

FM REVIEW 2015 12 COMMENTS

COMMENTS TO EDITOR: This essay tells the story of the unexplained and fairly rapid deterioration and death of a patient. It hints at many (too many) issues such as loss and grief, burn-out and compassion fatigue, professional dissatisfaction at not solving the problem, and how a patient's death can affect the physician's relationship with the family. As reviewer 2 notes, it is unclear what the primary focus of the essay is. Also, surprising for an essay of this nature, as reviewer 1 observes, it does not draw in the reader emotionally. I am suggesting a major revision to see if the author can make the essay more cohesive and more personal.

COMMENTS TO AUTHOR: This is an interesting essay because it explores not only the physician's personal loss when a patient dies but also the professional "loss" or dissatisfaction that results when it is impossible to reach a clear diagnosis. Attention to several issues will improve the issue considerably.

1) As reviewer 1 notes, as written the essay is not particularly emotionally engaging. This is because there is too much mere chronology about the patient's course and too little about the human beings involved. How did Bill feel as he declined precipitously without any answers? How did the family feel? How did you feel? Did the fact that you - and subsequently the tertiary hospital - could not make a definitive diagnosis a source of strain in the relationships? Although you say at the end that this type of diagnostic ambiguity can lead to loss of trust from patient and family, you don't show this happening in the narrative.

Reviewer 2 notes that you try to address many themes in your last two paragraphs: loss and grief, burn-out and compassion fatigue, professional dissatisfaction at not solving the problem, and how a patient's death can affect the physician's relationship with the family. But some of these (your relationship with the family or burn-out and compassion fatigue) are barely alluded to in the story. Did you become burned-out while caring for this patient? Did the family lose confidence in you? If you don't show these in the preceding text, it doesn't make sense to mention them in your conclusion.

The essay would benefit by your being clearer on the main point you want to make. One interesting theme is that patient, family, and even to some extent the physician him/herself lose confidence when there is no definitive answer. Perhaps if you were to highlight this and organize the narrative around this central idea the essay would achieve greater cohesion and clarity.

Other points:

The title is intriguing but jarring: Did "He up and died" is a rather colloquial expression suggesting some frustration and surprise. Is there a way to weave it into your narrative? Is this how you felt when your patient did die? The subtitle is written in a different, more didactic style, and is somewhat discordant with the main title. Also, my interpretation is that you mean it is a challenge for those still living when there are no answers. Is there another way of saying this? "He Up and Died: There Were Never Any Answers."

I agree with reviewer 1 you do not need to bring in your daughter. That detail is not relevant to the main story and becomes confusing. In general, look for places where you can reduce the medical details and focus more on the impact of this mysterious illness on the relationships among the various characters.

The last sentence is not supported by the text in its current form. There is too little in the text about your relationship with patient and family to show you functioning as a FAMILY physician. Show us your passion for maintaining your relationship with Bill and his family as things go from bad to worse. Show us your frustration and sense of failure that, despite your best efforts, you cannot give them the answers they want, or even any answers.

Rewriting the essay along these lines will make it more emotionally compelling and more focused at the same time.

Please pay close attention to the reviewers' excellent feedback.

COMMENTS TO EDITOR II: The concerns about this essay were extensive, with one reviewer recommending reject, while the other suggested minor revision, and my own assessment being closer to the first reviewer. However, the author did an outstanding job of paying attention to each criticism and revising the essay with these in mind. As a result, the essay is now much more focused (the author deleted both extraneous details and ideas introduced at the end of the essay) and shows more clearly his struggle with inability to find a definitive diagnosis or cause of death. The family's attitude is now much clearer. I have two extremely minor suggestions, which are mentioned below. If the author agrees, I recommend accept.

COMMENTS TO AUTHOR II: Thank you for a superb revision of this essay, which clearly took into consideration the concerns of reviewers, and addressed them with skill and care. The result is a piece of writing that is both more focused and more personal. Thank you for reducing some of the medical chronology while leaving intact the mystery of the patient's demise. Thank you also for clarifying your own sense of inadequacy (which I suspect many family physicians will relate to), as well as the grace bestowed by the patient's daughters (I completely misunderstood their position in the first draft, but now this comes through with crystalline clarity).

I would suggest two extremely minor changes in the final paragraph. The phrase "undesirable outcome" strikes me as cold and clinical language when you are showing the generosity of spirit of your patient's sisters. I've suggested a more straightforward phrase in the attached. Also, while you have made it beautifully clear in this revised version what a steadfast family doc you were to this patient, you do not need to capitalize these family two words of your essay.

Thank you again for sharing this story such clarity and heart.

COMMENTS TO EDITOR III: Author has accepted small suggested changes and has rewritten one somewhat confusing sentence. This essay transformed from a rather pedestrian piece to a cohesive,

insightful, and self-revealing reflection on how a family doc comes to terms with feelings of failure when the patient's diagnosis is elusive but his death is very clear.

COMMENTS TO AUTHOR III: Thank you for these small revisions that nevertheless add final touches of clarity and precision. This has truly become an excellent essay, a cohesive, insightful, and self-revealing reflection on how a family doc comes to terms with feelings of failure when the patient's diagnosis is elusive but his death is very clear.