

FM REVIEW 2017 28 COMMENTS

COMMENTS TO EDITOR: This essay tackles the very complicated topic of chronic pain, drug abuse, physician enablement, and physician judgment. It creatively uses the form of various versions of a "letter to the patient" to express both initial frustration and a more humane, albeit limit-setting response. Reviewers found it valuable, but suggested major revisions, some of which do not seem realistic within a thousand word essay. It is an especially timely issue, and I think will be a contribution that many readers will resonate to.

COMMENTS TO AUTHOR: Thank you for this honest statement of frustration - and beyond - with the whole crazy patchwork quilt of opioid prescription. We appreciated the authenticity of your initial response, as well as the more introspective conclusions expressed in the later "letter," which is really moving. However, we would like to request that you consider several changes based on the reviewers' comments.

1) Please help the reader see your emotional response to patients with addiction more clearly - "hurt and pain" are a start. Are there other emotions? Anger, frustration? How do these manifested? The narrative essay is your story, so we need to see YOU on an emotional level more clearly.

2) The transition to higher-order thinking is critical to the value of your essay, but as reviewer 2 notes, it seems to come out of the blue. What enabled this enlightened response? Did you pause, take a breath, talk it over with a colleague? What triggered this shift?

3) I personally thought the euphemism "feel better" was clear in the letter; what I thought was "dancing" a bit was the phrase "less healthy." Please reexamine this sentence and rephrase. The next sentence makes clear what you mean, so perhaps you can use that as a guide.

4) Feedback from reviewer 1 comes from a highly respected expert in addiction medicine. He makes the worthwhile point that your letter sounds a bit like a "Boy Scout Pledge." Granted that you cannot fully tackle the frustrating, heartbreaking, and messy issue of addiction in a thousand word essay, can you introduce more nuance and complexity into the discussion? For example, since the letter is hypothetical, you might mention the complication of being "under the gun" to your professional organizations to reduce narcotic prescriptions; or discuss in more depth your own feelings of uncertainty at trying to figure out the right response.

6) Please ignore the recommendation to include references; and to discuss this issue in a more abstract way in terms of practice or policy. The narrative essay is meant to be a personal story, so please let it remain so.

7) Please do note reviewer 1's concerns with writing style and consider ways of rephrasing. In addition, please revise the fragmentary sentences you use on p.2 after "hurt and pain."

We greatly value your willingness to "recommit" to this challenging patient population. Additional polishing will ensure that the essay makes the most powerful statement possible regarding the importance of retaining humanism and respect in this particular doctor-patient relationship.

COMMENTS TO EDITOR II: This is one of the best revisions I've ever seen! The author has done a truly magnificent job of making this essay highly personal, self-revealing, vulnerable, non-defensive and compassionate. I was very moved when I read it. He responded with great thoughtfulness and care to reviewer comments and suggestions; and has completely succeeded in eliminating aspects of opinion while nuancing his thinking. This is a definite accept; however, because I am suggesting two minor word changes, I am returning as a minor revision, to ensure that the author approves.

COMMENTS TO AUTHOR II: Thank you so much for these remarkably skillful revisions. This is literally one of the best revisions I've ever seen. Thank you for paying such thoughtful and careful attention to reviewer comments and suggestions. You have completely succeeded in making the essay personal, vulnerable, non-defensive, and compassionate. I was very moved when I read it. The issue of patients seeking opioids to ease their pain continues to plague the profession, and to trigger the responses of judgment, frustration, and despair that you courageously identify. Your final letter is a model for the attitude that all physicians should aspire to cultivate toward such patients.

We are excited to accept this article. I would like your approval for two very small word changes indicate on the attached ms, but please know we will be honored to include your essay in Family Medicine.

COMMENTS TO EDITOR III: The author has made two very minor changes requested only to improve the flow of the narrative. This essay will make an excellent contribution to the journal in terms of how family physicians understandably feel in the face of patients seeking opioid medication; and how they should position themselves morally and emotionally in relation to these patients.

COMMENTS TO AUTHOR III: Thank you for such a nice letter! You really did a great job in reworking this narrative essay and it will make an excellent contribution to the journal. We encourage to keep reflecting on and writing about your experiences as a family doctor.