

## **FM REVIEW 2019 11 COMMENTS**

**COMMENTS TO EDITOR;** This is an interesting essay about a family doc who makes the decision not to check her elderly patient's dangerously high blood pressure during routine visits because the patient refuses. It raises worthwhile questions about if, when, and why doctors should consider deviating from standard of care.

However, as currently written, it falls well short of the mark. Too much time is spent on the patient's story, when it is really the physician's story that is the more interesting. Also, the narrator makes a highly controversial choice not to address a potentially life-threatening patient issue. Although in this case the story has a happy ending, I think we need to understand a lot more about the physician's thinking and why she made this choice to "let go." With this approach, the essay could stimulate worthwhile discussions among residents and experienced clinicians about whether it is ever a good choice to deviate from practice guidelines.

**COMMENTS TO AUTHOR:** This is an interesting essay about a family doc who makes the decision not to check her elderly patient's dangerously high blood pressure during routine visits because the patient refuses and the doctor fears the patient will leave care entirely if she persists. It raises worthwhile questions about if, when, and why doctors should consider deviating from standard of care.

However, as currently written, it does not succeed in addressing essential issues which our readers will wonder about.

1) Too much time is spent on the patient's story, when it is really the physician's story that is the more interesting. Thus, we suggest considerably shortening the first two pages. Consolidate Marie's social history into a couple of paragraphs - the main point of her story is that she ended up in a bad marriage, followed by a divorce in which she loses her home, but rather than moving on, she chooses to live in a small shack where she must gaze at her old house every day, the stress of which presumably contributes to her blood pressure. Focus on this and consolidate.

2) Even after reading the long version of Marie's story, I did not understand why she refused to have her BP taken. Why did she feel so strongly about this? Was she convinced her BP could never improve because of her living situation? Did she have a fatalistic attitude toward life and death? What was driving Marie's adamant refusal? Unless the reader understands this issue better, it will be very hard for them to understand your decision.

3) You make a highly controversial choice not to monitor a potentially life-threatening patient issue. Although in this case the story has a happy ending, we need to understand a lot more about your thinking.

a) The patient's behavior post-divorce seems very odd, to say the least. Did you consider encouraging her to seek psychotherapy or counseling? Might this have shed some light on her reluctance to have her pressure monitored?

b) What factors went in to your deciding not to monitor your patient's blood pressure? Did you conclude she would simply not return for care if you pushed the issue? Did you revisit BP monitoring periodically during her subsequent visits? Did you warn her of Sxs that might anticipate a stroke or heart attack? It is very important to clarify that you were doing everything in your power to promote your patient's wellbeing while simultaneously respecting her decision not to have her blood pressured assessed.

c) Reviewer 1 notes that the patient is a smoker. Did you consider discussing smoking cessation with her? This might have helped her blood pressure, as well as protected her from various other smoking-related diseases.

4) Letting go is the core of your essay. Apparently, after the patient "went away" for a time, she was able to let go of her past, with the result that her blood pressure fell within a more normal range. But we have absolutely no understanding of how this happened. Can you share something about this transformation in Marie?

5) A more minor point is that it is very confusing how this patient came to be under your care. It sounds as though she was followed by another doctor; then that doctor asked for your help, and next thing we know, she is your patient. Please explain how this happened.

Basically, the heart of this story is your decision to let go of certain aspects of the patient's care, and give her space, through story telling, to hopefully move toward her own letting go. Implicit in the narrative is that somehow this process was successful. But we need you to be more transparent. Did you hope that your letting go would help Marie to let go? As you listened to her stories, did you sense that slowly she was coming to terms with her painful past? It is also important to stress that, while your decisions were not standard of care, you never stopped caring for your patient; and indeed your choice was driven by what you felt would encourage her wellness. If you make this analysis the focus of your essay, we believe the resultant work could stimulate worthwhile discussions with residents and experienced clinicians about whether and when it may serve to the patient to deviate from practice guidelines.

