

FM REVIEW 2015 32 COMMENTS

COMMENTS TO EDITOR: This is an interesting, well-written essay about a physician who ignores symptoms of serious disease. It touches on what it is like when the doctor becomes the patient; and the importance of physician self-care. I think it will be an excellent addition to the narrative essay section with some minor revisions.

COMMENTS TO AUTHOR: This is a well-written essay (great title!) that makes vivid the importance of physician self-care as well as positive "chains of events." We would like to request a few minor revisions:

1) In contrast to reviewer 1, I like the ambiguity of the introductory paragraph. However, it does become confusing when you do not clarify that you are, in fact, a physician who has become a patient. There are many hints dropped along the way, but it would be helpful if you could clarify this point earlier.

2) Reviewer 1 also makes an important point about physician privilege. Do you think the fact that you are a physician and colleague played a role in the quality of attentive, responsive care you received? Might you be able to address this point briefly?

3) Reviewer 2 makes several useful suggestions.

a) For example, perhaps you could clarify "Bonnie's" role.

b) There is a lot of medical jargon in the essay (Holter monitor, PVCs, bradycardia, ectopy, v-tach). While all physician readers will understand these terms, as the reviewer points out, not all of our readers are physicians. On the other hand, it will be disruptive to the flow of the narrative to explain them all. Please use your judgment in providing a clarifying gloss in cases where you think the context does not provide sufficient explanation.

c) Further, the reference to your "Scottish patients" is a bit jarring. Perhaps you could add a phrase explaining that these were patients you cared for during your training/practice in Scotland.

d) The reference to you husband at the end of that sentence is also confusing. I think you mean to say you wondered how he'd react if, God forbid, he were to discover you dead. Perhaps you can make this point more clearly.

In contrast to reviewer 2, I liked the concluding reference to a PBL case. The essay establishes your commitment to academic medicine (leaning against the wall during rounds to avoid fainting!), and for me this line brings the story full circle.

Please address minor editorial suggestions on attached ms.

COMMENTS TO EDITOR II: The author has added minor refinements to an already well-written, wryly observed essay based on reviewer and editor feedback. In particular, the author has reduced unnecessary medical jargon and has clarified a few points of confusion. I suggest one small revision to

the last line (below), but I'm content either way with the author's decision. We should accept this essay!

COMMENTS TO AUTHOR II: Thank you for these revisions, which both reduce medical jargon and clarified a few points. Please accept the formatting changes suggested around punctuating direct speech. Also, what do you think about adding the following phrase to the last line: "... and I've got the EKG tracings to prove it!" Either way, your choice.

We enjoyed this essay very much, with its gently humorous reminder of mortality and its self-deprecating awareness of how physicians themselves can easily deny a life-threatening condition. It will be a good "wake-up" call for our readers so no one out there "wakes up dead." :-)

COMMENTS TO EDITOR III: Author has approved minor changes, mostly typographical and stylistic. I recommend accepting this well-written, wry essay that also reminds physicians they are susceptible to the same human frailties as the rest of us.

COMMENTS TO AUTHOR III: Thank you for approving these very minor suggestions. And yes indeed, in the midst of typographical and stylistic quibbles, we should not lose sight of the fact that the beat goes on - and thank goodness it does!