

FM REVIEW 2017 30 COMMENTS

COMMENTS TO EDITOR: This essay has the kernel of a good idea, which is the moral distress physicians feel when due to immigration status they are unable to provide optimal or even adequate care to their patients. The compassion and conviction of the author are admirable, as both reviewers acknowledge. However, also as reviewers note, the essay itself has lots of problems: it is disorganized, repetitive, and vague. To this I would add that much of the essay is an opinion piece that uses a distressing patient encounter as a springboard to call for caring in healthcare. It appears to conflate slavery and undocumented status, a misguided analogy. I have provided a closely edited revision to help point the author in the right direction, as well as a lengthy list of concerns below.

COMMENTS TO AUTHOR: Thank you for this heartfelt essay, which highlights the moral distress of the physician who, because of a patient's immigration status and lack of insurance, cannot provide optimal or even adequate care. This is a vitally important issue, and deserves attention. However, the essay itself requires major revision.

1) Please note that as written, the essay is somewhat repetitive and disorganized. Please tighten and reduce redundancy. The limit for narrative essays is 1000 words, and you can certainly make your point within that framework.

2) Please consider whether the allusions to your work in the state capital, and your husband being a lobbyist is really relevant in this particular essay. I think your concern extends beyond donors and elected officials to all of us - and the essay never returns to the theme of political action.

3) The narrative essay is a personal story, not an opinion piece, no matter how admirable the opinion. Your call for compassion toward all is a noble one, but we do not accept such writing per journal policy. Every time you use language of "we," it implies that family physicians "should" do this or that, and therefore becomes an opinion.. Please stick to your personal experience - what you've learned from this patient encounter, how you've changed as a result.

4) 2) The analogy to slavery struck one reviewer as misguided and I agree. If this is part of your personal narrative historically, perhaps you can rework this point so that it doesn't appear to equate the two conditions (slavery and undocumented status), yet shows why this emblematic experience of oppression sprang to your mind.

5) Please avoid reliance on abstractions, such as courage, witnessing, principles, righteousness etc. in the last paragraph. Everyone recognizes the value of such concepts, but how do they manifest in an actual clinical encounter? It would be more powerful if you could give a concrete example - whether a f/u visit with this patient or with a patient similarly situated - that showed these qualities in action, rather than just listing them.

6) Finally, I ended up a little confused about your overall message or conclusion. Early in the essay, you seem to be saying that compassion and caring are not enough. At the end, you apparently conclude that this is precisely what is necessary. Is this contradictory? Maybe you're saying that,

although compassion isn't enough, sometimes it's all that can be offered. Does compassion need to be paired with action, whether political or otherwise? I don't mean to put words in your mouth and whatever point you want to make is of course up to you. Just be sure it is clear to the reader.

COMMENTS TO EDITOR II: The author has made several deletions and rewrites, often following editorial recommendations. The result is a better structured, better-organized paper with a stronger spine. I still find some problems, notably the way the patient and her dilemma disappear from the last third of the essay. There is also a rather irrelevant example about the 2008 great recession. Below I give the author some suggestions for resolving these issues. I recommend that she continue working on this piece.

COMMENTS TO AUTHOR II: Thank you for this much-improved version, which has a clear through line and a stronger spine. I very much appreciated the personal disclosures you made and feel they add insight and depth to your essay.

In addition to some minor suggestions for improving the flow and clarity of the writing, I would like to share two larger concerns.

1) The short paragraph about your personal vulnerabilities and the Great Recession does not quite make sense to me. First, although you reference your vulnerabilities, you do not ever say what these are. Second, the reference to the 2008 crash seems kind of out of the blue, and not connected in any way with your main focus, Mrs. A. I recommend that you eliminate the reference to the collapse and stick with your patient. If you want to discuss how her situation triggers some of your own vulnerabilities, that could work.

