

This is a second in a monthly series of ONCORG Community Conversations. They're focused on relationships between customers and service providers.

January 2026: Your relationship with your doctor. 'You gotta like your doctor.'



Rodney Thomas is a senior manager working for ONCORG, INC, headquartered in Mt. Laurel, NJ. ONCORG was developed as a comprehensive cancer support service for those seeking a first or second opinion for their cancer.

Mr. Thomas is a military veteran who served 8 years in the USAF. He also spent 11 years in the automotive industry, 10 years in healthcare and 8 years with Apple Inc. supporting customer needs.

So he has a unique insight into what it takes to enhance the customer experience and obtain strong customer feedback, which is essential to a company's reputation.

In our December newsletter, we talked about the relationship between the service provider and the customer. In this month, we're going to talk about the relationship between the doctor and the patient; especially when you're told you have cancer.

There are so many different types of doctors who treat cancer. There are surgical oncologists (tumor removal), medical oncologists (medication/chemotherapy), radiation oncologists (radiation therapy.) Other specialists include those who focus on specific organs like gynecology or thoracic, or the patient population like pediatric or geriatric. And then there are hematologists who diagnose, treat and manage blood diseases, bone marrow and lymphatic conditions like anemia, clotting and blood cancers. Hematologists analyze blood samples.

We have that many specialists because cancer consists of hundreds of distinct diseases caused by disruptions in our body. Cells evolve via genetic mutations. It's not like bacteria which is an external foreign matter (non-self) in structure and habitat. Cancer is our own body cells, so it's difficult to destroy cancerous cells without destroying healthy cells. They adapt, resist treatments, and HIDE from your immune system. It's why there is no universal cure.

As a commander in the Haddonfield American Legion in New Jersey, I host events called Community Conversations which are open to the public. In September we dealt with PTSD and Trauma. Coincidentally, in January 2026 our topic was breast cancer. One of our survivors Nicole's opening statement was 'you gotta like your doctor.' She had breast cancer and experienced every imaginable treatment and she is alive, healthy and grateful to her oncologist. She liked her doctor. Her story is the impetus for this month's newsletter.

Many doctors have a bad reputation pertaining to their bedside manners. Some don't have the social skills necessary for their profession. Good bedside manners require genuine empathy, clear active listening, and clear communication to build trust. They must introduce themselves, make eye contact with the patient, treat them as a partner throughout their survivorship

journey, and avoid complicated medical jargon. In our December 2025 newsletter, we talked about achieving strong patient satisfaction scores. The ‘little’ things matter to achieve better patient outcomes. And doctors’ reputations get around because patients post comments in social media.

My friend Kelli has stage 4 cancer. She and her sister Kristin have the strongest of bonds. They travel together to every of Kelli’s treatments and they take excellent notes. Recently the doctor was updating Kelli. Kelli was taking copious and detailed notes. The doctor realized Kelli’s hand was shaking. The doctor said ‘you mind if I help you and write in your book? I don’t want you to miss anything. And I noticed how detailed you are.’ That made Kelli so comfortable. She was delighted. She felt the doctor’s empathy even more and almost cried. ‘You gotta like your doctor.’ That doctor ‘AAA’ (Acknowledge, Align and Assure) his patient. (See December 2025 newsletter.)

Another friend Sam has battled leukemia for over a decade. In addition, she has dealt with various adjunct diseases and as she puts it she has many ‘highs and lows.’ In December 2025, her doctor told her he needed to test her for multiple myeloma. ‘The air came out of me’ she said. ‘I went into a panic.’ Her uncle had the same disease. He had a powerful build and was healthy all his life. He was reduced to skin and bone. Sam went into a panic. This was a trauma moment. It was a ‘low,’ a real low! Sam just received news on 1/28/26 she does **not** have multiple myeloma. It’s a real ‘high.’ That’s cancer for you.

It's not easy being a cancer doctor. They have to find ways to morph into many personalities, sense the patient's mental state and adapt. Cancer adapts. We have to adapt with it psychologically and with treatment. Cancer is complicated.

In our next ONCORG, release we'll continue to delve into personalizing the customer experience to secure a customer's loyalty.

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