

FM REVIEW 2016 20 COMMENTS

COMMENTS TO EDITOR: This is an exceptionally well-written essay about the difficulty of when, how, and how much to share with the patient regarding a likely terminal diagnosis in advance of absolute confirmation. The author crafts a compelling narrative that engages the reader and raises many difficult questions. Reviewer 1 would like a more personally transparent tone, and I offer the author some opportunities to do so on the attached ms. I recommend minor revision in the hopes that the author can deepen the essay and probe her own conflicting impulses more deeply.

COMMENTS TO AUTHOR: Thank you for this well-crafted, beautifully written essay that wrestles authentically with a dilemma every physician has faced: when, how, and how much to tell about what you know, or in this case, suspect. You do an excellent job of showing how characteristics of the patient affect this decision; in this case, his friendly, uncomplaining nature contributed toward your protecting his innocence of his impending fate just a bit longer.

At points in the essay, it sounds as though you want readers to validate your choice ("I'm pretty sure it's the right thing to do"; the birds and the last line) , I wonder if you are resolved about the dilemma yourself. It is a thorny question with no good answers, and perhaps you can convey your own uncertainty a bit more explicitly.

Also, reviewer 1 would like to see something more of your own difficulties with this issue. How have you resolved similar dilemmas in the past? How did this situation affect you personally? Although narrative essays tell the story of a patient, they also tell the story of a doctor. We'd like to see you in this story a little more clearly. Help us "be present" with you in that room as you joke and converse with the patient, all the while knowing he will likely die. Help us understand a bit more how you felt. I've indicated in the attached many points where you could give us a brief glimpse into your own emotional wrestling. Please consider opening up your story at some of these moments so that you are more clearly visible.

One small point is that the phrase is "at a loss for words." You may have intentionally chosen to alter the expression, but it is a little confusing. I disagree with Reviewer 2 in that I feel not only the patient, but also you, were at a loss for words; but please look at this comment and consider whether you want to change the title.

I know it will be challenging, but please keep whatever revisions you make close to the 1000 word limit for this section.

Thank you again for this essay; it is a pleasure to read such good writing.

COMMENTS TO EDITOR II: This already lovely essay has been thoughtfully edited by the author in response to reviewer/asst editor recommendations. In particular, the essay includes greater transparency on the part of the narrator. I have suggested additional edits, partly to reduce the word count (from 1134 to 1091); partly to clear up a distracting confusion about how often the narrator

enters the patient's room; and partly to avoid certain redundancies. We should definitely accept this piece, but I would like the author to consider these additional edits first.

COMMENTS TO AUTHOR II: Thank you for your thoughtful responses to reviewers/editor's critiques; and your excellent revisions. The essay now includes greater narrator transparency as we requested. Your wrestling with this difficult ethical issue is more explicit, more painful, and as a result will be more directly recognizable to other clinicians. Your discussion of knowledge versus information also comes to the forefront more cleanly, and is extremely powerful. The details you've added go a long way toward making the reader feel "present" in this experience.

I have suggested additional edits, partly to reduce the word count (from 1134 to 1091); partly to clear up a distracting confusion about how often the narrator enters the patient's room; and partly to avoid certain redundancies. (At least on my computer, track changes are mostly in blue, except for when I've actually moved a sentence, and then they appear in green. As you note, nothing if not colorful!).

In particular, there is some confusion toward the end of the essay as it was originally written as to when and how often you are going into the patient's room. This is a small point, but it distracts from your narrative flow. I've offered a possibility for consolidating this final entrance by eliminating some sentences, moving others (such as the tattoo reference) to an earlier section, and moving still others to the conclusion (the "lingering" sentence). If you do not agree with these, edits, that's perfectly fine; but please try to rewrite this section so that the comings and goings into the room make sense.

I retract my concern about the title. You are correct, both usages are acceptable, and I very much like your thinking about both you and the patient being "lost." Please retain the title as is with my apologies.

I appreciate your patience with this process. We both share the same goal of making this already poignant, well-written essay as perfect as possible. We will be very pleased to see it appear in the journal.

COMMENTS TO EDITOR III: The author has done a very fine job of revising this essay, in particular to shorten the length and to avoid some minor confusion at the end. This is a really well-written piece about the dilemma of a physician having devastating knowledge about the patient's own body which the patient does not (yet) know; and when to disclose this knowledge. The essay captures very well the physician-narrator's doubt and ambivalence. It is ready to be accepted.

COMMENTS TO AUTHOR III: Thank you for such thoughtful revisions. The writing in this essay is eloquent; the image of the birds in particular will stay with me, and I'm sure this will be the case for other readers as well. You do a wonderful job of capturing the poignancy of the patient's ignorance, as well as the burden of your own knowledge. I anticipate that this essay will provoke much reflection and recognition in our readers.