own ICU experience is still teaching you how to be the doctor you know you could - and should - be.

You do tie it all together in the excellent concluding paragraphs. This is where theme 1 and theme 2 come together in a profound way. You realize that what you "enjoyed" about the ICU experience is that it confirmed your worth as a person - there, people were ready to fight for you, eager to love and care about you. You know that as a family doc, this is what you must offer all your patients, even ones whose situations are less clear-cut than was your own.

Bottom-line, focus your essay. Tie these two themes together clearly and courageously. Cut much of the introductory semi-jocular stuff about how you diagnosed yourself, presented your symptoms in proper medicalese, studied your own EKG. Keep paragraphs 1-3, p. 3, these are a very good presentation of theme 2. Focus p.4-5 to emphasize theme 1 - that it is terrifying to know there is something very wrong with you, and how important it is in this moment to know that other people - both professionals and friends and family - are really there for you. I'd cut the next paragraph "I'm fortunate that myocardial infarction carries little or no stigma" - or at least take this in a different direction. What's important here is that you suffered a medical event with no stigma, whereas many patients, especially with somatic illnesses, are definitely stigmatized, including by their physicians. The last two paragraphs are really strong.

You have something unique and important to say in this essay, which is not what it is like for a doctor to have a heart attack. It is what happens AFTER the heart attack, and how you have continued to puzzle over what this event has to teach you about becoming the physician you want to be.

COMMENTS TO EDITOR II: This has turned into a really interesting - at times a bit appalling - essay by a young family doc who had a heart attack at an early age and has found that this experience, paradoxically has not made him more compassionate, but rather has "hardened his heart" to patients who do not have "real" disease. The author is honest to the point of shock in his thoughts about his patients. Yet, by remembering his own experiences in the ICU, he works toward providing humane care. He does not sugarcoat his goals or attitudes, but he sincerely is struggling to be his better self. I think this is a very intriguing essay and I would recommend accepting it with some minor revisions.

COMMENTS TO AUTHOR II: This essay is much improved. The title is much much better, I really like it.. The intro is also vastly improved, the opening sentence remains powerful; and now cut right to the chase in terms of identifying the major focus of this article: how you regard patients without "real" disease. You are honest and genuine in your ambivalence about patients with less obvious recognizable disease than you experienced, and the details you added about your feelings in response to the patient in the ED are really revealing and authentic, as are the rhetorical questions you pose. Really excellent, thank you for taking this risk. I also very much like the "black holes" sentence and agree that many clinicians will know exactly what you are talking about.

I would recommend just a few minor adjustments in the article.

- 1) I think the line "...come to the hospital hoping to draw attention to themselves" is unnecessarily superficial and unfair to these patients. On reflection, I'm pretty sure you'd agree that whatever the complex forces that drive people to hospitals in the absence of serious disease (homelessness, drug seeking, mental illness, fear etc.) attention-seeking is a rather simplistic explanation. Similarly for "Doesn't she have anything better to do?" Please rewrite these lines in a way that honors your feelings but does not diminish these patients so harshly.
- 2) "This brings me back to those PATIENTS with somatization disorder..." Please add "patients." Also, I'm not sure you're talking exclusively about patients with somatisation disorder (or what I believe DSM V calls somatic symptom disorder), which is an actual psychiatric diagnosis; but maybe you are. You might want to consider a broader, more inclusive term if that is more appropriate.
- 3) "How INTERESTING I feel when I tell my story..." I appreciate your trying to find the right language for this point. I'm sure this represents a part of your emotions, but in shaping such a short essay you want to be sure that each point supports your main idea, which for me is that the kindness and concern you experienced in the ICU helps you now in staying committed to these challenging patients. Also, in my read, the word "interesting" circles back in an unfortunate way to your hypothesis that somaticizing patients are merely "attention-seeking." As I've said, I really appreciate your honesty in sharing your unvarnished reactions to these patients, but I think this phrasing puts you in an unnecessarily negative light. Maybe you could say something along these lines: "I try to recollect how good it feels when I tell my own medical story, and people are quiet and listen and want to understand what it was like for me."

4) "Family, friends, and colleagues WHO have supported me." Please change 'that' to 'who.'

This has become a much tighter, more focused, more honest, and much more moving essay.

COMMENTS TO EDITOR III: This essay has evolved from being full of embarrassing comments about somaticizing patients, awkward personal disclosures, and many tangential details, to a really authentic and complex account. Personally, I love the way it challenges the conventional narrative art: "Having a serious illness made me a more compassionate doctor." The author shows how this is both true and not true. It really is an interesting piece. I recommend accepting, once the author changes a couple of words in one sentence that is not quite grammatically correct (see below).

COMMENTS TO AUTHOR III: I hope you are as pleased with this essay as I am. It is an honest, complex narrative that avoids an overly simplistic uplifting arc of how the personal experience of illness made you a more compassionate doctor. I think it did - but this compassion is hard-won and something you struggle with on a daily basis. This essay resists easy answers and as a result really forces readers to think.

I would like you to make one very minor change:

Pg 2, line 52 (last line) reads "While not borne of my illness..." I think you mean to say "While not born of my illness," or perhaps "While not borne out of my illness." However, both of these constructions, while grammatically correct, seem excessively formal. Would you consider just saying, "While not a result of my illness..." I think the meaning is clearer and the language more accessible.

COMMENTS TO EDITOR IV: The author has graciously accepted every suggested change and worked very hard on this article. It is ready for publication in my view.

COMMENTS TO AUTHOR IV: Thank you for staying with this long editing process. It has led to a truly original and thought-provoking essay.