

FM REVIEW 2016 10 COMMENTS

COMMENTS TO EDITOR: This essay is about the contrast between all the labs, imaging etc. that occur "behind the scenes" that the patient doesn't realize; and the small gestures that let the patient know their doctor really cares. All 3 reviewers, including Amanda Kost, recommended major revision. They agreed the essay has potential, but does not come together and reads more like a first draft. The theme of taking care of vs. caring for the patient becomes muddled somewhere in the middle of the essay. Further, as reviewer 3 notes, the author loses sight of how this experience affected him, what he learned, and how he has changed in terms of his practice and/or his teaching. I recommend major revision to give the author a chance to refine and develop his ideas more systematically.

COMMENTS TO AUTHOR: There is a real sweetness in the simplicity of this encounter. It captures that transformative moment which, as you observe, often occurs in the small, "unimportant" interactions between patient and physician. We believe the essay has potential, but ask you to work on three aspects:

1) About halfway through the essay, the main point you're making about how to convey caring for the patient vs. the more technical "care of" the patient gets a bit muddled. In these brief narrative essays, it's important to have a central point or theme which is made clearly and convincingly. Look at these paragraphs and see how you can revise.

2) Reviewer 3 would like to understand the impact of this small event not only on your patient, but on you. I agree. The narrative essay tells a story that is at least as much about the narrator as about the patient. Let us see more of you. How did the encounter affect you (aside from making you smile)? How has it changed the way you interact with patients or learners? Have you tried to be more explicit in conveying your caring to patients or more explicit in discussing caring with students or residents?

3) Please remember that the narrative essay is a personal story told in the first person. The journal has a policy of not publishing opinion pieces, no matter how much we might endorse that opinion. Be careful not to offer general opinions or advice ("we should..."). Confine yourself to describing your own thoughts and feelings. Readers will draw their own conclusions.

Thank you for considering a revision of this piece. We think it has something important to say about the often unnoticed yet essential ways that family docs show their patients that they care about them.

COMMENTS TO EDITOR II: The author has done a thoughtful and serious major revision. In particular, he has succeeded in articulating what was a rather inchoate aspect of the original submission - his realization that how a physician cares and how the patient KNOWS that his or her doctor cares are two very different things. He has also done much in the way of reducing the prescriptive tone of the essay, substituting more personal self-disclosures.

I am recommending one further round of minor revisions; and have provided some light editing to help in the process. These are primarily to improve the flow of the narrative and to ensure that the essay remains in the first person voice.

COMMENTS TO AUTHOR II: Thank you so much for this thoughtful and serious revision. The essay as a whole is much improved. In particular, the last paragraphs sparkle in their genuineness and humility. In particular, you have succeeded in highlighting what I conceive to be your main theme - i.e., the distinction between the physician's subjective perception that he or she cares about the patient and the patient's subjective perception that they are cared for. The essay now illuminates beautifully that much of the physician's hard labor, while essential to the health of the patient, does not convey caring nearly so much as the small, even trivial acts that the patient experiences directly. Your wrestling with this issue in the final paragraphs is both authentic and moving. We now have a sense of what this small encounter meant to you as a person and as a physician.

I have provided a very light final editing, primarily to enhance the narrative flow and on occasion to ensure that you are consistent with the first person voice which lends the essay an intimate and revealing tone. I suspect that many readers will be inspired to reflect on the ways they do - or do not - communicate caring to their patients and be moved to do some recalibrating of their own. If you do not agree with these edits, please rework these phrases in a way to your liking.

Thank you again for such an unpretentious yet wise piece of writing.

COMMENTS TO EDITOR III: The author has accepted very minor revisions to improve the readability of the essay. It has turned out to be a moving, humble, and insightful piece of writing. I'm really pleased with it and recommend accepting it.

One tiny correction which I do not feel needs authorial approval is that on line 16 of the pdf it should read "walked into" rather than "walked in." Walked into suggests entering; walked in suggest walking around.

COMMENTS TO AUTHOR III: Thank you for your appreciative comments regarding suggested revisions. I hope you will agree that this essay has evolved into a gem! It is moving, humble, and insightful; and raises a really intriguing question about differential physician and patient perceptions of caring. As a reader, I particularly admire your commitment to think about this dimension of the clinical encounter from the patient's perspective, and to incorporate caring acts that speak to the patient. I hope readers will follow your example and interrogate their own behavior as well.