

Peer Review File

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Reviewer Comments

Reviewer A

Generally speaking, I see the value in reflecting on narrative medicine and how it fits with palliative care.

Thank you for taking the time to do so. I also appreciate the organization in the document itself. I'm left to wonder, how does pediatrics fit into this?

Things to consider for future submissions: Grammar, consistent language, clear definitions and more concise sentence structure.

Reply: Thank you for the valuable feedback. As far as I know, the special issue doesn't specifically deal with pediatrics but palliative care for all age groups. Regarding the comments on grammar/language/sentence structure: English is not my first language. That's why I asked a friend who is an English native to go through the manuscript (I kindly ask the publisher to raise the copy-editing level if necessary).

Reviewer B

I enjoyed reading this interesting review. It raises some interesting points. I suggest that you consider the following points for revision:

As it stands, each section reads as one long paragraph. Please review this to improve flow and readability. Thank you, I have done so.

I appreciate this is an editorial commentary but many claims are made which are not substantiated. eg: Sentences line 12 - 14, 37 -40, 49-50 (this claim does not align well with definitions of palliative care), 52-54 and others.

Reply: Narrative medicine as a field as well as this special issue focus on interdisciplinary perspectives on palliative care which not only include different medical fields but also the arts and – in my case – literary studies. I think that the intended readership will have some basic knowledge about Narrative medicine and maybe an instructive introduction written by the guest editors could also give insights in the basic concepts and aims of Narrative medicine. I would also be helpful to specify why exactly the said lines “do not align well with definitions of palliative care” – I am happy to go through those parts again.

Why is the number 1 appearing after the word 'professionals' (line 19).

Reply: The number is part of the footnote 1 stating that Narrative medicine includes various professional groups (not only medical doctors). This information is important but could also be included in the text. Please feel free to do so if there are any formal concerns.

Greater clarify about the purpose and focus is needed. Is the commentary advocating use of narrative in medical education? in medical practice? for medical reflection? personal development?

(Reply: see additional sentences, line 40-46) The point of the editorial commentary is somewhat lost. An introductory sentence explaining this would be helpful.

Reply: Done, thank you.

I wonder if readers will be familiar with some of the technical terms used eg: 'literary studies', 'literary/narrative competence' (Reply: see changes in line 120-121), 'literary texts' in the context of health care. 'narratology' (Reply: done so, line 91), 'scientifically grounded text analysis' and others (Reply: I do not think it is necessary to further elaborate on those terms because the part refers to the differences between participating disciplines which come together in the area of "narrative medicine"; nevertheless, I added some additional information). Some explanation would be helpful.

The subject of some pronouns are unclear eg 'they are divided into two groups (line 44). Grammatically, they refers to 'experiences', is this what you mean? (Reply: done so) Also line 71 which 'case' is being referred to? (Reply: done) Please review all pronouns.

The sentence on line 70-71 does not makes sense....inter and transdisciplinary what? Reply: Actually it is "inter- and transdisciplinarity" as nouns...

These notions are introduced but not developed.

Reply: I think in the context of Narrative medicine, this should be clear for the intended readership (please also see comment regarding the introduction, p. 1-2 of this document). Which disciplines are you thinking of? (Reply: I added examples, line 26)

If medicine and narrative scholars they it would be helpful to say so. (Reply: restructured, specified)

All the best for revising. Reply: Thank you for the helpful feedback.

Reviewer C

This is a very well thought-out piece. Authors introduce and describe the value and power of story telling and narrative medicine as an effective therapeutic tool. Thank you for the opportunity to review.

I have the following suggestions for minor revisions:

1)-Grammatic edits: please consider as below

Page 1, paragraph 1, lines 7-8

6 Introduction

7 By telling stories we connect – with 'ourselves and one another' (Reply: changed). 'Personal experiences with Illness(es)' often acts as a catalyst (Reply: agreed, thank you).

8 for storytelling 'as these enable' us to express our suffering to other people in the hope that

(Reply: done)

9 they hear, honor, and validate our experience. (Reply: as is)

2)- please consider mentioning the importance and value of 'empathy' in your write-up. Empathic approach towards patients and caregivers with training in communication skills from an empathy building perspective can be a powerful & effective tool. A good place to add can be on page 2 around lines 52-60. (Reply: done so; I also reworked that point throughout the paper; 40-46; 73-87; 240-245)

"Empathy is the universal language of emotion that allows us to connect meaningfully with our most vulnerable patients." And "stories engage learners and complement conceptual frameworks perfectly to help clinicians build communication skills." (D. Epner, In: Epner DE. eds. Empathy: Real Stories to Inspire and Enlighten Busy Clinicians. McGraw Hill; 2022.)

Reply: Thank you very much for your effort!

Similarly, medical professionals, especially those in field of Palliative Medicine, can sometime find themselves caught between their personal emotions and those of their patients and caregivers (the element of counter-transference), page 5 around lines 150-152. Realization of this very true/real challenge and dealing with it in an empathic manner is an art which takes time to develop.

(Reply: I have considered this point in a more general way as there is limited word count for an editorial commentary, changes see line 240-245).

"Medical professionals often find themselves caught between the role of being a caring and supportive family member and the role of being a skilled and compassionate healthcare provider." (A. Azhar, D. Epner, In: Epner DE. eds. Empathy: Real Stories to Inspire and Enlighten Busy Clinicians. McGraw Hill; 2022.)

Reply: see above.

Thank you for your contributions.

Reply: Thank you for the truly helpful and detailed review.

Reply: General note: I added two literary sources and restructured the reference-list.