

FM REVIEW 2015 5 COMMENTS

COMMENTS TO EDITOR: This essay tackles the way in which cancer affects the personal life of the physician. It has a "dashed-off" feeling, as though the author simply discharged her emotions onto the page. As written it is fragmented and disjointed, and comes off as a bit self-indulgent. I tend to agree with the first reviewer, but the second reviewer took such great pains to meticulously consider each paragraph, often each word, in recommending revisions, that I feel it is only fair to give the author a chance to excavate what is certainly a powerful story.

COMMENTS TO AUTHOR: How a physician struggles personally with loss and death is always a powerful narrative, and one well worth telling. With additional thought and editing, this could be that story. As it stands, the writing seems cathartic but somewhat fragmented, a sort of pouring forth of intense and authentic feelings without much filter.

As a result, I think for this journal the balance of the essay is not quite right. While it is very important for readers to hear of your own feelings of anger and despair, as well as the path you've chosen to try to find your way out, it is also important to address how the suffering and consequent insights you've gleaned relate back to patient care and medical education. You acknowledge this in the last paragraph, but too thinly.

Please reread and look for ways to make some judicious cuts, in order to to make room for a paragraph elaborating on the carryover to patients and learners. Look for ways of "smoothing" the narrative to reduce redundancy. Although your emotions are compelling, this may be an essay in which less is more. Pay attention to the excellent suggestions of reviewer 2 for ways to reduce the fragmented nature of the writing, while still retaining your passion and sincerity.

COMMENTS TO EDITOR II: This essay, about a physician being personally touched by cancer, has been significantly improved through the efforts of reviewer 2. I still feel more rewriting is needed. The author has a rather florid use of language that sometimes works at cross purposes with her message; and I hope she can temper this a bit. More importantly, she did not address how the personal impact of cancer has influenced her as a teacher and a clinician. In my first set of comments, I noted that the "balance" of the essay was skewed too much in favor of her personal feelings; with insufficient attention paid to her roles as educator and physician. Unfortunately, this imbalance was not addressed in the present rewrite. I've provided line by line edits as well as guidelines about changing the emphasis of the essay.

COMMENTS TO AUTHOR II: Thank you for your revisions, which have resulted in a more focused essay. The main point that a personal experience of cancer has profound effects on the physician very much merits the reflection you've given it.

There are still a few points that need to be considered:

1) The current title, "Cancer, you expletive," seems awkward and incomplete. It does not encompass the last half of your essay in which you seek to find meaning/understanding from your personal

exposure to cancer. Please propose a title that does not rely on profanity but conveys the full range of your responses to this devastating disease.

2) The balance of the essay is still too skewed in favor of your personal reactions only. As we conveyed in the last review, while the journal cares about how you were affected personally, it is also important for you to reflect on how you have changed as an educator and a clinician as a result of what you've undergone. You've made good progress on this front in lines 45-57, but please try to elaborate further. The comparison of your personal experience to "book learning" is not strong. Surely you have cared for many patients with cancer, so undoubtedly you have already moved beyond what you can glean from books. Show us how your experience with your father-in-law's cancer deepened your understanding of patients and families, while not falling into the error of assuming you understand others' experiences because of your own (the classic confusion of sympathy with empathy). Similarly, it's great that you are "working with medical students to help them become more effective, compassionate, and humane..." but how do you do this? Show us, don't merely rely on a generality.

Finally, I've included line by line edits addressing stylistic issues.

PLEASE SUBMIT A REVISION USING TRACK CHANGES, to make it easier to compare your revisions with the original manuscript.

COMMENTS TO EDITOR III: I've reviewed this essay, exploring how personal brushes with cancer have affected the physician-narrator as a person, clinician, and teacher, with both LeNeva and Peju. The consensus is that it is not well written and somewhat narcissistic, but at this point in the editorial process it should not be rejected because of the conscientious and somewhat successful efforts of the author to rewrite and address reviewer and editorial feedback and concerns. X, Y and I worked together on further revisions of the ms. I am recommending that it go back to the author for additional work, using the attached ms for guidance.

COMMENTS TO AUTHOR III: Thank you for your conscientious revisions. It was obvious that you paid close attention to the detailed editorial suggestions, and addressed all the concerns raised. In particular, the new material about how cancer has affected you as a clinician and teacher, not just its effect on you personally, does much to correct the imbalance mentioned previously. The concluding lines are powerful.

Three members of the editorial staff have now reviewed this current version. Their consensus is that, while moving in the right direction, it still requires some editing. To guide you in this process, we are providing a line-by-line edited copy. Please consider these points in particular:

1) Thank you for your efforts to revise the title. It is indeed difficult to convey depth of feeling without exaggerated affect. Unfortunately, the revised title does not entirely succeed in this regard. Please consider the options suggested in the attached edited manuscript, and see if you can find an alternative that works for you.

2) One of the strengths of the essay is the way in which you engage Cancer directly by addressing the disease in the second person. Toward the latter part of the essay, this trope disappears to some extent. Please check the attached revision for where the direct address has been inserted, and see if you agree.

3) As noted, the material you added about how cancer changed the way you practice medicine and the way you teach your students is exactly what we were looking for in terms of balance. Unfortunately, the quantity was excessive given the limited parameters of the narrative essay. Please look at these sections, especially the paragraph about medical students, for ways to make them more succinct (you may agree with the suggested edits).

4) In that regard, the journal hews closely to the 1000 word limit for the narrative essays. The current ms is 1160 words. As you review the paper, please look for ways that you could cut at least 100 words.

Thank you for your patience with this process. We all want the same thing - to shape the essay into a jewel that readers will turn over and over in their minds to appreciate its many facets. It's not quite there, but it is definitely beginning to sparkle.

COMMENTS TO EDITOR IV: This essay, about the effects of the physician-author's personal encounters with cancer, has been a long time in reaching fruition. The author has some notable insights, but the essay initially was marred by a disorganized style and an overly dramatic use of language. The current version has benefitted greatly by edits from LeNeva, Peju, and myself. There is nowhere further we can take this piece, and it definitely shows a physician speaking from her heart about her personal wrestle with loss and death, which I think will be of value to the journal's readers. Interestingly it did receive one very favorable review. Therefore, once the author approves the extremely minor edits suggested in the attached, I recommend accepting the essay.

COMMENTS TO AUTHOR IV: Thank you for your patience with this process, especially since it involves losses so close to your heart. I commend your courage for speaking about death and dying in such a personal and uncensored way. Physicians are so close to death, yet this does not mean they are resolved or at peace when it touches their personal lives. Seeing a fellow physician share her own struggle with loss and death will be of value to many of the journal's readers.

The attached ms recommends a handful of truly minuscule corrections, all entirely stylistic. Thank you for considering them.

COMMENTS TO EDITOR V: I believe this is the author's fifth revision. It has been a journey for both author and editors, but I feel the essay has been pared of its rather melodramatic tone and what comes across now is an authentic statement of how hard it has been for this physician to confront cancer in her near and dear. As an initial reviewer pointed out, such personal disclosure is rare and valuable. I hope that this physician's willingness to share her personal struggles will remind others that it is always painful to face death, even when one is a doctor.

COMMENTS TO AUTHOR V: It's been quite a journey, but in my view the end result is well worth it. The essay is clear, authentic, and poignant. Such personal disclosure, especially from a physician is rare and valuable. I hope that your willingness to share your personal struggles when confronting cancer in loved ones will remind our readers that it is always a challenge to face death, even when one is a doctor.