



(14) Breaking Bad News

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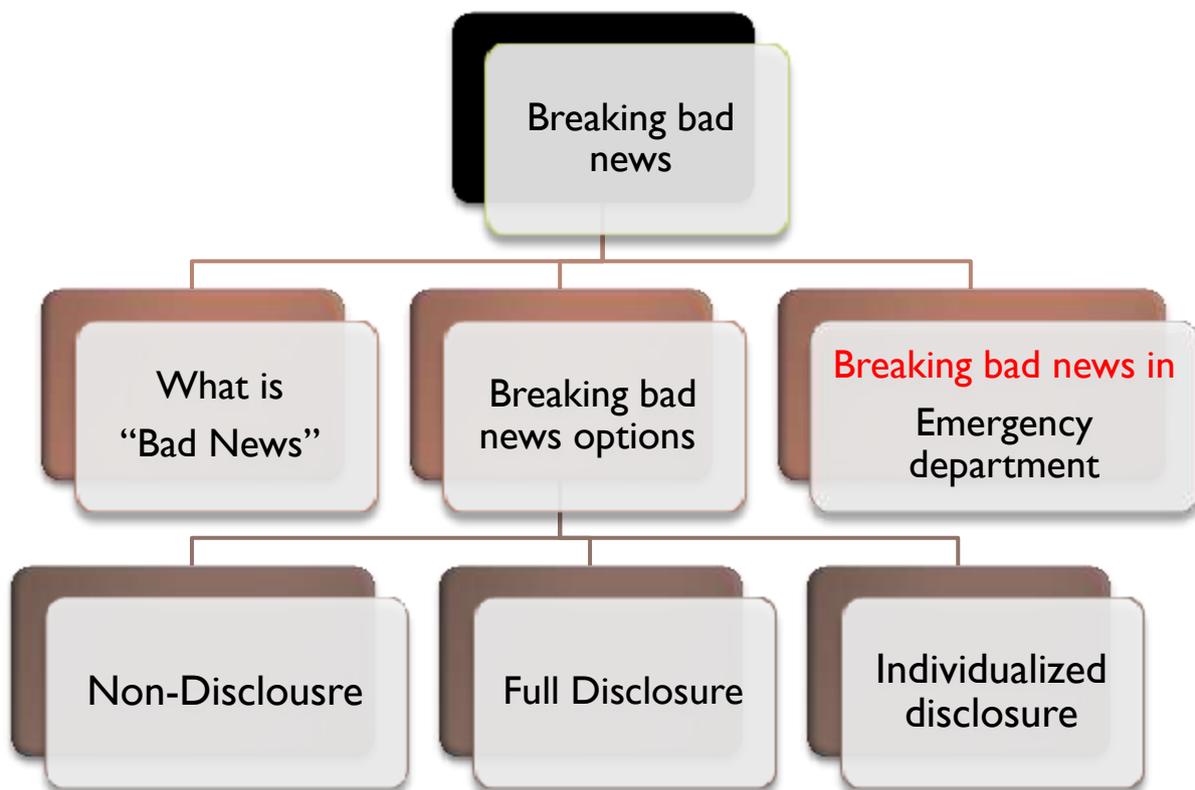
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Objectives and Mind Map

Objectives:

- **Understand** how professionals should break bad news to the patients and their families effectively and empathically.
- **Recognize** the challenges for sharing bad news.
- **Describe** an effective 6 step protocol for breaking bad news to the patients.
- **Discuss** breaking bad news in the emergency department.

Mind Map:



Strong and Positive self-image is the best possible preparation for Success.



Breaking Bad News

What is “Bad News” in Medicine?

Information that produces a negative alteration to a person’s expectation about their present and future could be deemed Bad News, such as, Traumatic Death, Death after chronic illness and Diagnosis of cancer.

Breaking Bad News Options:

1. **Nondisclosure**
2. **Full Disclosure**
 - Give all information.
 - As soon as it is known.
3. **Individualized Disclosure**
 - Tailors amount and timing of information.
 - Negotiation between doctor and patient.
 - As soon as it is known.

N.B: Bad news doesn't always have to be fatal. Like telling a patient that he/she requires a knee surgery, this could be a bad news for them.

Bad News Consensus:

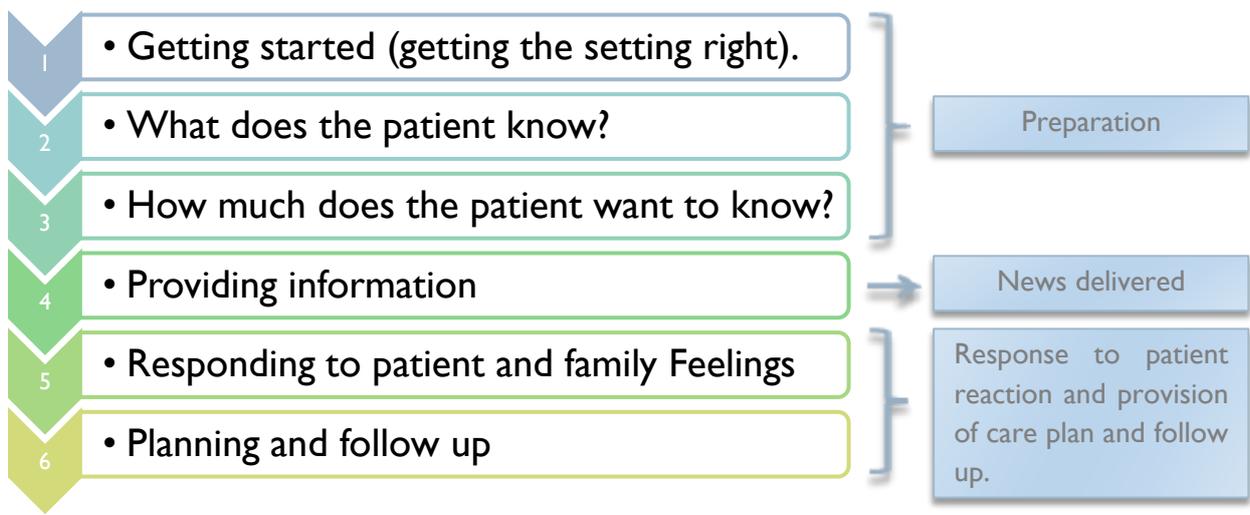
- **Ensure Privacy and Adequate Time.**
- **Provide Information Simply and Honestly.**
- Encourage Patients to Express Feelings.
- Give a Broad Time Frame.
- Arrange Review.
- **Discuss Treatment Options.**
- Offer Assistance to Tell Others.
- Provide Information About Support Services.
- **Document Information Given.**

