

FSH DECISION LETTER 2019 5

Please accept our sympathies for all that your mom and family endured leading up to her death. Indeed, it was far from the death she wanted and the family envisioned. It is always a challenge to take an emotionally intense personal experience and craft it into a publishable article of value to the readership of the journal. To help with this transition, we request a major revision addressing the following changes.

The final paragraph posed problems for both reviewers and for the associate editor, all for somewhat different reasons. Reviewer 1 wanted to see more problem-solving: what could have been done differently by both physicians, EMTs, and family? Reviewer 2 felt the essay unfairly condemned all physicians and did not consider all the legal and ethical constraints under which ED staff operate. Finally, the associate editor argues that a narrative essay should not be prescriptive, i.e., it should not opine about the state of the medical profession or offer advice to physicians in general. Rather, it should stay focused on the personal experience and what can be learned from this event.

Taking these three rather different critiques as a whole, a stronger final paragraph might acknowledge both the “insensitive” and the “compassionate” physicians who cared for your mom in her final hours as well as lay out what could have been done differently *in this particular situation* that would have honored your mom’s and family’s wishes. In this situation, how could communication between family, EMTs, and doctors have been improved? What did you learn in terms of teaching future physicians that you might apply in your own educational setting? Overall, we hope you can reflect on this devastating experience to gain perspective on what went “so wrong,” and how families, EMTs, and physicians can be better prepared to honor patient wishes.

We also agree that perhaps the opening line – “It ALL went wrong” – is not quite an accurate reflection of what actually happened based on the essay. It sounds as though the initial care your mom received was, indeed, terrible, and contradicted her wishes and yours. But thanks to the intervention of the second ED doc, it seemed as though her final moments were closer to what you all might have hoped for. Can you capture this nuance somehow? The middle section of the essay that recounts your encounters with the first ED doc (please remove names from the essay. The journal does not publish names of actual physicians in narrative essays, especially in a context where they do not have an opportunity to present their perspective) is passionate, but might be shortened somewhat. The essay overall could be a bit tighter. Please review with an eye toward reducing the length to closer to 1200 words.

Please ignore Reviewer 2’s request for a summary of relevant scholarly literature. This is a valuable approach to understanding issues facing both families and physicians at end of life, but it is not the purpose of a narrative essay, which is simply to tell a story.

We hope you are willing to revisit this tragic event and revise the essay along the above lines. We see its potential to make a valuable and moving contribution to this journal.