

## FM REVIEW 2018 21 COMMENTS

COMMENTS TO EDITOR: This essay has potential, but needs a lot of work. It is really not sure what it is about, but could be organized around the idea of taking emotional risks to connect with patients and recognizing the common humanity that unites doctors and patients, yet takes them on such divergent (and for the patient, often terrible) journeys. Both reviewers offer important insights about revision, and I have added suggestions as well.

COMMENTS TO AUTHOR: Thank you for this essay. We think it has potential, but has not yet completely found its purpose. A couple of points to keep in mind: 1) Narrative essays should tell a story. They are not philosophical reflections on the nature of the doctor-patient relationship; and they should not offer opinions on what doctors in general need to do to improve these relationships. We want to hear your story as it intersects with Lauren's; and through that story, we hope you can show us your major themes. 2) Because of its brevity, a narrative essay needs to have a clear focus. I think your central message is the idea that, as a more experienced clinician, you have discovered the value of taking emotional risks to connect with patients; and the importance of recognizing the common humanity that unites you and your patients, yet takes them down such divergent and sometimes terrible paths.

To be considered for publication, we need to see a major rewrite of this essay. Please consider the following:

- 1) Introduce your main theme of taking emotional risks with your patients earlier in the essay.
- 2) Clarify that, although you can't every fully walk in your patient's shoes, clinical and life experience have shown you the underlying similarities you share with your patients, while also seeing that sometimes their paths diverge from yours in terrible ways.
- 3) Rework or eliminate paragraphs 5 and 6. Instead show us more of your interactions with Lauren, so the reader can understand how you take emotional risks.
- 4) The ending of the essay, in which you talk about creating a sacred space and being stunned by your patient's thanks is moving but also perhaps excessively "tidy." Something remarkable has occurred between you and your patient - but she is still going to die and you are still going to live. You took a risk (it would help, as above, to show us or explain how you did this) and it resulted in something beautiful. But your paths are still diverging. Maybe you can show both the sacredness and the sorrow of this truth.

Please pay careful attention to the two excellent editorial reviews. Also please consider changing the title, as I wonder if you are really saying that you can know this patient's experience. Maybe your experience has more to do with walking beside your patient, rather than in her shoes.

COMMENTS TO EDITOR II: The author has produced a really touching and focused essay in response to reviewer comments. While he has done some picking and choosing in considering recommendations, this revision perfectly reflects the spirit of reviewer comments. First, the author has provided a much better and more interesting title. He has also made an excellent effort to tell a story and show the reader

the relationship between himself and his patient, rather than describe or theorize it. The essay also now models how family doctors can empathically but directly bring up end of life issues with dying patients. Finally, the author is exceptionally self-aware regarding the fear of death that characterized his younger professional self; as well as his maturing attitude toward end of life issues and his growing courage in addressing them. I do recommend accepting the essay with the caveat noted below.

NOTE: Att SAM! In the interest of conserving time, I am suggesting that two small changes be dealt with in copy-editing (I mention these below as well to give the author a heads up):

- 1) The word "high-strung" p. 2, line 46 pdf, has sexist connotations. It could be replaced with "intense" or some other word of the author's choosing.
- 2) Describing the path of suffering at end of life as "less fortunate" p. 4, line 18 pdf might be misconstrued as minimizing or distancing from the patient's experience. The author could either choose another adjective or simply eliminate these descriptors. Path of suffering speaks for itself.

COMMENTS TO AUTHOR II: Congratulations on a superb revision. You absorbed not only the specific critiques but also the larger longing for an essay that was emotionally intelligent, honest, and humble. Everything about this current version works. The title is much, much better. Two paths that intersect at certain crucial points in my view is a much improved and more accurate way of describing what happens between family doc and patient. The allusion to Frost's poem works perfectly.

Beyond title, you have shown us the difficult yet essential conversation with Lauren about end of life. I think your courage in this regard, as well as your analysis of the challenges of overcoming your own personal vulnerability and sense of risk, will inspire many of our readers who have yet to take this vital step. The overall tone of the essay is much more self-disclosing, personal, and reflective. We see your struggles with emotional connection vs. distance, and respect them. The tracing of your evolution in this regard is well-delineated, and I suspect will be helpful to more junior faculty trying to sort out similar issues. The concluding paragraphs are now moving while remaining in some respects unresolved.

Two small quibbles which can be addressed in copy-editing are as follows:

- 1) Instead of "high-strung," a term which historically has been used to pejoratively describe women, perhaps another word - intense?
- 2) The description of suffering and death as a "less fortunat " path might come across as rather minimizing. You might be able to dispense with the adjective and its adverb altogether. The path of suffering by definition is always a hard one.

Thank you again for such a strong revision, which takes plenty of risks of its own. The result is powerful.