

## FM REVIEW 2015 10 COMMENTS

**COMMENTS TO EDITOR:** This is an intriguing essay about a hospice patient from the points of view of a medical student, a palliative care physician, and a supervising physician. Both reviewers were concerned that the essay needs better focus on the title theme "Ever the Teacher" as an organizing principle. Reviewer 2 has many excellent comments that could improve the last 2 voices of the essay (the medical student's voice is probably the best of the three). I recommend major revision. I think this can become a valuable essay that shows a team perspective on hospice care.

**COMMENTS TO AUTHOR:** We were intrigued by the use of 3 distinct voices in this essay, and found this approach to be a real strength. How a patient dying on hospice variously affects a medical student, a palliative care specialist, and the supervising physician is a worthwhile and underexplored topic.

However, I agree with Reviewer 2 that, in such a short essay, the focus should be on what the title suggests, i.e., what is learned by each "voice" (in fact, in a less detailed way, Reviewer 1 makes much the same point). What did this patient teach each of you? What are you going to carry forward from this woman who was "ever the teacher"?

In terms of the second voice, the anecdote at the start does not seem especially pertinent, given that the patient is not even home because she has been rehospitalized. I also agree with Reviewer 2 that the voice of the palliative care specialist seems somewhat remote. What did s/he feel about this situation with the withheld medications? What were his/her thoughts and feelings faced with the suffering of the patient? The narrator seems to feel guilty, as though s/he failed the patient, but this is all inferential. If this is an accurate interpretation, can it be made more explicit? Of the three voices, this voice in particular needs to become more personal. Further, the paragraph containing the quote about common courtesies seems abstract and not especially compelling. We all know that "we all" need to value empathic communication. In the face of one such obvious communication failure, what did this specialist learn, what is she committed to for the future?

The third voice is more human, and the anecdote about the dog humanizes both patient and her attentive physician. However, as reviewer 2 points out, this voice runs the risk of focusing more on countertransference issues and her own grief than on what this patient needed from her or how she might better address the needs of similar future patients. The last sentence does speak to how the patient has inspired this physician, but it is rather vague and general - "bear witness... by living and teaching well." Again, this is an admirable sentiment, but an unexceptional one. It is what everyone wants. Can you revise this voice so that its commitment is more particular, more detailed?

Finally, please review with care the detailed suggestions of Reviewer 2, which provide useful guidelines for revising the essay.

**COMMENTS TO EDITOR II:** This submission has a creative format (the perspectives of 3 team members regarding the death of a patient), but in the original version lost its way. In this version, the authors have attempted to change the focus from what the patient taught them to their reactions to the patient's death. Unfortunately, while the student author is able to describe her reactions clearly, the two physician authors spend a lot of time on narrative that describes the patient and has nothing to

do with their reactions to her death and dying. I've tried to guide them with extensive comments on the manuscript itself.

**COMMENTS TO AUTHOR II:** This version has a more understandable focus. The change in title is also good, although I would suggest something a little more personal, such as "A Team Reacts to a Patient's Death."

Along these lines, if the point of the essay is to show the reactions of three team members to the patient's death (and dying), this is where the emphasis should be. I still feel that the lengthy anecdote by the palliative care specialist about showing up when the patient has been readmitted does not really illuminate anything about her reaction to the patient's death and dying. Similarly, while it is important to understand that the patient was discharged without the long-acting fentanyl patch she needed, too much detail is expended on describing the specifics. The point is not what happened, but (according to your title) how the palliative care specialist **FELT** about what happened. The feelings are there in this version (anger, regret), but the emphasis needs to be shifted.

Along similar lines, the anecdote about the dog told by the ongoing physician is sweet, but what does it have to do with that doctor's reaction to the death and patient? I suggest the anecdote itself be shortened; and instead comment about how this incident reminded you of your affection for this patient and how much you were going to miss her (or whatever your reaction was). You should also take this approach in the anecdotes about the patient wanting to teach, and wondering what God wanted of her. Your focus should not be the patient per se, but your **REACTIONS** to the patient. Shift the emphasis. Talk more about how difficult it was for you that the patient continued to reject what you had to offer her - hospice - even as she seemed to derive benefit from the presence of the student. The last paragraph is perfect.

One final suggestion: If you do some judicious cutting as suggested above, you might have space to write a brief summary paragraph that reflects on these very different reactions, tying them together in some fashion. That would help the essay from being too diffuse, and simply "ending."

Please pay careful attention to the extensive comments and suggestions in the attached manuscript, as well as line edits.