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I am in agreement with reviewers 1 and 2 that this is an enjoyable and humorous examination of a very serious issue, containing memorable images (the "swirling" suffering that must be kept "at bay," for example) that capture the frustrations and helplessness felt by healthcare providers. Like reviewer 1, I'm impressed by the craft involved in combining a rhyme scheme with the 55 word story format.

In contemplating revisions, please pay special attention to the following:

- Reviewers 1 and 2 both made efforts to improve the last stanza. Please consider their suggestions which, while interrupting the consistent structure you've established, might emphasize the concluding moral contained in the last line. There is some reason to separate it because in effect it's the summary for the entire poem.
- 2) I like this last line quite a bit, but with reviewer 1, I don't quite understand it (I do understand the idea it's intended to convey ginormous can't be contained in tiny). But is there any special significance to your choice of 3 ounces, vs. 2 or 4? Also, it would make more sense (to me anyway), if the line alluded to a 3 ounce *container*, although I recognize this messes up the 55 word format, your rhythm, etc. Please consider a way to clarify this image.
- 3) Reviewer 3's comments are the most challenging, and would require almost a complete reworking of the piece. I'm not sure this is necessary, but I'd like you to think about two specific aspects of this reviewer's comments:
 - a) There is some merit to my way of thinking in the reviewer's concern that the references to "fibro" and "worried blues" might sound dismissive to the patients suffering with these conditions.
 - b) A related concern is that the piece focuses exclusively on the perspective of healthcare providers (MDs and PhDs). "Symptoms without disease" are certainly very bewildering and frustrating for healthcare professionals. Of course they are also at least as distressing for the patients who have these symptoms. I realize it is a lot to ask, but inclusion of the patient/family perspective might soften the humor and ensure that it is not unintentionally directed at patients who bring "oceans" of difficulty with them into the exam room.

Because your submission has the potential to be not just clever and well-crafted but also a humane and perceptive commentary on an often seemingly intractable problem in clinical care, I urge you to explore ways of addressing the concerns of reviewer 3, as well as the more superficial recommendations of the first two reviewers.

DECISION LETTER II: MINOR REVISION

This is a wonderful revision! Very literary, still wry and bemused, but also more compassionate to all concerned. It seemed quite a challenge to change the point of view, but you've managed to be inclusive very cleverly and skilfully. Your reworking of the last line is so good, and I think is much more accessible (I must confess to totally missing the reference to the airlines' 3-oz - I don't get out much! - but even now understanding it, it strikes me as

somewhat tangential, drawing in a whole new metaphor in the 11th hour. Much better to refer to the 20 min hr, which all clinicians understand, and lies at the structural center of many of medicine's problems!).

I would like to make 4 very minor suggestions:

1) The submission is now only 54 words. 55 words must be precisely that. Can you find somewhere to insert another word? Not that easy - you don't want to disrupt the meter, which is really effective. I am also happy to accept this as a 54 word poem.

2) I understand that "ails" (stanza 2, line 3) can be used as a noun. Nevertheless, it struck me as disruptive because it is such an unusual usage. Would you consider "ills" instead?

3) Especially given the wry humor and bemused tone of the piece, I find the convention of capitalizing every word at the start of the line excessively formal and not in keeping with the spirit of the work. Would you consider adopting the also-acceptable convention of only capitalizing words that start new "sentences"?

4) Do you want a line space between the lines "unjustly pressed" and "why must we"? This would break nicely into two short stanzas of 4 lines each.

Again, I'm very impressed with the craft you displayed in making these revisions. An already wellwritten and well-conceptualized piece has become both more humane and more clever.

DECISION LETTER III: I am pleased to inform you that your work has now been accepted for publication in <i>Families, Systems, and Health</i>. Thank you for this whimsical and clever treatment - in precisely 55 words - of an issue that frustrates both patients and physicians.