

## FM REVIEW 2015 25 COMMENTS

**COMMENTS TO EDITOR:** This essay tells a poignant tale of a FM resident making a great diagnostic catch, all the while functioning like an ideal family doc - concerned for the patient, caring toward the family. It is tragic that ultimately the patient does not survive - yet in a way I appreciate this sad outcome because, as the author himself concludes, he did all he could to save and to comfort. The essay shows the diagnostic depth of family medicine within a context of patient- and family-centered focus. With a few very small changes, it will make an excellent addition to the narrative essay section.

**COMMENTS TO AUTHOR:** This essay points out that while family docs are not often thought of as astute diagnosticians, in fact they make many crucial diagnostic calls. It also shows how a family physician should function in an emergent, life-threatening situation - with both alacrity and compassion. Like you, I mourned the death of this young mother; but the fact that the patient did not survive taught an important lesson - that while the outcome is not always in the hands of the physician, compassion and common humanity are.

I agree with reviewer 2 regarding the following changes:

1) Unfortunately, despite the clever double entendre of the title, I agree that the literal meaning of "saving" Grace is confusing because in fact the patient is not saved. Clearly, the "saving grace" in this essay is the exemplary behavior of the family medicine narrator, but I think it would make more sense under a different title.

2) The line about where you and the husband are seated is unnecessarily awkward. Please rewrite.

3) I think that the Mass General reference probably has a special connotation that will be lost on a larger audience. I agree that you should refer to the hospital more generically.

Very minor suggestions:

4) P 2, line 33 - remove "that is"; instead "I have a patient complaining..."

5) P 2, line 37 - Instead: "She's fine, but her PCP's a family doc, so she's yours now. Night."

6) P 3, line 31 - Instead: "an 'um-hmm'"

7) P 3, line 47 - Instead: "demanding a CT to rule out..."

8) P 4, line 35 - Instead: "when we..."

9) P 4, line 44 - Suggest deleting the line: "Much more critical care." Not necessary.

10) P 4, line 47 - "That's right" does not make sense - you've already answered Grace's query about "Is that bad?" Come up with a better transition from your musings about the diagnostic abilities of family docs to returning to Grace's room.

11) P 5, line 28 - "sadly excited" does not make sense. I think you are saying something like, "I'm embarrassed to say I was excited..." Or maybe you are saying "I was both sad for my patient and excited at my great catch." Please rework this sentence so the meaning is clear.

There were two lines I especially loved in your essay. One was "I did not feel lucky," which prioritized humanity over diagnostic acumen. The other was "Now I wept," because this is the heart of the family doctor.

Thank you for a beautiful essay.

COMMENTS TO EDITOR II; Ah, such a pleasure to read a basically excellent essay, suggest just a few minor changes to make it even better, and then be able to accept it on its first revision! This essay tells a nuanced story about a resident making a great diagnostic catch, handling an emergent situation compassionately and caringly - and yet the patient still does not survive. The author made all requested changes. It reads beautifully.

COMMENTS TO AUTHOR II: Thank you for an already excellent essay that is now even more polished. The title change in particular is quite lovely and still preserves the double entendre. Thank you for considering Family Medicine as an outlet for this piece.