

FM REVIEW 2018 17 COMMENTS

COMMENTS TO EDITOR: This essay tells an interesting and moving story about a patient with PCOS who unexpectedly becomes pregnant, whose fetus is diagnosed with a severe and fatal medical condition, and chooses to have her family physician (who had OB and surgical privileges) continue her care and deliver her baby rather than the MFM specialists. The main problem is that the writing reads like an EMR entry. It is very clinical and remote. The author also needs to put more thought into why she is writing the essay. Once these concerns are addressed, I think the beating heart of the story will emerge with greater prominence and it will make a strong narrative essay.

COMMENTS TO AUTHOR: You tell a moving story about parents' commitment to their fatally ill infant; and their doctor's impressive commitment to these parents and their baby. It is a powerful story about the resilience of the couple and the significant role that, with the right interprofessional support, a family doctor can play.

Although reviewers liked the essay, they also make significant recommendations to improve it. Please consider their comments carefully.

As assistant editor, I have two related concerns, which we would also like you to address:

1) Please consider your audience, which consists of family physicians and medical educators. While your patient's story is important, your readers will be interested in your story as well. How did this experience affect you? What were your feelings when Terri became unexpectedly pregnant? When you discovered the lethality of the fetal anomalies? When she decided to continue care with you? When you heard her say "Jo is back"? What did you learn from this experience that you will carry forward as a family physician?

2) Tone is a difficult thing to get right. Please keep in mind that you are telling a story, with characters, a plot, a climax. Especially in the latter part of the essay, too often it sounds like an EMR entry. Too often you tell us the important steps that were taken by the team, but don't let us see the intention behind these steps (the medical intention is obvious; I'm talking about the HUMAN intention). Because you rely frequently on the passive voice, the tone ends up sounding detached and clinical, even as you discuss the impending death of an infant. There is no doubt that caring for this patient touched you deeply. Show us the heartrending poignancy of all these plans and procedures designed to prepare these parents and if possible ease their suffering in facing the death of their child.

By rewriting the essay along these lines, I think you will discover the beating heart of your story.

COMMENTS TO EDITOR II: Although the author did make several good changes in response to reviewers' comments, she either did not see or ignored the recommendations I had made. Unfortunately, my concerns about the clinical tone of the essay and the relative absence of the person of the narrator were not adequately addressed in this revision. Further, there is really no insight or lessons learned for the reader to contemplate.

I have asked the author to continue revisions, and have attached both my original comments as well as further comments on the revised version as guides in this process. I am hopeful that with one additional pass-through, she can correct the remaining problematic aspects of the essay. The story itself is a good one, and deserves to be told.

COMMENTS TO AUTHOR II: Thank you for your work on this revised version. The changes you've made have certainly improved the essay. I don't know whether you saw the comments I provided on the original essay because you did not refer to them in your cover letter detailing the changes you had made. I am including them again. Unfortunately, the essay still needs further work to adequately address the two concerns I noted in these comments:

1) The essay could be further improved by more inclusion of your own thoughts, reactions, feelings. There is some of this in the revision, but not enough. For example, how did you feel when you surgically delivered baby Jo? What was it like to see him lying on his mother's chest? What were your feelings when you undertook her prenatal care a second time? The narrative essay is an opportunity to share all the personal reactions you experience as a physician that have no place in the medical chart. Please take advantage of this.

2) I know you are making an effort to avoid an overly clinical tone. However, I think you can translate the language of the essay still further from "medicalese" (demise, suboptimal care, acceptable outcome) to normal human speech. In addition, try avoid using the passive voice, which is the neutral mode of communication used in the EMR and makes the essay sound rather remote.

3) I became confused by the initial plan of care. You provide some details about your hospital, then about transferring care to a site closer to a Children's Hospital where the infant could have undergone surgery immediately after birth. Was there a sense that surgery could change the outcome or prolong the baby's life? If this was the case, then I think you need to say a little more about the parents' choice not to intervene and how you might have felt about this choice. In any case, take another look at this paragraph. Think about the main point you're trying to convey and how you can do that clearly, without extraneous details.

Finally, readers often look for some sort of "lesson learned" or at least insight on the part of the narrator. The last paragraph is moving, but perhaps you could flesh it out a bit. Caring for this patient was such a momentous experience for you. Perhaps you can help us see more explicitly how it affected you as a physician.

Please consult the attached edited version to help with your revision. Thank you for making this extra effort which I feel will make your essay more emotionally evocative and impactful.

COMMENTS TO EDITOR III: This author has done her best to respond to the two major critiques of the original essay: 1) show more of herself and 2) use a less clinical tone. She's improved on the first point to some extent. In terms of the second point, it is clear she has heard the concern and tried her best. I'm not entirely happy with the result, but I don't think the essay can be improved by further revision. It tells a poignant story, and I especially like seeing a family doc (with appropriate support and back-

up) in the role of obstetrician for a high-risk pregnancy. Given all this, I recommend that the essay be accepted.

COMMENTS TO AUTHOR III: Thank you for these small but meaningful changes. The essay better addresses your experience of caring for this patient throughout both her pregnancies. Your sadness, sense of commitment, and ultimate joy come through more clearly and strongly. You have also improved the "clinical" tone by removing some medical phrasing and substituting ordinary language, as if you were telling the story to a non-physician family member or friend. The last line provides a moving closure in its simplicity. I am sure this patient will stick with you, and her story will stick with many of our readers.