

FM REVIEW 2015 2 COMMENTS

COMMENTS TO EDITOR: This essay has the kernel of a really interesting idea, i.e., similarities between full-service obstetrics and palliative care. Unfortunately, it is developed in a highly analytic, non-narrative way that sometimes comes across as insensitive (“Patients in both situations experience increased monitoring before the event, and minimal or no monitoring immediately afterwards”) and sometimes just as odd (“Families of patients in either situation tend to converge”). Much of it is written in the third person, and there is really no story present (a point which both reviewers make). Only because of the merits of the concept, I am indicating "reject and resubmit." It's an intriguing insight, and if it were told through a couple of narratives, it could be a good essay. Too much work would be involved to justify major revision.

COMMENTS TO AUTHOR: Thank you for this essay. It is organized around the fascinating insight that full-service obstetrics and palliative care - which many family physicians see as "opposites" yet are often (for somewhat different reasons) perceived as equally "undesirable - actually have many similarities. This is a valuable realization and deserves fuller development.

Unfortunately, you have somewhat misconstrued the intent of the narrative essay section. This section is designed for physicians (and behavioral scientists, nurses, patients and others) to tell their stories. Your essay does not tell a story. It offers an excessively clinical analysis of the similarities in a way that, for all their merit, sometimes seems superficial. So what if patients in both situations don't know when "the event" will occur? What does it matter that "the event" can occur in different settings? A narrative essay is all about discovering meaning in particular events. It is not about offering an opinion ("family physicians" should...). It is about telling your story, what you learned, how it changed you as a physician.

You have an important perception here. We encourage you to rewrite it, transforming it into a story that matters. Write in the first person. Tell the story of your relationship with a terminally ill patient that reminded you of a story with a maternity patient, and how these two stories came together for you. Tell a story so that when other family docs read it, they will want to do ob care, or palliative care, or both. The way the essay is written now, it enjoins them to do so, but it doesn't inspire them.

Finally, if you do choose to rewrite and resubmit, please consider acknowledging that, for all the similarities, there is also much that (usually) separates birth and death. Gliding over the sadness and finality of death contrasted with the joy and hope of birth contributes to an unintended glibness in this version.

We hope you will consider reworking this essay because we think its premise has considerable merit, and could provide new understandings for other family physicians.