



Breaking Bad News

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Slides

Important

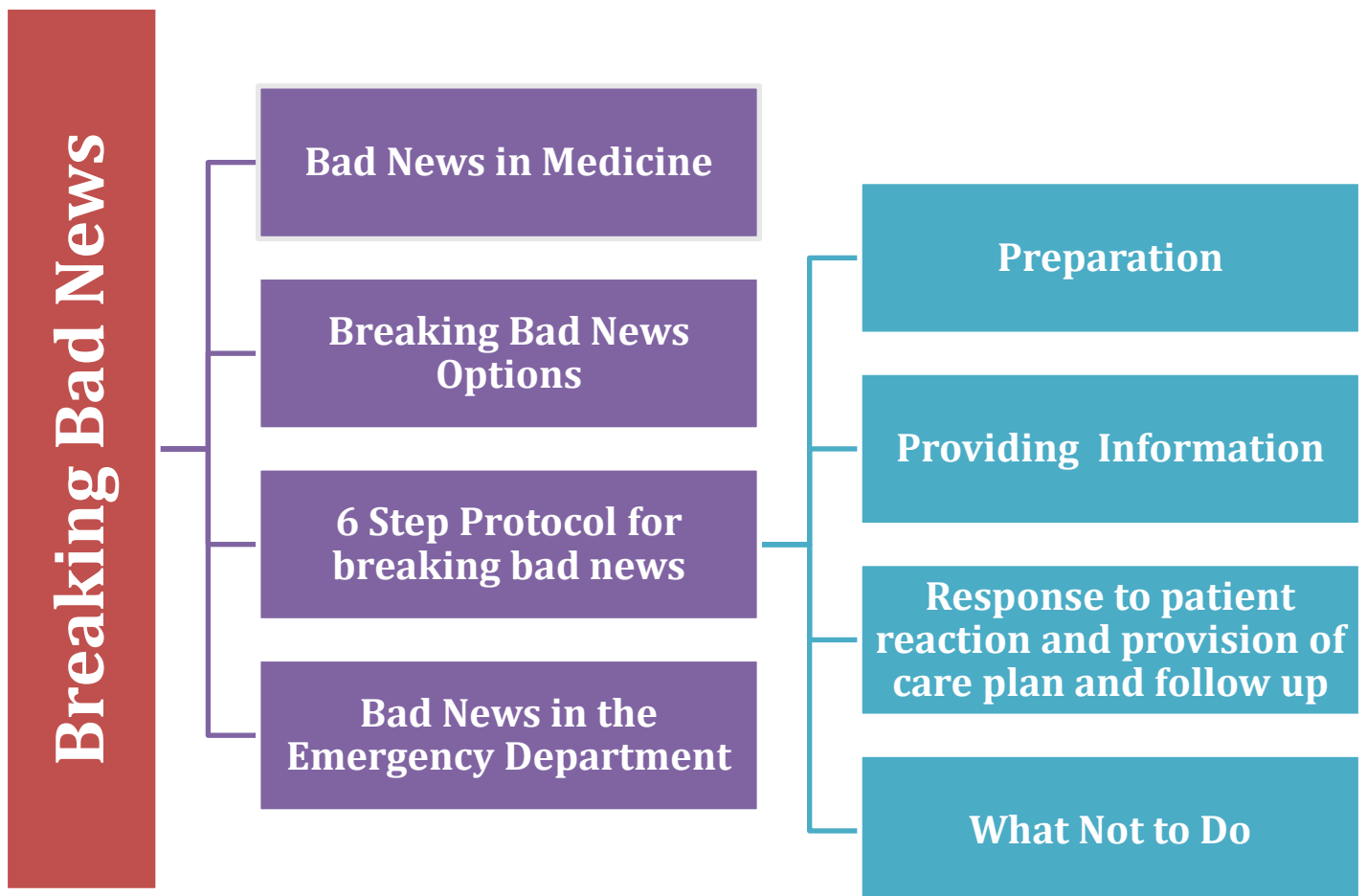
Explanation

Objectives and Mind Map

Objectives:

- Understand what is bad news in medicine and how to break?
- 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



Bad News in Medicine:

