

Toolkit for Writing Great Op-Eds and Letters to Editors: A Guide for Family Physicians

Op-eds and Letters to the Editor (LTE) give you a powerful platform to shape public understanding of health care, influence policy, and bring clinical realities into public debate. The most effective op-eds and LTEs are focused, timely, and grounded in both evidence and real-world patient experience. CAFP has developed this toolkit specifically for family physicians writing about health care-related topics.

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Op-Eds vs. LTEs: The Quick Difference

Feature	Op-Ed	LTE (Letter to the Editor)
Length	Longer (Usually 600–800 words, aiming for ~650)	Short and sweet (Typically 150–250 words)
Timing	A standalone piece on a timely issue. You set the topic.	A rapid response to a <i>specific</i> news article or opinion piece.
Goal	Thought leadership, deep analysis, and proposing solutions. Shape the whole conversation.	Quick reaction, correcting a fact, or adding a single, missing perspective. Signal public concern.

Why should you write and submit an op-ed or LTE? Simply put, family physicians are uniquely situated to advocate for their patients. You are seen as a trusted source of information, have a professional perspective, and are uniquely qualified to turn patient stories into compelling narratives

- **You're a Big Deal:** As a family physician, you're a super trusted source. Your voice has weight!
- **Advocate for Your Patients:** You see the real-world impact of health policies every day. You're the best person to speak up.
- **Shape the Conversation:** You can help the public and policymakers understand what's really going on in health care.
- **Raise the Profile of Family Physicians:** You can outline the importance for the public and policy makers that FPs are accessible for all Californians. Reminding them that you take care of kids, adults, do women's health, geriatrics, etc.

Op-Eds vs. LTEs: Key Differences and Why Family Physician Voices Matter

Letters to the editor (LTEs) and op-eds are both valuable tools for engaging in public discourse, but they serve different purposes and carry different levels of influence.

A letter to the editor is a brief response—typically 150–250 words—to a specific news article or opinion piece. LTEs are designed to react quickly, correct the record, or add a single perspective that was missing from the original coverage. Because they are short and often published alongside many others, LTEs signal public interest or concern but allow limited space to develop an argument in depth.

An op-ed, by contrast, is a longer, standalone opinion piece—usually 600–800 words—that advances a clear argument on a timely issue. Op-eds are often more difficult to get published due to restrictions set by the paper. They are not tied to responding to a specific article; instead, they shape the conversation by providing context, analysis, and proposed solutions. They allow authors to explain why an issue matters, what should be done, and what is at stake if action is not taken.

An op-ed may be especially effective when written by a family physician because of the unique credibility and perspective you bring. As family physicians, you care for patients across all ages, conditions, and communities, giving you a comprehensive view of how health policies and systems affect real people over time. Your frontline experience allows you to translate abstract policy debates into concrete patient impacts, which resonates strongly with readers and policymakers. In addition, physicians are consistently among the most trusted professionals, lending authority and moral weight to arguments presented in op-eds.

While LTEs are useful for rapid response and visibility, op-eds written by family physicians can more powerfully shape understanding, influence decision-makers,

and drive meaningful change by combining medical expertise with real-world patient stories and clear policy recommendations.

Op-Eds

1. Understanding the Op-Ed Format

Most op-eds are **600–800 words**, though many outlets prefer pieces closer to **650 words**. Unlike academic or clinical writing, op-eds prioritize persuasion, clarity, and relevance over completeness.

Effective op-eds:

- Advance one clear argument
- Connect to a timely health or policy issue
- Use plain, accessible language
- Balance data with patient-centered perspective
- End with a clear takeaway or call to action

Before writing, review the target outlet's audience and submission guidelines. Writing for the general public requires a different approach than writing for medical peers.

2. Choosing the Right Topic

Strong family physician written op-eds are anchored in both **expertise and urgency**. The most compelling topics often connect current events with frontline clinical experience.

Consider topics such as:

- Impacts of health policy on patient care
- Workforce shortages, burnout, or access to care
- Public health threats or prevention strategies
- Health equity and social drivers of health
- Consequences of misinformation on patient outcomes

Ask yourself:

- Why does this matter *now*?
- What is the one point I want readers to remember?
- How does my clinical experience uniquely inform this issue?

If the argument cannot be stated in one sentence, narrow the focus.

3. Writing a Strong Opening

Hook the reader immediately! Use a patient story (de-identified!), a striking stat, or a timely news event. Don't start with broad, boring statements about "the health care system."

4. Building the Argument

Limit the body of the op-ed to **two or three supporting points**. Each should clearly reinforce your main argument.

