

FM REVIEW 2018 31 COMMENTS

COMMENTS TO EDITOR:

COMMENTS TO AUTHOR: Thank you for this essay, which deals with the intersection of patient and physician experiences. Given the profound struggles of both patient and narrator, it is surprising that the essay itself is not more emotionally involving. I agree with Reviewer 1 that this is because the writing style is still somewhat clinical and distanced. As Reviewer 1 says, Ashley could be any patient with anorexia/bulimia.

Similarly, the very significant health issue you developed in medical school, and the behaviors leading up to it, are portrayed in a detached tone that makes it difficult for the reader to emotionally engage with your experience, although it is grasped intellectually.

A couple of suggestions might help guide your rewriting of this work, which we feel has a lot of potential:

1) Consider showing more than telling. Perhaps there was an interaction with Ashley which showed the intermingling of your stories, either to you alone or to both of you.

2) Think about the common element of control in both your and your patient's stories; and how the need to always "be in control" had such a profound effect on both you and your patient.

3) You write at one point "These habits were, to me, encouraged by the culture of medicine." Consider saying more about what shaped you to pursue control; what may have shaped Ashley; and how these pressures were both similar and different. 4) Be more specific about showing us how your experiences have influenced the way you care for patients with eating disorders. You state that you "often feel conflicted" and work with their psychologists, but go deeper. How do the insights you've developed affect your relationship with your patients, how you talk with them, how you guide and advise them?

Overall, the main shortcoming of the essay is that we see a lot of the outer life of Ashley (her activities, her work, her eating and exercise habits) and a lot of the narrator's outer life in medical school - but the essay falls short in revealing something of their inner worlds. If you can help us to understand these two more deeply, the essay will be more compelling.

Thank you for sharing your story, and we hope you choose to revise it.

COMMENTS TO EDITOR II: The author has worked extremely conscientiously to edit this manuscript. He is a good writer, and has succeeded quite well in 1) ameliorating the distanced, clinical tone in parts of the original submission 2) showing rather than telling about the interaction with his patient 3) making the essay more personal, thus highlighting the parallels between his own experience and that of his patient.

The two remaining issues that must be addressed are the following: 1) In trying to follow reviewer and editor suggestions, the author has eliminated any personal reflection that makes explicit both personal and professional lessons learned. This is an important part of narrative essays, and I've recommended that he add a brief paragraph along these lines. 2) The second issue follows from the first. The essay already was long. I've edited down to around 1000 words, but the author will have to make further revisions to add the suggested paragraph while still bringing in the essay at the required length.

I really like the way the patient's and doctor's stories intersect, and think with a little additional reflection on the implications of this encounter, it will be a thought-provoking piece to include in our journal.

COMMENTS TO AUTHOR II: Thank you for this thoughtful revision of your original essay. You are a really strong writer, and the initial page introducing us to your encounter with Ashley is captivating. I also appreciate your disclosure about your own struggles with control issues, and how these led to an evaluation of your goals and priorities. You've succeeded quite well in ameliorating the distanced, clinical tone in parts of the original submission; showing rather than telling about the interaction with your patient; and overall making the essay more personal, thus highlighting the parallels between your own experience and that of your patient.

Two issues remain that need to be addressed:

1) In trying to follow reviewer and editor suggestions, you've avoided any personal reflection that makes explicit personal and professional lessons learned. This sort of reflection is different from offering an opinion to the profession as a whole. Rather, it is stepping back from a particular encounter, and pondering its deeper meaning and significance. This is an important part of narrative essays, and I've recommended a point in the narrative where you might add a brief paragraph along these lines. I've highlighted some themes that for me emerged from your essay, but I don't want to put words in your mouth. Think about the big picture of this interaction, and summarize what it meant to you as a doctor and a person.

2) The second issue follows from the first. The essay already was long. I've edited it down to around 1000 words, but you will need to make further revisions to add the suggested paragraph while still bringing it in at the required length.

I really like the way the two stories intersect, and with a little additional reflection on the implications of this encounter, the essay will make a thought-provoking contribution to our journal.

COMMENTS TO EDITOR III: The author has carefully edited his essay to follow editorial suggestions, and he has also brought it in under the required word limit. Importantly, he has added a short paragraph that address what he has learned as a result of reflecting on the way that his patient's story and his own intersected. I recommend that we accept this essay.

COMMENTS TO AUTHOR III: Thank you for these edits, all of which tighten and clarify the narrative. I appreciate the brief paragraph about your awareness of the way your personal story and your patient's story intersected and how this taught you something about patient care. This is a thought-provoking and touching essay that will make a valuable contribution to the journal.