

Breaking bad news and communicating in difficult situations



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Learning outcomes

- Understand what is “bad news”
- Describe the importance of “breaking bad news”
- Identify the skills required
- Understand and be able to apply a model for breaking bad news
- Describe the different responses of patients’ to bad news and how to respond to these

Bad?

It is a relative concept

What Is Bad News?

Any information that adversely and seriously alters the patient's view of her or his future



Step 1 - Go to: Gosoapbox.com

Step 2 – select join in

Step 3 – enter code: **862-565-568**

Step 4 – click “join now”

Step 5 - reply

Bad news can come in many forms,

Diagnosis of a serious illness(cancer, organ failure, AIDS) chronic illness (Diabetes mellitus),



Bad news can come in many forms...

Death



Bad news can come in many forms....

Disability/loss of function

Diagnosis of a chronic disabling illness – cerebral palsy, Parkinson's disease, dementia



Bad news can come in many forms,

A treatment plan that is burdensome, painful, or costly



Bad news can come in many forms...

- A pregnant woman's ultrasound verifies a fetal demise
- Diagnosis of a genetic disorder
- Illness with stigma – TB, leprosy

Bad news can come in many forms,

Social issues



How bad news is discussed can affect the patient's -

- comprehension of information
- satisfaction with medical care
- level of hopefulness
- Subsequent psychological adjustment

Why difficult?

- **Feel responsible/** fear of being blamed
- **Poor skills**
- Fear of patient's **reactions**
- Worry of **not having answers** for patient's Q
- Worries about **impact on D-P relationship**

Why difficult?.....

- We do not know to what **extent** the patient wants to know
- The truth is **unpleasant** and will upset them
- The recipient is **already distressed**
- We **want to be honest but not destroy hope**
- **Stressful** for the doctor and patient

Objectives of communicating “bad news” in healthcare

- To explain medical conditions and provide essential medical information.
- To uncover patient and/or family needs
- Provide psychosocial support
- Engaging in therapeutic dialogue and discuss goals of care.
- Facilitate decision making and negotiate a plan of management

Skills for BBN

In addition to communication skills we need skills for:

- Responding to patients' emotional reactions
- Involving the patient in decision making
- Dealing with the stress created
- Involvement of multiple family members
- How to give hope when situation is depressing

Giving Bad News

The Good News!

Practice improves skills

The ABCDE protocol for BBN

Vandekieft 2001

Advance preparation

Build a therapeutic environment/ relationship

Communicate well

Deal with patient and family reactions

Encourage and validate emotions



Advance preparation

- Review relevant clinical information.

Have the patient's chart or laboratory data on hand during the conversation.

Be prepared to provide at least basic information about prognosis and treatment options.



Advance preparation...



- Arrange for adequate time, privacy and no interruptions
- Mentally rehearse, identify words or phrases to use and avoid.
- Prepare yourself emotionally.

Advance preparation...

- Whom to tell
- When to tell
- What to tell
- How to tell

Ask the patient who else ought to be present

Build a therapeutic environment/ relationship



- Sit down with the patient
- Have family or support persons present!
- Introduce yourself to everyone.
- Find out what the patient already know and their perceptions perceptions



Build a therapeutic environment/ relationship.....



- Warn the patient that bad news is coming.
“Your histology report doesn’t seem good”
- Do not delay the “news” for too long if patient is willing to hear
- Use touch when appropriate.



Build a therapeutic environment/ relationship...



Determine what and how much the patient wants to know.

- Full disclosure
- Individualized disclosure

Build a therapeutic environment/ relationship...



Some useful questions

“What do you think about your illness?”

“Is it something serious?” – this is a green light for you to tell the facts

“I suppose it’s nothing serious”- Patient is probably not ready to take-up the bad news. Need time and more support

'Are you the kind of person who likes to know all the details?'

"Some patients want me to cover every medical detail, but other patients want only the big picture. what would you prefer now?"

Communicate well

- Ask what the patient or family already knows.
- Be frank but compassionate
“I’m sorry to tell you that...”.
- Avoid medical jargon
- Highlight the “good amongst bad”
- Give the information in small chunks – and check for understanding.
- Allow for silence and tears; proceed at the patient’s pace.



