



Delivering a Dire Diagnosis: A Vital Skill That Can Be Learned

A BELOVED PHYSICIAN for almost 40 years, Ron Naito, MD '78 had no formal training in the skill of delivering difficult news to patients. It simply was not part of the curriculum when he was a medical student.

Over the decades of his practice, however, he very intentionally honed this vital skill because he understood at the deepest level the impact his words would have on the person in his care — how shattering a new diagnosis could be. He sought every opportunity to learn how to convey bad news with utmost compassion and presence, and soon he was widely respected as a sought-after doctor and a gifted mentor to many.



Dr. Ron Naito is fully present and deeply empathetic with his long-time patient as he discusses a serious diagnosis

WHEN RON HIMSELF BEGAN TO EXPERIENCE worrying and painful symptoms, he was suddenly catapulted into the role of vulnerable patient. No one can prepare adequately for this abrupt turn of events. And, quite naturally, he hoped to receive the same level of thoughtful and attentive care that he had always given to his patients.

As a doctor, skillful in the art of diagnosis, he knew the range of possible explanations for the symptoms he was experiencing and, when they were not responding to treatment, he began to suspect that he might have pancreatic cancer. But, as a patient, he was dependent on his doctors to give him a definitive diagnosis.

The communications that led to final confirmation that he did indeed have advanced pancreatic cancer occurred over two different visits — both of them far from ideal.

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At the first, with a GI specialist, Ron asked about the result of the CA19-9 test (specifically for pancreatic cancer) that he noticed had been ordered at his last blood draw. The result, it turned out, was off the scale at 29,000.

“I knew this was a very bad number and the chances of my not having pancreatic cancer at that point were infinitesimal,” remembered Ron. “I asked: ‘isn’t this pancreatic cancer?’ And my doctor answered, ‘well, maybe not.’ He wouldn’t tell me.”

“I was trying to help him but he was running away from the diagnosis. You can’t argue with that test, and yet all he said was ‘no, no, no.’ I was very disappointed. I had already received two wrong diagnoses, and it seemed almost uncaring that he wouldn’t give me the right one now.”

It was after a biopsy with a second gastroenterologist that Ron eventually received confirmation of his dire diagnosis. But initially the news did not come in the way he might have hoped.

After the procedure he overheard his doctor casually talking to a medical student as they walked outside his room. “It’s five centimeters — very bad,” were the words he heard. Devastating news delivered inadvertently, without the empathetic support that would come later in that visit.

“You have to be careful because patients hear things,” Ron warned.

“When doctors deliver bad news to their patients, every word carries meaning, and you need to choose your words very wisely. We can and must do better at this. All doctors can learn these skills, and the good news is that there are now excellent training programs available to support them.”

“It’s very difficult to tell someone they have a terminal disease — it shakes their humanity,” he continued. “Doctors don’t like being powerless and impotent in the face of death. But you’re not helpless: there’s always something you can do. You have to supply the human touch, be fully present, really listen. The patient needs to feel that they are the only person you are thinking about in that moment. They need to know that they are not alone on this journey.”

FOR MORE INFORMATION, CONTACT:

LIZ ARRINGTON

Director of Development, OHSU Foundation

arringt1@ohsu.edu / 503-552-0716



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