

FM REVIEW 2016 34 COMMENTS

COMMENTS TO EDITOR: This is an interesting essay about a patient who has a premonition about his death and requests to stay a little longer in the hospital, but is discharged according to LOS guidelines. He returns home and in fact passes away. Reviewers liked it better than I did, but because of their appreciation for the essay I think we should give the author the opportunity to improve it. The main points to address have to do with linking the introduction more effectively to the body of the narrative; and showing the effects of this patient's death on the physician and her future interactions with patients. It is not clear whether the point of the essay is to give patient's desires/premonitions serious weight as well as hospital guidelines; or whether the author is interested in appropriate ways of respecting patient intuitions as opposed to simply reassuring patients that there's nothing to worry about.

COMMENTS TO AUTHOR:

This is an interesting and thought-provoking essay about a patient who has a premonition about his death and requests to stay a little longer in the hospital, but is discharged according to LOS guidelines and subsequently dies. While we found much to like in the essay, we concluded it needs considerable reworking. Please pay attention to the following concerns:

- 1) The title needs clarification. It doesn't seem as though you are talking about bias so much as the tension between administrative guidelines and the patient's intuition or premonition. Please think about revising.
- 2) The opening section about LOS and healthcare utilization does not fit well with the rest of the story. Please make clearer the point you're trying to make. Specifically, Reviewer 2 was confused that the introductory paragraph seemed to be making one point about the limitations of LOS, while the story itself seemed to suggest a more beneficent interpretation.

Reviewer 3 had a similar bewilderment, noting that the point of the essay is obscure. The outcome sounds as though the patient's being sent home led to a good death overall. He got to reminisce about his wife, tell his daughter he loved her, and see children playing. Although he worried about burdening his daughter, she does not sound burdened. So why did you feel sick and defensive? Did you feel that you did not honor his last wishes? Did you feel you bent to the bottom-line commands of administration? In this case, were these guidelines not in the patient's best interest? Were you upset because you were dismissively reassuring about his premonition of imminent death? It would help a lot if we understood more about your reaction, and the concern the patient's premonition, discharge and death raised in you.

- 3) It is not completely clear whether the point of the essay is to give patient's desires/premonitions serious weight as well as hospital guidelines; or whether you are interested in the appropriate ways of respecting patient intuitions as opposed to simply reassuring patients that there's nothing to worry about. Because of their brevity, a good narrative essay usually makes a single point.

- 4) Reviewer 2 asks for statistics and recommendations. Please ignore these suggestions, as they fall outside the scope of a narrative essay, which is designed primarily to tell a story, not to make an argument or be prescriptive.
- 5) Along these lines, a narrative essay is as much your story as the patient's. Please elaborate on your own reactions to the patient's premonition, discharge, and subsequent death. Have you become more sensitive to such patient revelations and resisted LOS guidelines to support your patients? Has this occurrence influenced how you practice medicine in other ways? Make sure that your essay has a clear through-line and that your patient's story supports this.

COMMENTS TO EDITOR II: This essay tries to illuminate the tension between Length of Stay guidelines and patients' intuition and subjective desires. In this case, the physician-narrator follows the LoS and the patient, who asked to stay in the hospital to die, dies shortly thereafter at home. Despite a "good death," the physician feels remorseful at not having paid more attention to her patient's wishes.

The author has done a conscientious job of trying to follow reviewer recommendations and suggestions. The essay is improved, but still falls short in two areas: 1) There is too much extraneous information about the patient, and not enough information about the narrator herself, her feelings, insights, and conclusions 2) It is still not completely clear why she feels so badly. I have done a somewhat heavy edit on the manuscript which I hope will point her in the right direction. By addressing these points, she will have an interesting essay that raises provocative issues about how to balance objective and subjective data.

COMMENTS TO AUTHOR: Thank you for this revision. You have made great strides in addressing reviewers' concerns and suggestions. The title change is excellent, much more appropriate. The tension between Length of Stay guidelines and patients' intuition and subjective desires is much more clearly delineated. You've also made a very good start in sharing how this event affected you personally.

Overall, the essay is much improved, but still falls a bit short of what it could be in two areas: 1) There is too much extraneous information about the patient, and not enough information about the narrator (presumably yourself), your feelings, insights, and conclusions. Some of the details you provide about the patient show that you knew him well, but are not very relevant to the main point of your essay. By contrast, your own emotional wrestling with this issue is only hinted at. Remember that this is really more your story than your patient's. Help us to see you and understand you. 2) It is still not completely clear why the narrator (again, presumably you!) feels so badly. Did you feel remorseful, guilty, regretful? Do you wish you'd handled the situation differently? Help us grasp your dilemma.

Finally, I took the liberty of rewriting the last two paragraphs. In these paragraphs, through your use of "we" language, you became prescriptive; and this tipped over your essay into an opinion piece ("we must," "we should" etc.). The journal has a policy of not publishing opinions, no matter how admirable they may be. Therefore, I have revised this language to make it more personal, which is more in the

spirit of the narrative essay section. You do not need to exhort your fellow physicians. Instead, focus on how you as an individual were affected by this event and how you intend to change.

By addressing these points, you will have an interesting essay that raises provocative issues about how to balance objective and subjective data; and does so in a very human way that I'm sure our readers will relate to.

COMMENTS TO EDITOR III: The author has done an excellent job of further revising this essay. She has paid close attention to asst editor comments and suggestions, including focusing the main point of the essay (to pay more attention to patient premonitions within the context of LoS requirements and objective scientific evidence about patient status), and revealing more of her own emotional struggle after learning her patient had died within 24 hours of discharge. She has also accepted revisions that move the final two paragraphs from an opinion/exhortation to a more personal statement. I recommend acceptance for publication; however, there were enough small edits that I would like to return a revised copy to the author for her approval.

COMMENTS TO AUTHOR III: Thank you for this excellent revision. You have tightened and focused the main point of the essay (to pay more attention to patient premonitions within the context of LoS requirements and objective scientific evidence about patient status). Further, the essay is now quite clear on the reasons for your own emotional struggle after learning your patient had died within 24 hours of discharge. The concluding paragraphs avoid the pitfalls of "prescribing" for the profession and rather restrict themselves to expressing your personal commitments to future patients. I found this version quite moving as well as thought-provoking.

I'm returning a final version to you with some suggested minor edits which I hope you will approve. The paragraph in which you discuss your internal deliberations about whether to discharge the patient was a little confusing; I've tried to clarify your ambivalence through the simple use of "on the one hand... on the other hand," which I hope captures your intention.

Thank you for your patience with this process. We want your essay to be a "polished gem," telling as perfectly as possible your unique story.