

FM REVIEW 2016 34A

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 made all suggested minor changes. The essay reads well and makes a thoughtful point about the objective metrics of modern healthcare weighed against the

intuitions and premonitions of patients. Emerging from the author's guilt at discharging a patient who requested a little more time to die in the hospital is a touching commitment to balance institutional parameters with patient desires. I recommend accept.

COMMENTS TO AUTHOR III: Thank you for attending to these remaining minor changes. I believe the essay reads very well and tells a thought-provoking story about balancing the objective metrics of modern healthcare with the premonitions of patients. I suspect that, after reading your essay, many physicians will wrestle more deeply with their own decision-making regarding patient intuitions.