

Correspondence

Patients From Japan and Physician-Patient Communication

TO THE EDITOR: As a physician whose practice includes a considerable number of patients from Japan, I must comment on the article by Dr Asai in the July issue.¹ Asai assumes that the public perception (at least in Japan) is that a diagnosis of cancer leads to certain death. In fact, nothing is further from the truth; as is commonly known, certain "cancers" can take chronic courses. It is more important to dispel the "cancer equals death" myth than it is to dwell on telling or not telling the truth. It is not the "cancer" diagnosis but rather the hopelessness that the word connotes that is potentially harmful to patients.

The physician-patient relationship, by definition, can never be an equal partnership, as the author states. Each party brings to the table different points of view. To conclude from this that patients are unwilling, incapable, and even undeserving of knowing the truth about their diagnosis is paternalistic and patronizing. Further, the questionnaire that the author proposes is designed to collect data in the premorbid state. The physician-patient relationship (as with any relationship) is dynamic. What patients' wishes were when they were asymptomatic and robust are certain to differ from their wishes in the terminal stages of pain, cachexia, and stupor.

Every health care professional realizes the importance of patient compliance in treating any medical condition. The rising cost of medical care can be controlled only when all parties are willing to cooperate. Also, certain cancers invite metachronous lesions that require future surveillance. For these reasons, telling patients the truth is an important public health measure.

The "truth tellers" and the "truth withholders" have long waged a debate, especially in Japan. The truth tellers have steadily gained in strength and in numbers. With reform of the liability laws on the horizon in Japan, the question will soon become moot, as it became decades ago in this country. Asai's article is outdated.

With Japanese patients in my practice, I exercise the same compassion and empathy that I extend to other patients. When they are in the denial stage, I respect their wishes; at the same time, I help them into the anger and acceptance stages that inevitably follow. I also remind myself that I practice in California, where I am held to the highest standards in the world.

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REFERENCE

1. Asai A: Should physicians tell patients the truth? *West J Med* 1995; 163:36-39

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Dr Asai Responds

TO THE EDITOR: As Dr Uyeda rightly points out, my article and the questionnaire are outdated for most physicians and patients in the United States, where complete disclosure of medical information and shared decision making are common and mandated. But this is probably not the case in many other countries. That article was intended for physicians in countries where disclosing a diagnosis of cancer is still controversial. I also wanted to introduce to the readership in the United States the several barriers to truth telling that exist in some countries. An awareness of cross-cultural differences might be useful in dealing with patients from other countries, especially for physicians who live in areas with a large number of immigrants.

I agree that the physician-patient relationship is dynamic and will change and that patients' wishes expressed when they are healthy or asymptomatic may not represent their wishes in the terminal stages of disease. I mentioned in the article that we need to repeat the same questions periodically. Nevertheless, what is now important in Japan is to try to know patients' wishes regarding their medical information and condition, including a diagnosis of cancer, as early as possible.

The physician-patient relationship in Japan is strongly influenced by the opinion of patients' families. Once patients get sick, their family may treat them as if they were incompetent and strongly request the physician in charge not to tell the patients the truth, even if this were against a patient's wishes. Therefore, health care professionals must know their patients' concrete wishes so that families can be persuaded to allow the truth to be told. Only when patients have expressed their wishes in writing is it possible for us to disclose the truth against families' wishes.

Uyeda's method of dealing with his Japanese patients with serious medical problems is appropriate, and physicians practicing in Japan should learn from him. We have to learn how to break bad news to our patients. I suspect, however, that his Japanese patients in the United States have been influenced by American culture. Japanese patients in the United States and those in Japan probably have different attitudes toward medical problems because the two cultures are strikingly different. The relationship between Japanese patients and their families might also differ in the two countries. Even patients in Japan differ from each other, although they are living on an island smaller than California.

I really hope that my article soon becomes outdated in Japan and other countries, although history has proved that old customs die hard.

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