FM REVIEW 2018 18 COMMENTS

COMMENTS TO EDITOR: This is a well-written essay whose centerpiece is a disappointing encounter with a trusted family doctor who makes normative assumptions about the patient's sexual orientation and therefore shuts down his request for HIV testing. It also points out that, while overall a range of sexual orientation is more widely accepted, in certain cultural pockets (in this case, a conservative Korean community), non-normative sexual preference is still stigmatizing. The first reviewer objected to the essay on the grounds that negative attitudes toward gays is old news, but I disagree, because the author's point is that this is not always the case.

The main problem I have with the essay, as the title suggests, is that it implies that trust is the reason the family doctor was not receptive to his patient's sexual orientation; and that lack of trust between doctor and patient promotes patient emotional security and safety. Frankly, this seems nonsensical to me, a perversion of the concept of trust. I invite the author to reconsider this provocative but ultimately unfruitful premise, and rewrite focusing on the way in which a longstanding relationship between doctor and patient can become compromised; and how a more superficial relationship can nevertheless be conducted with attention, listening, and nonjudgmentalness. If the author is not willing to refocus his essay, I do not think we should reconsider a revised version.

COMMENTS TO AUTHOR: Thank you for this well-written and insightful essay. It makes two very important points: 1) While overall a range of sexual orientations is more widely accepted, in certain cultural pockets (in this case, a conservative Korean community), non-normative sexual preference is still stigmatizing. 2) It can be devastating when a trusted family doctor who makes normative assumptions about the patient's sexual orientation and therefore shuts down his request for HIV testing. These are both valuable topics to explore.

The main problem I have with the essay is that it implies that trust is the reason the family doctor was not receptive to his patient's sexual orientation; and that lack of trust between doctor and patient promotes patient emotional security and safety. While an intellectually provocative position, frankly, it seems to pervert the concept of trust. The narrator trusts the doctor to understand and not judge him; instead, the doctor, perhaps having fallen into a series of comfortable, but false, assumptions in his relationship with the family, cannot either see or hear his patient. This is tragic, and it represents a betrayal of trust. However, lack of trust is not the solution. In fact, I would argue that in the second encounter, the narrator still had to trust that this unknown doctor would treat him nonjudgmentally.

We encourage you to rewrite your essay focusing on the way in which a longstanding relationship between doctor and patient can become compromised; and how a more superficial relationship can nevertheless be conducted with attention, listening, and nonjudgmentalness; and in fact can engender MORE trust in the patient. It was this doctor who treated you respectfully and heard the narrator's story. Even in this anonymous encounter, he was able to establish trust.

In addition to this overarching concern, please address the following:

1) If you agree to revise the essay, please change the title to make it more reflective of the essay's new focus.

2) Please be sure to keep within the 1000 word limit.

3) It is unclear what kind of "procedure" the narrator asks for that might be painful. Are you referring to an HIV test? This is not particularly painful.

4) A narrative essay tells a personal story, which by-and-large your essay does extremely well. However, in the last half of the final paragraph, ("we need to recognize...") you start to offer opinions and make suggestions for the profession of medicine. As a matter of policy, we do not publish opinion pieces. Please rework your conclusion so you are reflecting on YOUR experience and what you have learned from it that will apply in establishing care with another physician.

COMMENTS TO EDITOR II: This essay, from the perspective of the patient, is an extremely well-written anecdote about how a long-term patient-doctor relationship can go south when it is encumbered by prejudicial assumptions and values on the physician's part. It is a little off the between path for us, but I think it would be worth publishing for the following reasons. 1) It challenges comfortable assumptions we make in FM that continuity of care always builds deep meaningful relationships with patients 2) It reminds us that, even in this era of marriage equality, there are many (wide) pockets of prejudice and bias, especially in conservative communities such as the author describes. 3) We rarely receive submissions from the patient point of view, and including this voice in our scholarly journal conversations is valuable.

The author has done a good job of addressing the major concern I had, which is that he seemed to be arguing the case that empathy was problematic in medicine; whereas in fact, it was the family doc's LACK of empathy and lack of understanding that sabotaged the interaction. Now what the essay shows is that empathy does not automatically arise from continuity.

I suggest a few minor changes, after which I'd be inclined to accept.

COMMENTS TO AUTHOR II: Thank you for revising your concluding paragraph. I think it is now clear that it was the family doc's LACK of empathy and lack of understanding that sabotaged the interaction. Now what the essay shows is that empathy does not automatically arise from continuity and indeed, there are certain pitfalls in continuity care.

I would like to suggest your making a few minor changes: 1) The title still does not seem right. It is at once too vague and too academic. I offer a possibility, but please play around with this. 2) Although your concluding sentence is powerful, please remember that your intended audience is family

physicians. They are interested in what they can learn from your experience, so you need a way to bring the essay back to the doctor. Again, I propose an option, but please think through the best way for you to do so.

You are a very strong writer. In a few places, I recommend a change in word choice or phrasing for greater clarity.

Thank you for this interesting essay that challenges some assumptions we make about continuity care in medicine (i.e., it is an unadulterated good) while reminding us that, even in this era of marriage equality, there are many conservative communities in which LGBTQI individuals feel vulnerable and hidden.

COMMENTS TO EDITOR III: Although the author attempted to address editorial concerns, there are still problems with this essay. The title is inappropriate: it implies that sexual minority patients have more trust in unknown physicians, a conclusion the author reaches based entirely on his own unique experiences with his family physician. As such, the title is both misleading and inaccurate. The final sentence he added in response to my concern that the essay needs to speak to the audience of family physicians is again too general and is poorly written. I address these points below.

COMMENTS TO AUTHOR III: Thank you for your efforts to respond to editorial concerns. However, these changes are not quite what we hoped to see. The title in particular is not accurate: it sounds as though what follows will be a research report on why sexual minority patients trust unknown vs. known doctors. You are writing a personal essay, and you cannot generalize from your singular experience to sexual minority patients in general. In other words, your title can't refer to "sexual minority patients;" it can only refer to you. What about something like "Finding a Doctor I Can Trust: My Journey as a Sexual Minority Patient" (or "... as a Gay Patient," which again is more colloquial, unless this is not how you typically identify).

The second problem I have is with your concluding sentence. I appreciate that you are trying to conclude with a message to the journal's audience, which consists of family physicians and family medicine educators. However, I found the switch to present tense jarring. I think your conclusion will work better if you stick with the particular encounters you had with these two physicians. The use of semi-colons to string together this very lengthy sentence also seemed out of place. I'd suggest breaking this into two or three powerful sentences (please see suggested edits).

I'm hopeful that with one more round you can address these issues with the artistry that is evident in the rest of your essay.

COMMENTS TO EDITOR IV: This has been a challenging essay to move clearly toward its core message, but I think it is about as close as its going to get. I hope what physician readers will take away from it is never to make assumptions even about patients they know well; and to remember that in many parts of the country, it is still difficult to be a sexual minority. I recommend that we accept this essay.

COMMENTS TO AUTHOR IV: Thank you for your patience with the editorial process. I'm sure we share the same goal of making this the best piece it can be as well as one of greatest relevance to family physicians. I think your meticulous attention to the piece has achieved this result. I hope what physician readers will take away from it is never to make assumptions even about patients they know well; and to remember that in many parts of the country, it is still difficult to be a member of a sexual minority, and that primary care physicians can either compound or help relieve this burden.