

## FM REVIEW COMMENTS 2013 26

**COMMENTS TO EDITOR:** This is a good essay that shares an interesting, more personal slant on the concept of continuity relationships. Reviewers liked it and so do I. Its main problem is that it is overly abstract and theoretical in places, which I address below. One reviewer was also concerned about anonymizing the patients, which I stress below as well. I recommend minor revision.

**COMMENTS TO AUTHOR:** Dear Dr. thank you for this thoughtful essay regarding the cost to *the physician* in leaving a well-established continuity practice. We think that approaching this topic from the perspective of the physician is innovative and insightful.

The main objection to the essay is that, as written, it contains too much theorizing about patient relationships and too many footnotes. The narrative essay section does not publish academic opinion pieces. Rather, its focus is on storytelling. Therefore I recommend that you significantly rework/delete the following paragraphs. You can retain the ideas, but in ways that connect them to the story of Jennifer, or perhaps another patient's story you wish to include.

P 3, para 1 "the doctor-patient relationship is a fiduciary interaction"

P 3, para 3 "There are many theories and models"; and para 4 "Historically, the doctor-patient relationship could be characterized..."

P 4, para 1 "Currently, the concept of RRC..." (here, you might draw on how RCC principles came alive for you or spoke to you in new ways in thinking about Jennifer and leaving this practice)

Maybe, with the additional space gained, you can reflect even more deeply on what you lost in leaving behind this practice; and what your students and residents might gain as you bring its lessons into your teaching.

**A couple of other points:**

- 1) As reviewer 2 suggests, please add a footnote indicating that patient names have been changed. Also, since your practice was in a "small rural community," please make sure that other information does not identify "Jennifer," or other patients to whom you refer. Since the witty remark about "cheating on her husband" will likely easily be recognized by "Jennifer" even if by no one else, you might consider checking with her to ensure she is comfortable with your using it in a published form.
- 2) The title of the piece is rather abstract and academic, and does not do justice to the warmth of this story. Please think about a title that will draw readers in more readily.

This is a well-written and heartfelt essay which will certainly speak to many of our readers.

**COMMENTS TO EDITOR II:** The author has made some of the changes required. Notably, he has changed the name of the patient to protect her identity; and actually had her review and approve the essay. He also rewrote the three "theoretical" paragraphs that seemed at odds with the tone and focus of the rest of the essay. I still have some concerns,

which are enumerated below, and I would like him to attempt one more rewrite before publication.

**COMMENTS TO AUTHOR II:** Thank you for changing the name of your patient to protect her identity. It is especially commendable that you shared this essay with her prior to submission and obtained her approval!

The title is much improved and gives a better sense of what the essay is about.

Thank you for reworking the more "theoretical" paragraphs. However, I still had trouble with the main point you are trying to make. In particular, please look at the paragraphs that begin "When I was in medical school..." and "Historically, the doctor-patient relationship..." It seems to me that your initial point is that when you were in medical school, you were taught that mutual trust and confidence mattered. This sounds very similar to the RCC model currently taught in your medical school. Are you saying medical education has always emphasized mutuality, but first paternalism and later Big Pharma and large physician employers intervened; and that we have to return to RCC principles? Please see my comments on the attachment, and revise accordingly to ensure your point is clear.

The material about RCC reads well and makes sense within the context of the essay. RCC emphasizes that the person of the physician must be considered in the interaction as well as the person of the patient, and of course this message is at the heart of your essay.

I am disappointed that you chose not to add something about how your insight regarding reciprocity links back to your teaching, especially since you yourself bring up the model of RCC. As is, your essay tells a poignant story about an aha moment in your life as a physician, in which you discover that your patient gave you many gifts. We always hope that such insights have positive implications for teaching and/or clinical practice. However, you make a valid point that teaching per se is not the focus of your essay. If upon consideration you do not wish to explore the connection between your awareness of reciprocity in your own professional life and your teaching about reciprocity with your students, I accept that decision.

**COMMENTS TO EDITOR III:** The author has done an excellent job of revising this essay and his revisions are responsive to the concerns expressed in the last review. Overall, the essay reads much better and offers a valuable perspective on how much continuity relationships mean to physicians. I have two small stylistic concerns noted below that should be addressed before publication, but I do recommend acceptance.

**ODMMMENTS TO AUTHOR III:** Thank you for the revisions. I agree completely that your revisions and rearrangement of the more abstract paragraphs regarding models of medical education read much better. You have succeeded very well in conveying your point about the "incompleteness" of previous models of the doctor-patient relationship. Truly excellent reworking. Also, I really appreciate the sentence about encouraging learners to "relish

**their relationships" with patients and to recognize what they receive as well as what they give. Perfect!**

**I would suggest two extremely minor stylistic changes:**

**1) p.2 lines 47-49: The two "mores" are jarring. How about "It wasn't until the 1950's that models emerged in which patients became more engaged in their own care."**

**2) p. 5, line 28." Let's not start that sentence with "though." Consider instead "Thanks to my newfound epiphany, however,..."**

**Thank you for your patience with this process. I know we both share the same goal of making this essay as perfect as possible - which I think it is.**

**COMMENTS TO EDITOR IV: The author has successfully made the small suggested revisions. This has turned into a lovely little piece on how much patients mean to their doctors. I recommend acceptance.**

**COMMENTS TO AUTHOR IV: Thank you for all the hard work invested in this essay. It is a truly moving piece on how much patients mean to their physicians; and how clinical medicine should not be only patient-centered but relationship-centered.**