COMMENTS TO EDITOR II: This revision is an improvement over the original submission. In the first version, there was too much detail about the patient's story, and not enough about the physician's thinking. In particular, the author made a potentially controversial decision based on the patient's autonomous request, not to monitor a dangerously high blood pressure, and we did not really see her thought process. This version has done a good job of shortening the patient's story (I've recommended a few more cuts) and has taken some steps toward explaining the decision she made. I think our readership would be interested in understanding in more detail why she chose to "let go" and have urged her to be more forthcoming in this regard. I want to ensure that the essay makes clear that her decision to "let go" was not made lightly, and in the end, from the author's perspective, was taken in her patient's best interests.

COMMENTS TO AUTHOR II: Thank you for these revisions, which go a long way to address the concerns of reviewer and assistant editor. The patient story is now considerably more concise, while

losing no essential details (I am recommending a few more cuts, just to bring the essay closer to the maximum word length).

You have also made some strides toward explicating your thinking about the decision to stop monitoring the patient's blood pressure. However, our readership of physicians and medical educators will want to understand in more depth how you reached this decision. Some of what you mention in the "author response" is relevant: a) you could not "force" the patient to have her blood pressure taken 2) the patient was of sound mind c) As you state, you felt she would simply not return if you pressed the issue. Further, although she stated she would not go to the ER, did you inform her of symptoms of stroke, in case she changed her mind and decided to seek emergency medical help? And what about the smoking? Was that off-limits too? The main issue, as I see it, is to show readers that letting go was not a decision made lightly, and that in the end you felt it was in the best interests of your patient.

Thank you for addressing these issues briefly - a few additional sentences should do the trick. Although there is a little latitude on word count, please edit carefully to bring in the completed manuscript as close to 1000 words as possible.

COMMENTS TO EDITOR III: The author added only one sentence in response to the previous critiques, which I did not feel adequately addressed my concerns regarding the need to make explicit the extent to which she wrestled with the medical implications of her choices. I've edited the ms for what I trust will be the last time, providing language which she can use (derived from her own letter to the editor) to deal with this issue.

COMMENTS TO AUTHOR III: Thank you for your efforts to revise this ms another time. We are getting closer, but I remain concerned that it will not be obvious to readers how carefully you thought through the medical implications of your decision. I've tried to add some language (derived from your own letter to the editor) which I hope will clarify this point. A couple of other edits are added to improve the flow of the sentence in English. Finally, there are some small formatting and grammatical issues I've corrected.

Thank you for your patience with this process. I'm confident we can easily resolve the above minor issues. Please look over the suggested changes and either accept them; or rewrite to your own satisfaction.

COMMENTS TO EDITOR IV: The author made most recommended changes in this version (all minor). She has chosen not to further address my concern that the essay does not sufficiently clarify that, before making the decision to ignore her patient's HBP (at the patient's request), she explored every possible alternative option. My intention was to give her more ethical "cover," but perhaps this is not necessary; and the essay as written might lead to interesting discussions among readers regarding the author's choice. I feel that, given how much work the author has expended on this essay, it should be published at this point.

**NOTE TO SAM:** I worked hard with the author to correct grammatical, tense, and punctuation issues. There are still a few examples of improperly used commas, but I do not feel it is worthwhile to continue to go back and forth with the author to deal with these. Similarly, p. 4 line 15 (pdf) should read "of sound mind" ("of" is missing). Hopefully these small inaccuracies can be addressed on your end. Thanks!

**COMMENTS TO AUTHOR IV:** Thank you for making these small corrections to address tense and punctuation issues and further smooth the writing style. Regarding further clarification of your decision-making process, I believe this should be your call. The essay as written may lead to interesting discussions among readers regarding your choice. This is certainly an intriguing story reflecting the complexities of a long-term doctor-patient relationship, and I hope it will attract the attention of many readers.