

## FM REVIEW 2017 20 COMMENTS

**COMMENTS TO EDITOR:** This submission tackles the prevalent issue of nonadherence to diabetic regimen by juxtaposing two stories - the personal story of the physician and a complementary story of a patient. This approach has much to recommend it, as it encourages understanding and empathy of patients' situations, rather than blame. As reviewer 2 suggests, the essay could emphasize social determinants of disease more than it does. As both reviewers note, the essay could benefit from a careful rereading for grammar and style.

**COMMENTS TO AUTHOR:** We really liked the way you tackled the challenging topic of nonadherence to diabetic regimen by juxtaposing your personal story with that of your patient. This approach has much to recommend it, as it encourages understanding and empathy rather than blame. With a few revisions, we think the essay will make a useful contribution to the journal's readership.

1) Please reserve quotation marks for actual speech. You do not need to include quotations for thoughts, and doing so is distracting.

2) It might help to ask a colleague to review and make suggestions regarding style and flow.

3) The title is not especially gripping. Please come up with something that draws in the reader: Nonadherence: My Patients and I Both Struggle (just a thought, you can probably do better)

4) More substantively, please try to emphasize how social determinants of disease, such as your patient disclosed, significantly complicate care. Also, you might want to address why she had waited so long to disclose her social circumstances; and what you might have done to make such a disclosure easier for her.

5) Please add a few lines to make explicit what you learned as a result of your own gestational diabetes, including your heightened awareness that even with the privilege of education, medical training, and resources, adherence is challenging; how much more so for patients who have none of these benefits.

6) Please briefly clarify the term Caring Hand, as not all readers may be familiar with this reference.

Thank you for sharing your insights with such humility and perceptiveness.

**COMMENTS TO EDITOR II:** This essay about the intersection of a physician's personal noncompliance and her patient's is interesting because of this juxtaposition. The author draws useful lessons about the multifactorial nature of "noncompliance." In this revision, she has improved the ms by emphasizing the social determinants of disease that can result in noncompliance, as well as the inherent difficulty in prioritizing one's health in a busy, overcommitted life. The author has improved the writing style and had a colleague review for grammar. The three main remaining concerns are 1) length, which is 1180 words, and which could be reduced and 2) a lengthy paragraph toward the end

of the essay which veers into opinion about the importance of attending to social determinants of disease, not merely lab values and numbers. 3) An insufficiently explicit connection between the author's personal experience and her insights into noncompliant patients.

**COMMENTS TO AUTHOR II:** Thank you for this revision, the writing style is much improved. The new title is much more intriguing as well, thank you. The juxtaposition of the physician-narrator's struggles with compliance and her patient's similar struggle remains interesting, and offers a valuable window into the pervasive problem of noncompliance. The manuscript still requires attention in three areas:

1) The essay is a bit too long. We generally restrict writing in this section to 1000 words. This does not need to be an exact number, but please try to make some judicious cuts. I've suggested a few in the attached ms.

2) The journal does not accept pieces that argue an opinion, no matter how much we might agree with it. The second to the last paragraph about The Clinical Hand is written in a prescriptive manner: "We focus..." "We need to..." "It is crucial to..." "Not labeling patients would help physicians to..." The narrative essay must tell a personal story. Please rewrite this paragraph, you can make many of the same points, but please do so from a personal perspective, referring to yourself and what you've learned as a result of your own gestational diabetes and as a result of deeply hearing Irene's story.

3) Try to make it clearer how your own experience helped you connect better with you patient. You hint at this - I think you are saying that your open-heartedness might have been influenced by your own awareness that compliance is often not straightforward. But you can make clearer that your own experience taught you humility, patience etc.

When you have addressed these issues, this essay will make an important contribution to narrowing the gap between omnipotent prescribing physicians and guilty, nonadherent patients.

**COMMENTS TO EDITOR III:** This essay has progressed nicely. This is the author's second revision, and she has meticulously adhered to editing and revision suggestions. This version has a few awkward phrasings and unclear sentences in the new material that need a little additional crafting. Once these extremely minor revisions are made, the piece will be ready to be accepted for publication.

**COMMENTS TO AUTHOR III:** Thank you for your hard work on this essay. It tells a touching and authentic story that effectively mingles the personal and the professional. We appreciate your careful attention to editorial recommendations. The revised paragraphs are a great improvement, and clearly show how your experience as a "noncompliant patient" has informed your thinking about both clinical care and teaching. We are eager to publish your work once you have addressed very minor issues of wordsmithing and craft indicated on the attached version. Thank you for a truly lovely piece of writing.