Communicate well....

- Allow patient describe his or her understanding of the news (*checking understanding*); repeat this information at subsequent visits.
- Allow time to ask questions; write things down and provide written information.
- Conclude each visit with a summary and follow-up plan.



Deal with patient and family reactions



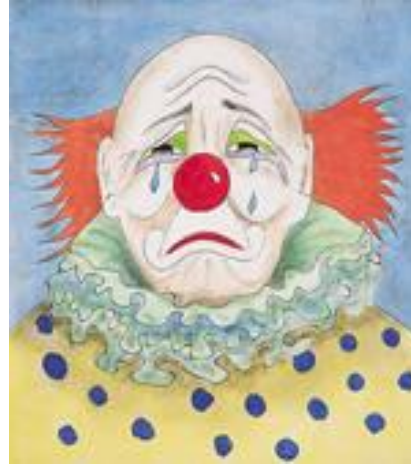
- Assess and respond to the patient and the family's emotional reaction; repeat at each visit.
- Do not argue with or criticize colleagues.

Deal with patient and family reactions



- Respond to emotions empathically.
- Observe ; allow emotional reactions
- **N**aming the feeling “I know this is upsetting”
- **U**nderstanding “It would be for any one”
- **R**especting “ You are asking all the right questions”
- **S**upporting “I’ll do what ever possible to help you through this”

Encourage and validate emotions



- Explore what the news means to the patient.
- Encouraging patients to express feelings
- Offer realistic hope according to the patient's goals.
- Use interdisciplinary resources. (Social worker, hospice)

Four steps for an empathic response

1. Observe the emotions – allow to express
2. Identify and name “ U look very worried”
3. Identify the reason for the emotion
“ my son is sitting for A/L next year....I cant let his studies be disturbed by this”
4. let the patient know that you have connected the emotion with the reason for the emotion by making a connecting statement.
“I know that this isn’t what you wanted to hear. I wish the news were better”

After

- End with realistic hope and partnership.
- Schedule follow-up appointments.
Ideally < 48h; Invite support persons if not present.
- Document well.
- Assess your reaction
- Take care of your own needs
- A formal or informal debriefing session with involved house staff, office or hospital personnel may be appropriate to review the medical management and their feelings.

Patients' reaction to bad news

May go through the following 4 stages

- Stage of disbelief



- Anger



- Acceptance



- Despair- feeling hopeless



- Always leave patient with realistic hope

- All do not go through all the stages
- Not in same order

**Why should doctors realize
how patients react?**

Anger/blame

- Be calm
- Listen
- Avoid argumentation
- Be non-judgemental
- Acknowledge the emotions
- Explore reason
- Welcome questions/queries
- Take time
- Admit drawbacks/Apologies if relevant
- Get help
- Escape

Benefits of “proper” BBN

- Helps patient to face the problem in a productive way
- Improve compliance with treatment
- Helps avoid unnecessary litigation
- Improve patient satisfaction
- Strengthen doctor-patient relationship

SPIKES - The Six-Step Protocol for Delivering Bad News

This unfortunate acronym nevertheless helps memorise the steps and consider their elements

STEP 1: SETTING UP the Interview

STEP 2: Assessing the Patient's **PERCEPTION**

STEP 3: Obtaining the Patient's **INVITATION**

STEP 4: Giving **KNOWLEDGE** and Information to the Patient

STEP 5: Addressing the Patient's **EMOTIONS** with empathic responses

STEP 6: Strategy and Summary

See link for description:

http://www.cetl.org.uk/learning/feedback_opportunities/data/downloads/breaking_bad_news.pdf

References

Lecture notes in Family Medicine; Prof Nandani de Silva

SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer **WALTER F. BAILE, ROBERT BUCKMAN, RENATO LENZI, GARY GLOBER, ESTELA A. BEALE, ANDRZEJ P. KUDELKA; *The Oncologist* 2000;5:302-311**

Go to Gosoapbox

- Q1 – How would you grade this lecture
- Q2 – List one weakness of this lecture



Thank you