

## **FSH COMMENTS 2018 6**

**COMMENTS TO AUTHOR:** This is a well-written narrative that describes a complicated patient, possibly suffering from a personality disorder, and her relationship with her medical condition (the result of severe eclampsia), her community, her husband, her newborn son, and her doctor. The story is closely observed and full of rich details that bring the narrative to life. The character of the patient emerges vividly and the reader experiences some of the frustrations that you as the author must feel.

My suggestions have to do with the overall length and balance of the piece. I think some judicious editing could improve the pacing, which in my read drags at the start, and when the patient's medical crisis is described. You are a strong enough writer that you can paint a portrait of the patient and her circumstances more succinctly, which I think will make the writing more powerful. For me, the best part of the essay was in the last 3 pages, when you talk very movingly about your relationship with the patient and the choices you made in your care of her. In addition to shortening the essay, I'd like to see a little more of you early on - for example, why did you visit her in the hospital, since you were no longer her physician? How did you decide to support her unconditionally, even when you disagreed with her position regarding her son?

The title is clever, and appropriate. The concluding themes of suffering and forgiveness are compelling. With a little tightening and rebalancing, this essay will contribute a valuable lesson about the physician's moral imperative to remain connected with the patient, no matter the challenges that arise.

**COMMENTS TO EDITOR:** This is a well-written narrative that describes a complicated patient, possibly suffering from a personality disorder, and her relationship with her medical condition (the result of severe eclampsia), her community, her husband, her newborn son, and her doctor. The story is closely observed and full of rich details that bring the narrative to life. The character of the patient emerges vividly and the reader experiences some of the frustrations that the physician-author must feel.

That having been said, I do think the essay has room for improvement. My suggestions have to do with the overall length and balance of the piece. Some judicious editing could improve the pacing of the writing, which in my read drags at the start, and when the patient's medical crisis is described. She could easily paint a portrait of the patient and her circumstances more succinctly. For me, the best part of the essay emerged in the last 3 pages, when the author discusses movingly her relationship with the patient and the choices she made in her care. In addition to shortening the essay, I'd like to see a little more self-reflection early on - for example, why did the author visit the patient in the hospital, since she was no longer her physician? How did the author decide to support her patient unconditionally, even when she disagreed with the patient's choices regarding her son?

I feel that the journal readers unfortunately are very familiar with patients who, for a variety of reasons, present in very difficult circumstances. What makes this piece interesting and worthwhile for our readership is how the author develops a relationship with the patient over many years, how she is able to sustain this relationship over time, and what she learned in the process. I'd like to see a bit more of this while reducing the amount of descriptions of the patient and the events that befell her.

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COMMENTS TO AUTHOR II: This revision represents a considerable improvement. The essay is tighter and therefore more focused. However, it is still considerably over the maximum limit of 1500 words. Further, for me, the heart of the essay is found in the final 4 pages, so while the "setting the stage" introductory material is better written, it still seems meandering and too detailed. I've done a line-by-line edit (attached) to help guide you in a further revision. I still noticed some grammatical issues and questionable stylistic choices that I tried to address, but the ms might benefit from one more pass-through by a colleague with special writing expertise. I continue to like the patience and devotion you showed to this patient and her family. This story exemplifies the true spirit of family medicine - continuity over decades, deep understanding of how specific disease is situated within the dynamics of patient and family, and commitment to evolve and grow within the patient-doctor relationship. I also liked that the end of the essay was only the beginning of the patient's story.

COMMENTS TO EDITOR II: I saw this revision a bit differently than you. No question it is still WAY too long and takes too many words to get to the point. Like you, I appreciate the emphasis on themes of suffering and forgiveness, and feel they are manifested not only in the patient but in the physician as well. For me, the heart of the essay is found in the final 4 pages, so while the "setting the stage" introductory material is better written, it still seems meandering and too detailed (good for a short story, but not for a narrative essay). You were also right that the only approach was a line-by-line edit to help guide the author about how to reduce the essay length. Which I have done :-). The current length is around 1560, which I think would be acceptable. I cut a lot from the beginning, and also tried to catch grammatical errors and poor stylistic choices (I didn't see as many as you seemed to suggest, which probably means you are a better grammarian than I am :-)). I am at the point where I've done what I can with this piece, and I'd say it's up to you whether her next round is acceptable or not. Personally, I like the story, and with appropriate revisions, think it could make a contribution to the journal.