

FSH REVIEW 2017 6

I sincerely appreciate the opportunity to review the manuscript. In particular, we are very appreciative of the obvious effort and care you invested in this extensive revision. I agree that the theme of the poem is now much clearer and that the language, while still poetic, is more accessible. Further, the concept of a dialogue between patient and doctor is very effective; as is the concluding invitation to form a partnership to address this challenging problem.

While we cannot accept this poem in its present form, with a bit more additional wordsmithing, I believe it will easily achieve its full potential. In particular, there are a few words/lines that still seem somewhat awkward or less clear than they might be. The reviewer went to a great deal of trouble to offer detailed suggestions for further revision. I am not sure that in all cases these suggestions improve the line in question (although some certainly do). I encourage you to revisit these specific lines and rewrite to your satisfaction, while recognizing the need for some slight modification. Below, I offer my opinion on these areas of concern:

- 1) Stanza 1, line 3: I like the substitution of "chemical" for "tired." "Tired" seems rather weak, while "chemical" reinforces the theme of the poem. I feel less sure about "limited respite" vs. "shattered hope." It seems to me the latter is more congruent with the physician-narrator's sense of the devastation polypharmacy can cause.
- 2) Stanza 3, line 10: I am confused by the reference to "reduce or betray." In my read, "reduce" might refer to a reduction in medication, so that it consistent. But what does "betray" allude to? The "So" that starts this line could also be eliminated without losing anything.
- 3) Stanza 3, lines 11-12: "Cloaked with magic shield raised" is a rather confusing image. A raised shield does not exactly function like a cloak. Following the reviewer, the addition of "pharmacologic" might keep the reader on track in terms of what the metaphor refers to. What about something like: "Protected by your magic pharmacologic shield"? I also wonder about "seeking the elusive long haul." It seems to me patients in these circumstances are less focused on the long haul, and more concerned with alleviation of immediate suffering. Yet the reviewer's suggestion that they are seeking "immortality" does not quite make sense to me either. What about something like "Seeking the elusive solution"?
- 4) Stanza 6, lines 22-24: I like the recommendation to add "my" to the line about "loyal fixes." The voice of the patient is sometimes surprisingly remote, and this addition might make it more vulnerable and personal. Further, I think the suggested revision "With trust so fragile and dread profound" flows better from the preceding line because of the conditional use of "If." The final line also suffers from that sense of distance - think about how you can make this a more personal sharing: "Fear consumes every part of me." The reviewer's edit also has merit.

Finally, I agree with the idea of italicizing the stanzas to more clearly indicate the patient's voice. Doing so would bring into focus more explicitly the conversation that is occurring in this poem.

I know we all share the desire to make this poem the best it can be. A final polishing with attention to these small nuances in language I believe will achieve this goal.

DECISION LETTER III:

We greatly appreciate your evident commitment to this poem and your willingness to engage in two major revisions in order to improve its clarity and impact on the reader. I would like you to know that the journal has also invested significant time and energy in the poem. In addition to soliciting reviewer feedback, I have also consulted with my poetry co-editor and the editor-in-chief. I have even sought the advice of an outside consultant.

Although we wish we could simply accept the poem as written, there is still something important lacking. After careful review, I think the problem lies in an overall lack of empathy for the patient's perspective, despite a sincere effort to give voice to this perspective. The dialogue format is effective at representing the differing points of view of the doctor and patient, but as written it sounds more like an argument than a conversation. There is no indication that the physician really hears the patient's suffering. It might be possible to mitigate this shortcoming in the final stanza, which starts off with a promising attempt at collaboration with the patient ("So together, let's empower you..."). But then it goes on to say, in effect, let's work together to do exactly what I, the physician, think is best for you. Clearly this is not the intent, but it comes across as somewhat paternalistic ("clear the haze," "remove the burden" – even though there is no indication that the patient thinks she has a problem), apparently ignoring the heartfelt disclosures about redemption and salvation that the patient has made.

Might you consider rewriting the final stanza in a way that shows the physician is willing to meet the patient where she is before starting to change her? Below is one possibility. You may have better language, but perhaps this suggests how to add a bit more feeling to the poem.

I realize that this process has become complicated. I can only assure you that we have genuinely wrestled with your submission; and every suggestion we have offered has been in the spirit of remedying a perceived shortcoming and improving the overall piece. You may feel that the changes we request do not honor the spirit of the poem you originally crafted, and choose to withdraw the submission. If so, we completely understand. If you would like to proceed, please consider the above concern and how it might best be resolved.

DECISION LETTER IV: I am pleased to inform you that your work has now been accepted for publication in *Families, Systems, and Health*. We appreciate your careful attention to all the reviewers' and editor's concerns and recommendations. You have done a conscientious and sensitive job of showing both physician and patient perspectives, while also making clearer that the physician does indeed empathize with the patient's fears, thus laying the foundation for their working together "with de-prescription resolve."