

FM REVIEW 2018 39 COMMENTS

COMMENTS TO EDITOR: This is a well-written essay uses the practice of weighing patients as an example of how prioritizing efficiency in medicine can override awareness of patient's interpersonal health. The essay calls for "hard stops" for psychosocial issues. Unfortunately, most of the essay focuses on prescriptive advice-giving. If the author is willing to rewrite, highlighting the personal story of the encounter between him and his patient, what he learned, and how this learning has changed or influenced the way he approaches patients, it could make a good contribution to the journal.

COMMENTS TO AUTHOR: Thank you for this well-written and insightful essay. You raise an important issue, i.e., that it is harder and harder for physicians to attend to the interpersonal health of their patients. The encounter you describe provides a strong example of this larger concern by illustrating how the practice of weighing patients can be a deterrent to seeking care, especially for morbidly obese patients. However, too much of the paper is analysis of and commentary on the problem of medical efficiency overriding awareness of interpersonal health; too much of the essay is prescriptive, telling colleagues how they should combat this problem.

As a matter of policy, the journal does not publish opinion pieces. Rather, we are interested in essays that tell a story. You have the foundation of an excellent story already within this submission. If you are willing to rewrite, focusing on the personal story of the encounter between you and your patient, what you learned, and how this learning has changed or influenced the way you approach patients (for example, do you now give yourself "psychosocial hard stops"?), such an essay would be more congruent with the purpose of this section of the journal.

COMMENTS TO EDITOR II: This essay is the result of a relatively rare reject-and-resubmit decision. The original piece was basically the author opining about the value of a "traditional" doctor patient relationship to effectively provide whole person care. It contained the seed of an actual narrative as well which in this version the author has developed into a well-written, well-developed story.

The only remaining problem is that it is over 300 words longer than our upper word limit. It is a bit verbose and I think can easily be trimmed. I've made a few suggestions on the attached for cutting, and have caught at least some of the grammatical and stylistic problems that bothered reviewer 2. With some judicious deletions, this should be an essay deserving of publication.

COMMENTS TO AUTHOR II: This essay is a considerable improvement over the earlier version in that it now focuses on a particular story and what the author learned from it. As with the original version, it is well-written and shows important growth in the author. The main issue we'd like addressed is that the piece is still too long by over 300 words for the maximum limit of 1000 words for this section. Please trim the piece so that it is closer to our limit.

1) The first paragraph can be cut, as it offers the sort of broad generalizations that the section does not publish.

2) The paragraph about the discovery of the patient's cancer could also be tightened.

3) Please look for a few other places where you could reduce length.

4) Please remove the abstract, as this section does not publish abstracts.

Otherwise, this is an engaging tale that shows how in a "traditional" continuity relationship both medical student and patient can grow and benefit.

COMMENTS TO EDITOR II: The author has paid careful attention to reviewer and assistant editor comments and has done an excellent job of revising the manuscript. The word count is now reduced to close to the journal limit. I'm satisfied with the ms as submitted and recommend accepting for publication.

SAM: Please note, I have made a handful of minor edits in the attached ms, changing a couple of words, removing unnecessary italics, and revising a grammatically incorrect dependent clause. These small changes do not rise to the level of asking for minor revisions and resubmitting the ms, but I hope you can address them in the copy editing.

COMMENTS TO AUTHOR II: Thank you for these revisions, which pay close attention to the suggestions of reviewers and editor. By eliminating unnecessary words and phrases, the essay is tighter and more clearly focused on the main issue of the weight scale. It reads very well. As earlier, I appreciate the personal growth and increased self-awareness evident in your concluding reflections. The ending is quite touching, and contains a lesson from which we all can learn. I particularly like the fact that the team thought itself to be, and in many respects was, patient-centered, while simultaneously missing the patient's anxiety about the weighing process. Patient-centered medicine comes in many guises and we need to be sensitive to all of them.