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I started to wonder about what happened with my patients after all the occasions when I've had to convey bad news. If it is this challenging for me, knowing well how treatable this disease is, having faith in the science and skill of other physicians and being at peace with the limits of medicine, how hard must this be for my patients?

Bearing bad news: walking with patients

I never knew how scary the word “cancer” is until I heard it in reference to my partner.

Our training as physicians focuses so much on the technical aspects of disease pathophysiology and interpreting data that it becomes second nature to think of significant disease in an abstract way. Despite a focus on patient-centered care rooted in compassion, we strive never to become too affected by the vulnerability of patients and families.

Cancer was the unlikely possibility following my wife’s surgery. It felt even more remote because of having delayed the procedure for a few years with pregnancy and then the pandemic.

Normally, interpreting data and understanding risk is my strong suit. But in this instance, it was impossible for me to see it that way. We seemed too young to be facing this kind of disease. She is generally healthy. This isn’t hereditary. This wasn’t simply a patient being diagnosed with a disease, this was my partner.

The gravity of highly improbable outcomes quickly bore down on me. What if she does not succeed in her treatment? What will happen to our young children? How could our family survive without our anchor? We’re approaching the point where we’ve been married for almost as long as we haven’t, and it’s hard to remember a world where she wasn’t here, nor imagine one where she won’t be.

I started to wonder about what happened with my patients after all the occasions when I’ve had to convey bad news. If it is this challenging for me, knowing well how treatable this disease is, having faith in the science and skill of other physicians and being at peace with the limits of medicine, how hard must this be for my patients?

All of this is independent of the fact that, for many patients, these stresses are compounded by the financial burdens of medical care in this country, including finding time away from work or sufficient childcare. Amid all this, we hope to convey intricate medical information to families, with an expectation that they can and will understand, and that they will be able to make informed decisions.

Although painful, this process showed me how easy it is for us as physicians to dissociate esoteric illnesses from the patients and families they impact. Our patients are all someone’s loved one. They are all struggling to process the implications of diseases they often can’t even see.

This reveals the most essential part of our job—far more important than understanding manifestations of diseases and their treatment: the connection with our patients as humans grasping to comprehend their own or a loved one’s fragility. It starts with acknowledging that the demonstrations of disease as relatively common occurrences for us are unique and powerful experiences for those we serve. Even when the diseases are nonfatal and treatable.

When you say one of those “scary words” to your patient, make sure there is enough space and time to walk them through what it really means. I don’t know that this happened enough for my wife as the patient, or me as her partner, and we can certainly do better.

No matter what, a patient’s life and the lives of their loved ones are going to change with this kind of news. We can only try to make the process easier. **MM**

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