2) Related to this is the fact that Mrs. A disappears entirely from the final third of the paper. The discussion of what caring means to you is excellent, but it rather theoretical and abstract. It would help a great deal if you could bring Mrs. A back into the picture, and discuss how you apply your beliefs and practices about caring to Mrs. A, or patients like her if you did not see her again. (This might be the place to discuss personal vulnerabilities in relation to some aspect of Mrs. A).

What you describe earlier is how helpless, inadequate, and angry you feel confronted with her myriad problems. This is honest and authentic. Nevertheless, you continue to care for and about her. You do so because of your beliefs. Show the reader what this looks like and how, after your initial anxieties, you persist in caring because that is what you can offer.

3) A minor point is that, while I like ending the essay with a question, I'm not sure this is the right question. The last paragraph or so does indeed discuss what it takes for you to care, but this is not the main focus of the essay in my view. Rather, I read the essay as a plea to see and consider the social determinants of disease; and to continue to care for patients despite the personal cost to physicians. Perhaps you can formulate a more relevant concluding question or sentence. This may also have implications for the title of the essay.

This version is much closer to an essay that will move readers and cause them to think. By focusing on the final page and integrating your thoughts about caring with Mrs. A's specific predicament, I think you will succeed in closing the loop in a meaningful way.

COMMENTS TO EDITOR III: This essay, about a physician's moral distress at her inability to provide optimal care to an undocumented patient, is making progress. The author, who has submitted to the journal several times before, has wonderful values, a strong social commitment, and an awareness of herself in her interactions with her patients. Her writing style is somewhat unfocused and polemical, but overall the essay is improving. I think with the additional small changes recommended, it will be ready to be accepted for publication.

COMMENTS TO AUTHOR III: Thank you for these revisions. The essay is better focused, and the interplay of the patient's needs and your own sense of both commitment and helplessness is conveyed in a compelling way. We would like to request a final round of edits, most of which are quite minor.

1) On the attached, I have indicated a few minor word changes.

2) The paragraph about your personal vulnerabilities is now clearer due to the addition of the reference to financial insecurity. Thank you for this disclosure, it really does make your point more graspable.

I still feel the allusion to the Great Recession of 2008 is an unnecessary detour. If you were writing an essay about the lingering effects of this financial meltdown on some of your patients, it would make sense. But it seems to come out of the blue. Since Mrs. A is also struggling with limited financial resources, I think it would be easy to tie your anxiety back to her. I've suggested a way to do so. See what you think. You are the author, and it should be your decision. If you feel strongly you would like to retain the original material, please do so.

3) I also made some deletions in the paragraph where you discuss your personal evolution in terms of values and beliefs. This is a powerful section, and I commend you for writing it. However, I think you can get the point across more succinctly; and it runs the risk of sounding a bit polemical. Again, see what you think.

4) Finally, the phrase "open your heart" is a good one and conveys the qualities of presence and receptivity you obviously strive to bring to your patient encounters. But the expression is overused in the essay, which vitiates its power. Can you substitute other language in some places? (acting with kindness, compassion, generosity; beneficence; presence, witnessing?)

These changes should yield an essay that is passionate and committed (which it has always been); and also clear, focused, poignant personal story.

COMMENTS TO EDITOR IV: This author has been very patient with many rounds of revisions (in my opinion, all very necessary). She has worked very hard on this essay, and complied with all reviewer and editorial suggestions for rewriting. I think the essay at last makes a cogent and heartfelt

statement about the systemic limitations of caring for undocumented patients and the resultant psychological distress for the provider. I recommend publication.

COMMENTS TO AUTHOR IV: Thank you for your patience and hard work on this essay. I hope you are pleased with this final version, as we are. It makes a cogent and heartfelt statement about the systemic limitations of caring for undocumented patients and the resultant psychological distress for the provider. It also conveys the passionate commitment you have to help individuals caught in these circumstances. I can easily imagine it provoking soul-searching and discussion among our readers.