in these letters. This is one of the ways art works. Over a given piece, readers and artists converse, although it is rarely this explicit. This poem has connected people worldwide, and that speaks of the value the creative arts can add in a medical journal. *JAMA* and *Annals of Internal Medicine* have had a creative section for decades.

Dr. Robertson[7] mentioned the ongoing lawsuit in the United States about liver allocation. Science will never answer that question for us. Science offers no epistemology for ethics, beauty, kindness or—regarding organ allocation—justice. The arts are one tool that enables us to consider other perspectives, explore our emotions about issues, persuade others of our positions, and relate as individuals.

These abilities are important for physicians. Reading and writing poetry help me to do them. Despite the white coat, I am no different than any of my patients. I am just as mortal, just as fallible, and just as needy. I hope I treat each of my patients with the dignity and respect each deserves as a fellow creature.

Competing Interests

The author declares no competing interests.

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Transversus Abdominis Plane Block: Comment

To the Editor:

The recent narrative review by Tran *et al.*[1] comprehensively outlining the transversus abdominis plane block is a welcome addition to the literature. Surprisingly, however, the review identified very few indications where the transversus abdominis plane block may actually have any potential clinical benefit. Indeed, Tran *et al.* suggest that open appendectomy (as relatively uncommon as those are), Cesarean delivery in the absence of any intrathecal opiates (also uncommon), and potentially open colorectal operations when contraindications preclude the use of the clearly superior thoracic epidural option, represent very few firm indications for its use. That said, the block appears to have considerable potential, and Tran *et al.* also outline a wide-ranging number of areas that warrant further investigation. In doing so, they emphasize that adequately powered and well-designed clinical trials are needed to compare the transversus abdominis plane block with a number of potentially important comparators, including the newer proximal interfacial plane blocks (*e.g.,* erector spinae plane block).

However, an important consideration that was missing from the article was the lack of any specific mention of the end points that should be included in potential future trials. That is, for these trials to be adequately powered, there needs to be careful consideration as to what end points should be measured and compared. Indeed, Myles *et al.*[2] recently reported in their systematic review and consensus analysis of what the important patient comfort outcomes should be. Whereas Tran *et al.* do state that "hard outcomes" such as length of stay—which is unlikely to be affected after appendectomy—should be reported in transversus abdominis plane bock studies, there are likely many more relevant outcomes that should be considered. Even if they are well-designed, conducting trials that simply investigate short-term (less than 24-h) pain assessments and/or opiate requirements, which arguably are rather poor

patient-centered outcomes, will likely not further advance this important field.

So although I commend Tran *et al.* on a comprehensive and excellent dissertation on the transversus abdominis plane block, I suggest that they also push the field forward not just by suggesting that additional trials should be undertaken, but by highlighting the end points that should form the basis for these important trials. There are clearly transversus abdominis plane block–related areas that need further investigation, but they must be done through the right kind of trials.

Competing Interests

The author declares no competing interests.

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Transversus Abdominis Plane Block: Reply

In Reply:

We thank Dr. Grocott[1] for his interest in our review article pertaining to transversus abdominis plane block.[2] In his commentary, Dr. Grocott criticized "the lack of any specific mention of the end points that should be included in potential future trials."[1] Unfortunately, such statement is factually incorrect, as the review advocated for the inclusion of patient-centered outcomes (*e.g.,* postoperative pain, breakthrough opioid consumption), functional outcomes (*e.g.,* return of bowel function), adverse events (*e.g.,* hypotension), as well as hard outcomes (*e.g.,* length of stay) and cost analyses. Despite calling for "relevant" outcomes, Grocott has added no further suggestion to enhance our list.

The purpose of our article was to review the current literature relevant to transversus abdominis plane blocks. We concluded that the latter require further investigation with well-designed trials. Although good study design inherently demands a judicious selection of primary and secondary outcomes, it was not within the scope of the review to map out future trial design by providing an exhaustive list of said outcomes.

Competing Interests

The authors declare no competing interests.

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Anesthesiologist Burnout, Distress, and Depression: Comment

To the Editor:

We read with interest the recent article on burnout among anesthesiology residents by Sun *et al.*[1] Burnout within anesthesiology is of growing concern and