

FM REVIEW 2016 30 COMMENTS

COMMENTS TO EDITOR: This is a well-written essay by a palliative care specialist (a general internist, not a family doctor) who struggles with end of life issues in her own family. The reviews are excellent, and both point out that the author neglects to talk much about the fact that, although she practices palliative medicine, end of life issues did not seem to have been addressed in her family; or about how this experience may have had ramifications for how she approaches patients and families. By refocusing the essay in these directions, I think it could become deeper and more interesting to our readers. I recommend major revision.

COMMENTS TO AUTHOR: Thank you for this touching essay about your grandfather's last weeks and the difficult but ultimately rewarding decision for your mother to care for him in her home during this period. We believe the essay tells an important story that would speak to many of our readers; but we also think it needs some refocusing. In particular, as a journal whose target audience is primary care medical educators, we want the essay we publish to clearly link personal stories to clinical practice and/or medical education. For this reason, there are two issues we'd like you to address:

1) It seemed from the way the essay was written that, despite being a palliative medicine specialist yourself, your family had not really addressed end of life issues for your grandfather until his rather rapid decline. If this is correct, please spend some time discussing why this might have been the case. It is a common phenomenon that it is often easier to approach end-of-life issues with patients and their families than with one's own family. Exploring this issue from a personal perspective would make a very valuable contribution to our readership.

2) Please link your essay back to patient care. What did you learn from this experience with your grandfather's dying that you have brought forward to patient care situations? Did your mom's experience change or reinforce how you think about end of life?

3) While the essay is well-written, please avoid "medicalized" language such as "incontinent of urine" or "word-finding difficulties" or "the decision was made to go home with hospice" which make you sound more like a doctor than a granddaughter.

4) The essay could be considerably shortened, which would give you room to address points 1 and 2. For example, the EMS paragraph goes into too much detail - the main point is that after a fall, your grandfather was hospitalized, which led to the painful decision to have him return home on hospice. Similarly, the following paragraph about the location where hospice would occur could be more succinct. In such a brief essay it is important to keep your focus on the main thread.

5) The narrative essay is meant to be a personal story. You tell a precious story, but you are not very visible in it. You do a good job of disclosing your vulnerability and uncertainty about having your grandfather go to your mother's house. Otherwise we don't see much of you.

Please consider sharing a little more of yourself. For example, when you write, "the decision was made to go home with hospice" it sounds like a chart note and allows you to avoid presence through the passive voice. Help us see how this decision was reached. Help us understand the role you played in this decision and how you felt about it. In another instance, perhaps you can describe how the lottery ticket ritual affected you. Similarly, when your mother said, "This was the best gift...", how did you feel? Relieved? Happy? When you write, "it was exactly she and the rest of the family needed to find peace," did you feel peace as well? Let us get to know you a little.

Thank you for considering these suggestions for revision.