

## What We Really Talk About When We Talk About Food

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The patient was not happy to see us. My team was rounding on the solid tumor oncology service and had just left the bedsides of patients who were dying. This was the first one who seemed angry at us. “What’s going on?” I asked.

“My pancakes came today with corn syrup,” she said.

I was stymied.

“And the Gatorade you’ve brought me has high-fructose corn syrup. How do you expect people to get better if you don’t bring them healthy food?”

We were guilty as charged. She had come in dehydrated, and our nutritionist had provided a sweetened electrolyte solution to encourage her to drink more fluids. As far as I knew, the hospital did not offer pure maple syrup. It was cheaper than bevacizumab but apparently not a priority.

I suppressed an impulse to say something lacking in empathy. Looking around, I remembered that I was surrounded by residents and fellows and that I was supposed to be a communication expert.

We usually teach physicians, when faced with an upset patient, to make an empathic connection by naming the patient’s feelings and acknowledging his or her distress.

“I can see how angry you are that you didn’t receive pure maple syrup. This has been a very difficult morning for you, hasn’t it?”

Sometimes, we suggest an apology.

“I am so sorry that we brought you Aunt Jemima, which I know is a pale imitation of the real thing. I promise to do everything in my power to make sure that this never happens again.”

One strategy that can be powerful is partnering with the patient.

“I want you to know that I’m on your side, and I’m going to work with you to make sure that you never have to have pancakes with corn syrup again.”

None of these strategies held much promise in this scenario; they would have been insincere. I recalled a slide I had seen in a course on communication, one I had never fully understood until that moment. When you find yourself antagonized by someone, it said, challenge yourself to find something about him or her that you can authentically praise. She was concerned about nutrition. Perhaps that was my entrée.

“You seem to care a lot about what you eat,” I said, grateful for a way to avoid discussing maple syrup.

“Yes,” she said. “I cook at home, and I try to prepare healthy meals. We eat lots of fruits and vegetables and whole grains. I try to avoid meat and sugar.” I realized that she looked quite fit and had maintained a healthy weight.

“That’s great,” I told her. “I think nutrition is extremely important to our health. You clearly put a lot of thought into the food you make for yourself and your family. I wish all my patients cared so much about eating healthy food. In the future, we’ll try to do a better job of bringing you the food that you want.”

And that was all it took. It turned out that we both loved food. When we returned the next day, she was delighted to see us, and a few days later, she was able to leave the hospital.

Two weeks later, I received a card from that patient, one of the loveliest notes I can remember. “Thank you so much for taking good care of me while I was in the hospital. You have a great listening ear and were so patient with my concerns and questions. You were instrumental in keeping everything positive. I hope you find joy and satisfaction in helping others as you continue in your career. I believe you chose the right path. Thank you.”

This startled me. I had rounded on her for 3 days in the hospital. I was not her regular oncologist. It seemed that the extra effort to find a way to make an authentic connection had transformed an annoying moment into a meaningful relationship that helped her feel cared for. And it enabled me to see her not as an overly demanding patient with unrealistic expectations but as someone with a serious illness who was fighting to take as good care of herself as she could and who was frustrated that we were getting in her way.

So go ahead and laugh about the maple syrup; I am keeping the letter. The truth is, I learned more from her than any other patient I saw that year. Her letter reminds me to remain curious and look for things to admire in each of my patients, even when that is hard. It reminds me that behind conflict often lies a path to a deeper relationship.

In our work, there are myriad potential connections we can make, often in what seem to be unlikely places. Every day and in every patient encounter, we can choose whether to make that connection. Sometimes it takes more than good will and requires a specific skill. What I am finding is that when I prepare myself with a wide array of tools, I can do my work in a way that is more closely aligned with my aspirations. Just as I benefit from having a number of different options in how to treat men with testicular cancer who come to my clinic and different options for how to get images of the

kidneys or liver to evaluate an abnormality, so too do I need an array of different communication tools to connect with different patients. I am working on it. And the next time I grab the local Ohio pure organic maple syrup to pour on my kids' pancakes, I will be thinking about this patient.

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