

FM REVIEW 2016 9 COMMENTS

COMMENTS TO EDITOR: This is a timely essay about managing opioid use as a primary care physician. It has potential, especially because it recognizes that algorithmic approaches to the use of opioids are insufficient because they ignore the human dimension. The first review in particular is really skillful, and suggests many ways to improve the essay. I echo several of these points, and also encourage the author to avoid editorializing.

COMMENTS TO AUTHOR: This is a timely essay about managing opioid use as a primary care physician. Its strength lies in its recognition that algorithmic approaches to the use of opioids are insufficient because they ignore the human dimension.

We think the essay has potential, but also requires major revision. Reviewer 1 in particular makes many outstanding suggestions, which we urge you to take into consideration. Specifically,

1) Please think about ways of making the introductory paragraphs more engaging (and less medically technical, as requested by reviewer. Try to "tell the story" in a way that brings both the patient and yourself, as a young doctor, into more vivid relief by adding details that humanize both of you.

2) Consider showing more of the conflict or tension between you and the rest of the staff. Did they roll their eyes at your treatment plan of hydromorphone and saline? Did they gently mock your naivete?

3) The issue of placebo effect becomes a little confusing. One hypothesis is that the patient THINKS he is receiving meperidine, so that even though he is not, it is his belief in the efficacy of the drug that leads to his improvement. Another hypothesis is the one you suggest: that the attention from a nurse reinforcing the patient's sick role is rewarding. Please recognize that both of these might have contributed to the patient's recovery.

4) I also agree that "loneliness" is not an accurate word to describe what might be going on with the patient. I suggest going back to your idea that he finds connection with others THROUGH his patient role, and that it was this connection that needed to be addressed.

5) Reviewer 1 suggests you address the question: What can PCPs do to address drug-seeking behavior in a more constructive way? Please keep in mind that the narrative essay is not an opinion piece or an editorial, so we discourage offering general advice to other physicians: i.e., a prescriptive approach. However, you could respond to the reviewer's desire by explaining in greater detail what this patient taught you: to seek the underlying diagnosis? To listen more carefully? And how do you manage when the patient himself or herself believes that the answer is continued opioid use? By showing us a little more of your own thinking regarding patients asking for drugs, you will give your readers much to ponder without telling them what to do.

6) In line with the above, please give thought to how you might rework the second to last paragraph, which makes an excellent point (I love the line about solving the provider's problem but not the patient's). However, it verges on editorializing. It would work better if you inserted yourself into this

paragraph: "... has generated enormous pressures, which I and most other primary care providers, have felt..." "I've realized it certainly does not solve the patient's."

Finally, think about a title that would catch readers' attention and make them want to continue reading.

As you note, the national epidemic of drug-related deaths is leading to draconian recommendations regarding opioid prescription. Your voice of reason in acknowledging the existence of deeper problems is much valued. We appreciate your continuing to work on this essay.

COMMENTS TO EDITOR III: This essay is a lesson in humility, in which a brash young anesthesiologist, newly graduated from fellowship, learns the value of paying attention to the patient as well as to the most up-to-date treatment. The author has done a truly superb job of significantly revising, paying close attention to the feedback of reviewers and asst editor. This was one of the few papers I asked the original reviewers to re-read, since the author had made such substantive changes. They both liked it very much and found it much improved.

There are still a few minor issues, which I enumerate below. I recommend that we accept this paper once these have been addressed. Although the author is not a family doc nor even a pcp, the essay embodies the humanistic, patient-centered sensibilities that we advocate for in family medicine.

COMMENTS TO AUTHOR III: You've done a truly remarkable job of revising this essay. You completely understood and were able to address reviewers' and editor's concerns regarding transparency. The essay now tells a compelling story of a young, cocky, fellowship-trained specialist certain that the most up-to-date EBM treatment will always solve any problem; and who discovers the importance of paying attention to the patient rather than the dismissive label of "drug-seeker" attached to that patient.

We like the essay very much, but request that you consider a few additional changes. Occasionally, certain turns of phrase (cited in the reviewer 2 note and noted in the attached text) come across as unnecessarily mechanistic and reductive. We understand that the essay is treading a fine ironic line; but these particular word choices jangle and we recommend other options.

A non-physician reviewer requested that you explain common medical abbreviation (IM, PRN etc.). I've made suggestions about how you might do this; and leave it to your judgment as to whether you feel these additions would distract from the momentum of your narrative.

Finally, there is still some confusion regarding the point you are making about placebo effect. I think you are saying that the ineffective meperidine injections provided some relief (because nurse-administered), but employed an outdated medication; PCA hydromorphone was only partially effective because, while it was the right medication, the delivery method lacked the human touch; the Goldilocks combination of right medication and interpersonal connection proved to be just right. Please look at the paragraph in which you discuss the placebo effect, and see if you can't express this with greater clarity.

Although you are not a family physician, you obviously embody the values and philosophy of family medicine. Your essay reminds us that we can learn important lessons about humility and patient-centeredness from colleagues in other specialties.

COMMENTS TO EDITOR IV: The author has accepted minor changes which smoothed out unintentionally sarcastic language; and has rewritten the paragraph on placebo which both reviewer 1 and editor found somewhat confusing. The essay now reads very well. I recommend that it be accepted for publication.

COMMENTS TO AUTHOR IV: Thank you for your patience with this process. The essay now reads very well and makes an important point about the need to see patients as people rather than as merely labels. We appreciate your choosing Family Medicine as an outlet for your work.