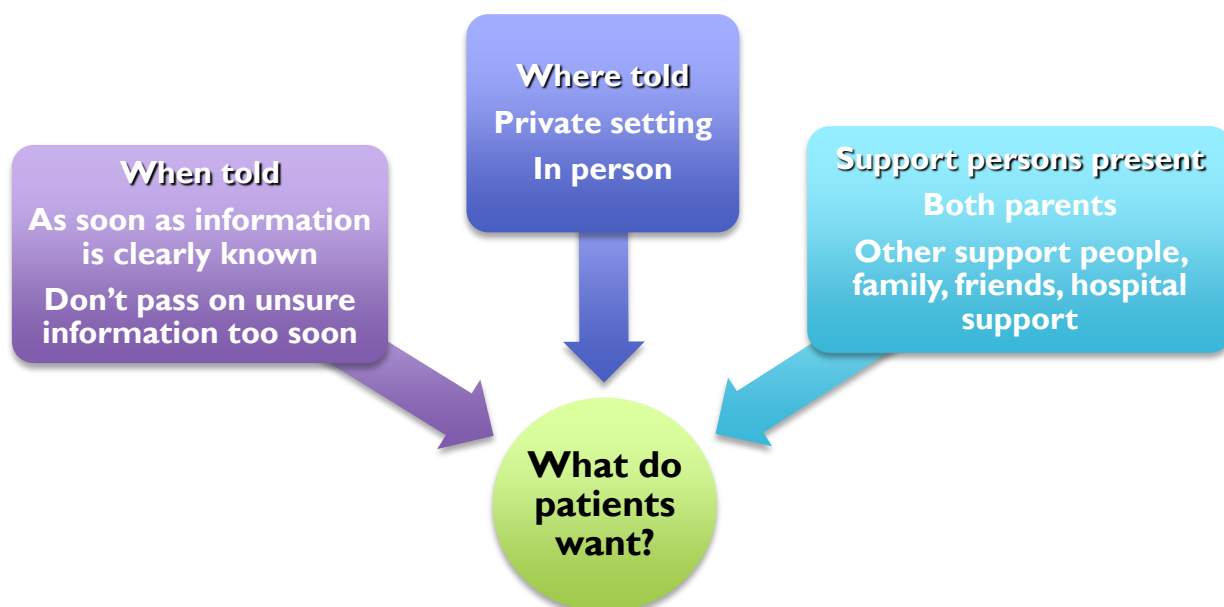
What is Bad News in Medicine	<ol style="list-style-type: none"> 1. Any news that drastically and negatively alters the patient's view of her or his future 2. Information that produces a negative alteration to a person's expectation about their present and future could
	<ul style="list-style-type: none"> • Your Bad News may not be my Bad News. • Bad News doesn't have to be fatal • Bad News doesn't have to seem so bad to the medical practitioner.
Examples	<ul style="list-style-type: none"> • Traumatic Death • Death after chronic illness • Diagnosis of uniformly fatal chronic illness (Cystic Fibrosis, Spinal Muscular Atrophy, Muscular Dystrophy) • Diagnosis of cancer (leukemia) • Diagnosis of chronic disease (Diabetes, Asthma) • Diagnosis of permanent disability (Birth defect) • Unexpected admission to ICU • Long bone fracture • H1N1 influenza • Need for surgery (Hernia, Appendicitis)

Breaking Bad News Options

Nondisclosure	Full Disclosure	Individualized Disclosure
	<ul style="list-style-type: none"> • Give all information • As soon as it is known 	<ul style="list-style-type: none"> • Tailors amount and timing of information • Negotiation between doctor and patient • As soon as it is known

