

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*
- Email correspondence between the editorial office and the authors*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Aug 17, 2018
To: "Wayne R. Cohen" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-18-1462

RE: Manuscript Number ONG-18-1462

The Death of Intimacy

Dear Dr. Cohen:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 07, 2018, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

REVIEWER #1:

For the personal perspective titled "The death of intimacy", I have the following comments:

The overall concept, importance, and well-being issues expressed in the perspective are well done. I agree that the patient-physician relationship has diminishing over time and that we need to remember its importance in clinical "care". Even though you do point out the issue with using the term "intimacy", I would recommend the main title be "Loss of the physician-patient relationship" and "the death of intimacy" as a subtitle.

REVIEWER #2:

I would like to commend you on an extremely well-written article truly reflecting the two-edge sword of technology and its implications, both unintended and otherwise, for the profession of medicine. There is nothing I can suggest to make your statement any more cogent or more heartfelt. We in the profession (and our patients) need to hear more like this in order to help us hold onto the humanism and intimacy in the patient - physician relationship. Thank you for your contribution and for your many years of service.

REVIEWER #3:

Dr. Cohen presents a lovely, heart-felt essay on the loss of a unique type of intimacy in medicine shared between doctor and patient. As a physician/educator who has spent 40 years in medicine, I sensed exactly what the author was trying to convey. The author well expresses a point I have long tried to make to our students and residents--that touching and operating on a patient is the ultimate type of privilege that requires trust and faith.

I have only one suggestion, and this comes from my sense of loss of intimacy with patients. The electronic medical record (EMR) is yet another tool which has separated doctors from patients. Although I personally never use the EMR in the room with patients, most of my residents and colleagues do. By doing so, there is a loss of eye contact and visual connection. Please add your perspective in this regard.

ASSOCIATE EDITOR'S COMMENTS:

1. Please re-title the submission as suggested by Reviewer #1

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

1. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.
2. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

2. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology will be transitioning as much as possible to use of the reVITALize definitions, and we encourage authors to familiarize themselves with them. The obstetric data definitions are available at <http://links.lww.com/AOG/A515>, and the gynecology data definitions are available at <http://links.lww.com/AOG/A935>.

3. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and appendixes).

Please limit your Introduction to 250 words and your Discussion to 750 words.

4. Specific rules govern the use of acknowledgments in the journal. Please edit your acknowledgments or provide more information in accordance with the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your signature on the journal's author agreement form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

5. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words, written in the present tense and stating the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

6. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

7. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at <http://ong.editorialmanager.com>. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors, that each author has given approval to the final form of the revision, and that the agreement form signed by each author and submitted with the initial version remains valid.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Sep 07, 2018, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2017 IMPACT FACTOR: 4.982

2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

WAYNE R. COHEN, MD



Editor
Obstetrics & Gynecology

August 18, 2018

RE: ONG-18-1462

Dear Editor,

Please consider the attached manuscript entitled *The Physician-Patient Relationship: The Death of Intimacy*, as a possible contribution to Obstetrics & Gynecology as a Personal Perspectives article. This is a revision of a previous submission numbered ONG-18-1462 and titled *The Death of Intimacy*.

The essay is original, and is not under consideration by any other journal.

The author has no conflict of interest to disclose, and no funding was used in preparing the manuscript.

I choose to OPT-IN to publishing this response letter and related information.

The reviewers of the original manuscript made the following comments (*italics mine*):

REVIEWER #1

The overall concept, importance, and well-being issues expressed in the perspective are well done. I agree that the patient-physician relationship has diminishing over time and that we need to remember its importance in clinical "care". Even though you do point out the issue with using the term "intimacy", *I would recommend the main title be "Loss of the physician-patient relationship" and "the death of intimacy" as a subtitle.*

Author's response: The title has been changed to *The Physician-Patient Relationship: The Death of Intimacy*, consistent with the reviewer's suggestion.

REVIEWER #2

I would like to commend you on an extremely well-written article truly reflecting the two-edge sword of technology and its implications, both unintended and otherwise, for the profession of medicine. There is nothing I can suggest to make your statement any more cogent or more heartfelt. We in the profession (and our patients) need to hear more like this in order to help us hold onto the humanism and intimacy in the patient - physician relationship. Thank you for your contribution and for your many years of service.

Author's response: No changes suggested by this reviewer

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REVIEWER #3

Dr. Cohen presents a lovely, heart-felt essay on the loss of a unique type of intimacy in medicine shared between doctor and patient. As a physician/educator who has spent 40 years in medicine, I sensed exactly what the author was trying to convey. The author well expresses a point I have long tried to make to our students and residents--that touching and operating on a patient is the ultimate type of privilege that requires trust and faith.

I have only one suggestion, and this comes from my sense of loss of intimacy with patients. The electronic medical record (EMR) is yet another tool which has separated doctors from patients. Although I personally never use the EMR in the room with patients, most of my residents and colleagues do. By doing so, there is a loss of eye contact and visual connection. Please add your perspective in this regard.

Author's response: In lines 100-105 of the revised manuscript I have added comments about the influence of electronic medical records, as requested by the reviewer.

ASSOCIATE EDITOR's COMMENTS

1. Please re-title the submission as suggested by Reviewer #1

Author's response: This change has been made on the Title Page.

Thank you for your time and consideration.

Sincerely,

Wayne R. Cohen, MD



Daniel Mosier

From: Wayne Cohen [REDACTED]
Sent: Saturday, August 25, 2018 1:17 PM
To: Daniel Mosier
Subject: Re: Manuscript Revisions: ONG-18-1462R1

Mr. Mosier,
I agree with the minor edits you have made in the manuscript.
Thank you for your assistance,

Wayne R. Cohen, MD
Clinical Professor of Obstetrics & Gynecology
University of Arizona College of Medicine

[REDACTED]

[REDACTED]

[REDACTED]

On Aug 23, 2018, at 8:48 AM, Daniel Mosier <dmosier@greenjournal.org> wrote:

<18-1462R1 ms (8-21-18v1).doc>

Daniel Mosier

From: Daniel Mosier
Sent: Thursday, August 23, 2018 11:48 AM
To: [REDACTED]
Subject: Manuscript Revisions: ONG-18-1462R1
Attachments: 18-1462R1 ms (8-21-18v1).doc

Dear Dr. Cohen,

Thank you for submitting your revised manuscript. While the Editors did not have any major queries for you and your co-authors, please do the following:

1. Please note the minor edits and deletions throughout. Please let us know if you disagree with any of these changes.

If you need to make additional changes, please use the attached version of the manuscript, leave the track changes on, and do not use the "Accept all Changes" function in Microsoft Word.

Please let me know if you have any questions. Your prompt response to these queries will be appreciated; please respond no later than COB on **Monday, August 27th**.

Sincerely,
-Daniel Mosier

Daniel Mosier
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