Best practices for physicians:

- Use data sparingly and explain why it matters
- Translate medical concepts into everyday language
- Pair evidence with patient impact
- Briefly acknowledge a key counterargument, then explain why it falls short

Avoid clinical jargon, acronyms, and exhaustive literature review. One well-explained example is more persuasive than multiple citations.

5. Using Tone, Voice, and Ethics

Family physician op-eds should be authoritative yet approachable. You know your community, patients, and colleagues better than anyone. Speak to them.

Keep in mind:

- Use active voice and short sentences
- Avoid naming institutions or colleagues in a critical way
- Never include identifiable patient information

First-person language ("I see this in my clinic") can strengthen credibility when used judiciously.

6. Ending with Impact

A strong conclusion reinforces why the issue matters and what should happen next. Effective endings may:

- Call on policymakers, the public, or other stakeholders to act
- Encourage preventive action or public awareness
- Warn of consequences if the issue is ignored
- Offer a hopeful, solutions-oriented path forward

Avoid simply restating earlier points. Aim to leave readers informed and motivated.

7. Editing and Submission Tips

Before submitting:

- Remove unnecessary words—brevity improves impact
- Ensure every paragraph supports the main argument
- Read the piece aloud for clarity and flow

When submitting, include:

- A concise cover email
- A one-sentence summary of the argument
- A brief bio noting your role and relevant expertise

Many outlets prefer exclusive submissions. If you do not hear back within the stated timeframe, it is appropriate to follow up once or submit elsewhere.

8. Fill-in-the-Blank Op-Ed Template for Physicians

Use this template as a starting point. Adapt language and length to fit the outlet's guidelines.

Title:

[Clear, engaging headline that reflects your argument]

Opening (Hook + Position):

Last week, [reference a recent news event, policy decision, report, or trend]. As a [your role—e.g., family physician] caring for patients in [setting/community], I see firsthand how this issue affects people long before it makes headlines. The truth is clear: **[state your central argument in one sentence]**.

Context and Relevance:

For many readers, this issue may seem abstract. But in everyday practice, it looks like [brief, de-identified patient example or real-world consequence]. This is not an isolated case—it reflects a broader problem in our health care system.

Supporting Point #1:

One reason this issue matters is [first supporting point]. According to [credible source or general evidence], [key fact or trend explained in plain language]. For patients, this means [explain the real-world impact].

Supporting Point #2:

Another critical concern is [second supporting point]. In my experience, [brief professional observation]. Without change, the consequences will include [health, cost, access, or equity implications].

(Optional Supporting Point #3 or Counterargument):

Some argue that [briefly note a counterargument]. But this overlooks [why that view is incomplete or flawed], especially for patients who [describe affected population].

What Should Be Done:

There are clear steps forward. Policymakers and health care leaders should [specific, realistic action]. Health systems, insurers, or communities can also play a role by [additional action]. These changes would make a meaningful difference for patients and clinicians alike.

Conclusion (Why It Matters Now):

Health care debates are often framed in terms of cost or politics, but at their core they are about people. If we fail to act on this issue now, [consequence of inaction]. As physicians, we have a responsibility to speak up when policies and systems undermine patient care—and this is one of those moments.

Author Bio (1–2 sentences):

[Your name] is a [title/specialty] practicing in [location or setting]. The views expressed are [personal/organizational, as appropriate].

Letters to the Editor

Letters to the editor (LTEs) are a fast, accessible way to respond to news coverage, influence public opinion, and ensure important perspectives are part of the public record. Unlike op-eds, LTEs are brief and highly focused, allowing individuals and organizations to weigh in quickly on current events, policy debates, or opinion pieces.

Format

Length: Typically 150–250 words (always check the outlet's limit)

Purpose: Respond to or comment on a specific news article, editorial, or recent event

Format:

- **Opening sentence:** Reference the article, author, and publication date
Example: "In the Dec. 10 article, '[Title],' the author states..."
- **Main point:** Clearly state your agreement, disagreement, or additional perspective
- **Supporting detail:** Add one key fact, example, or clarification not included in the original piece
- **Conclusion:** Reinforce your point or briefly suggest an implication or action
- **Signature:** Full name, city/state, and relevant affiliation (if applicable)

Best Practices:

- Focus on **one** clear point
- Be concise and direct—no background or lengthy context
- Use plain language and a respectful tone
- Avoid jargon, acronyms, and multiple arguments
- Submit soon after the article is published (often within a few days)

Note: Editors may shorten letters for clarity or space.

Questions?

If you have questions or need further guidance when submitting your op-ed, reach out to CAFP at cafp@familydocs.org.