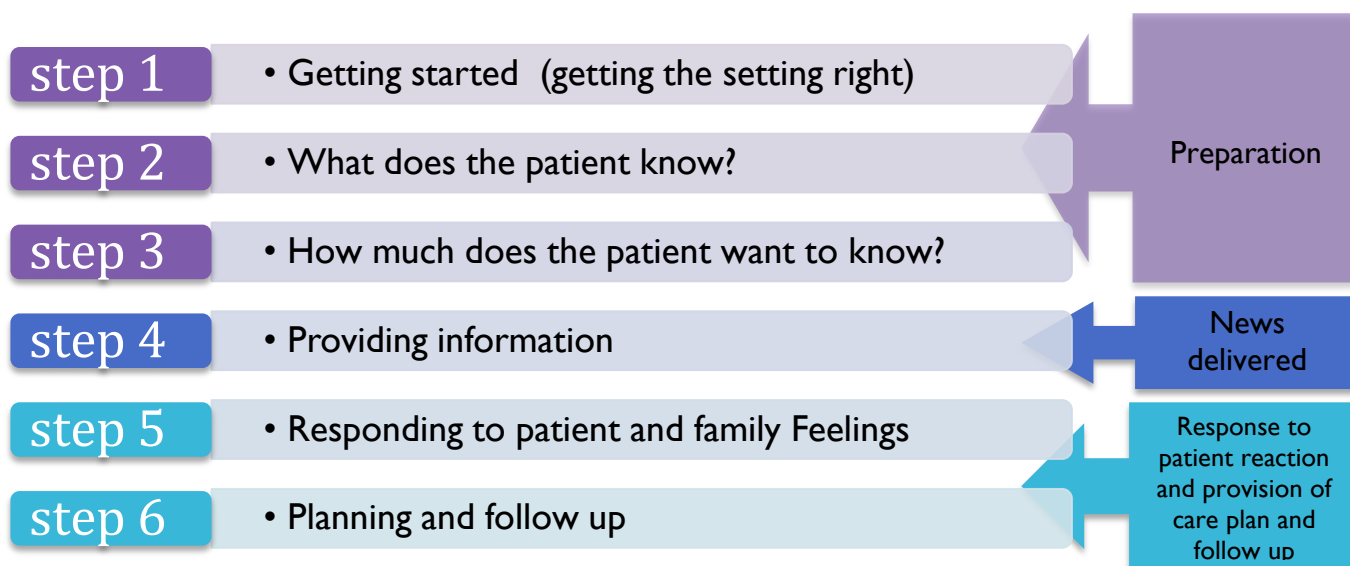
Bad News Consensus :

1. Ensure Privacy and Adequate Time
2. Provide Information Simply and Honestly
3. Encourage Patients to Express Feelings
4. Give a Broad Time Frame
5. Arrange Review
6. Discuss Treatment Options
7. Offer Assistance to Tell Others
8. Provide Information About Support Services
9. Document Information Given



How should Bad News be DELIVERED?

[6 Step Protocol for breaking bad news](#)



Steps 1,2,3 : Preparation

1. Prepare Yourself	2. Prepare Your Setting	3. Prepare Your Patient
1. <u>Have your facts</u> right first. 2. <u>Familiarise yourself with the patient's background</u> , medical history, test results and possible future management. 3. <u>Mentally rehearse the interview</u> including likely questions and potential responses. 4. <u>Relatives can be in attendance</u> , however you should be guided by the wishes of the patient	1. Meet in a quiet room. 2. Arrange some privacy and ensure you are not going to be disturbed. 3. If you have recently examined the patient allow them to dress before the interview	1. What do they know already? 2. What do they want to know? 3. Some patients do not want detail 4. Build up gradually.

Step 4: 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.

Steps 5 and 6 :

1. 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.

2. 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.
- Summarise.

3. After the Interview: Follow up

- Make a clear record of the interview, the terms used, the options discussed and the future plan.
- Inform other people looking after the patient what you have done.
- May need to have a number of meetings
- Follow up the patient.

Always DOCUMENT every step taken to notify the patient of the bad news.

What Not to Do

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

Bad News in the Emergency Department

It is very challenging because:	<ol style="list-style-type: none"> 1. Families do not have time to prepare for the bad news 2. Practitioners do not have a prior relation with patient or family 3. A stressful situation for practitioners
Death notification	<ul style="list-style-type: none"> • Initial reaction is usually an eruption of grief <ul style="list-style-type: none"> - Culturally determined - Rarely hostile to staff • Physician should stay in room with family <ul style="list-style-type: none"> - As a resource - As a silent presence - Remind family members (especially other children) that it was not their fault.
Protocol	<p>Focus on gathering information, Transmitting medical information, Providing support & Summarizing information.</p>

Questions

1. Bad News in the Emergency Department is very challenging because:

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

2. Always document every step taken to notify the patient of the bad news :

- A. T
- B. F

3. About Bad News :

- A. doesn't have to be fatal
- B. have to seem so bad to the medical practitioner
- C. bad news to me it is seem to another one

4. doctor should be Honest with his patients, so he can said If it is true :

- a. Nothing can be done
- b. with in the 3 months you will be good
- c. I have a bad news
- d. I know how you feel

ans : 1. D 2. A 3. A 4. C

تم العمل والله الحمد ،،،

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