What do patients want?

- **When told:**
 - As soon as information is clearly known.
 - Don't pass on unsure information too soon.
- **Where told:**
 - Private setting.
 - In person.
- **Support persons present:**
 - Both parents.
 - Other support people, family, friends, hospital support.



How should Bad News be delivered? (6 Step Protocol for breaking bad news)



Preparation:

- Prepare Yourself.
- Prepare Your Setting.
- Prepare Your Patient.

✓ Prepare Yourself:

- Have your facts right first.
- Familiarise yourself with the patient's background, medical history, test results and possible future management.
- Mentally rehearse the interview including likely questions and potential responses.
- Relatives can be in attendance; however you should be guided by the wishes of the patient.

✓ Prepare Your Setting:

- Meet in a quiet room.
- Arrange some privacy and ensure you are not going to be disturbed.
- If you have recently examined the patient allow them to dress before the interview.

✓ Prepare Your Patient:

- What do they know already?
- What do they want to know?
- Some patients do not want detail.
- Build up gradually.



Providing Information:

- Use basic communication skills: use simple language, listen, follow up verbal and non-verbal cues.
- Start at the level of comprehension and vocabulary of the patient.
- Avoid excessive bluntness, as it is likely to leave the patient isolated and later angry.
- **Set the tone. "I am afraid I have some bad news".**
- Give the information in small chunks
- Avoid using hopelessness terms
- Be truthful, gentle and courteous.
- **Offer hope.**
- **Emphasize the positive.**
- **Allow questions.**

Respond to Patient & Family Feelings:

- Acknowledge and identify with the emotion experienced by the patient. When a patient is silent use open questions, asking them how they are feeling or thinking. "How are you feeling now?"
- **Do not say "I know how you feel".** Empathy can be shown by using terms such as, "I think I understand how you must be feeling."
- Allow the patient time to express their emotions and let the patient know you understand and acknowledge their emotions.
- Unless patients' emotions are adequately addressed it is difficult for the doctor and patient to move on to discuss other important issues but remember the patient's crisis is not your crisis - Listen.

Providing Care Plan:

- **Don't leave the patient confused**
- **Provide a clear care plan with treatment options**
- Identify support systems; involve relatives and friends.
- Offer to meet and talk to the family if not present.
- **Make written materials available.**
- **Summarize.**

After the Interview: Follow up

- Make a clear record of the interview, the terms used, the options discussed and the future plan.
- **Always DOCUMENT every step taken to notify the patient of the bad news.**



What Not to Do?

- Break bad news over the phone.
- Avoid the patient.
- Leave patient in suspense.
- Lie to the patient.
- Tell patient if he or she doesn't want to know.
- Interrupt excessively.
- Use jargon.
- Give excessive information as this causes confusion.
- Collude.
- Be judgmental.
- Give a definite time span (just say "days to weeks" or "months to years" etc.
- Pretend treatment is working if it isn't.
- Say "Nothing can be done".
- Why it is needed to learn and get expert.

How to break bad News in the Emergency Department !!

- Families do not have time to prepare for the bad news.
- Practitioners do not have a prior relation with patient or family.
- A stressful situation for practitioners.

Death Notification:

- Initial reaction is usually an eruption of grief:
 - Culturally determined
 - Rarely hostile to staff
- Physician should stay in room with family :
 - As a resource
 - As a silent presence
 - Remind family members (especially other children) that it was not their fault.

Use the following protocol to notify bad news in the emergency department:

- Focus on gathering information.
- Transmitting medical information.
- Providing support.
- Summarizing information.



Questions

Q1: Write briefly what is a breaking bad news in medicine?

Information that produces a negative alteration to a patient's expectation about their present and future could be deemed Bad News.

Q2: What are three options for a doctor to break a bad news?

- 1- Nondisclosure
- 2- Full Disclosure
- 3- Individualized Disclosure

Q3: What should not be done while breaking bad news? Write at least three?

- 1- Break bad news over the phone
- 2- Avoid the patient
- 3- Lie to the patient

Q5: What are the protocols to notify bad news in the emergency department? Write at least three?

- 1- Focus on gathering information
- 2- Transmitting medical information
- 3- Providing support & Summarizing information

Q6: Write four of Bad News Consensus?

- 1- Ensure Privacy and Adequate Time.
- 2- Provide Information Simply and Honestly.
- 3- Discuss Treatment Options.
- 4- Document Information Given



تم العمل والله الحمد ،،
"إن أصبنا فمن الله، وإن أخطأنا فمن أنفسنا والشيطان"
تمنياتنا للجميع بالتوفيق

