Professionalism

Breaking Bad News

(16)

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Objectives

- Define what is breaking bad news & how to deliver it
- Recognize the challenges for sharing bad news
- Apply an effective 6 step protocol for breaking bad news
- Recognize its significance in the emergency department

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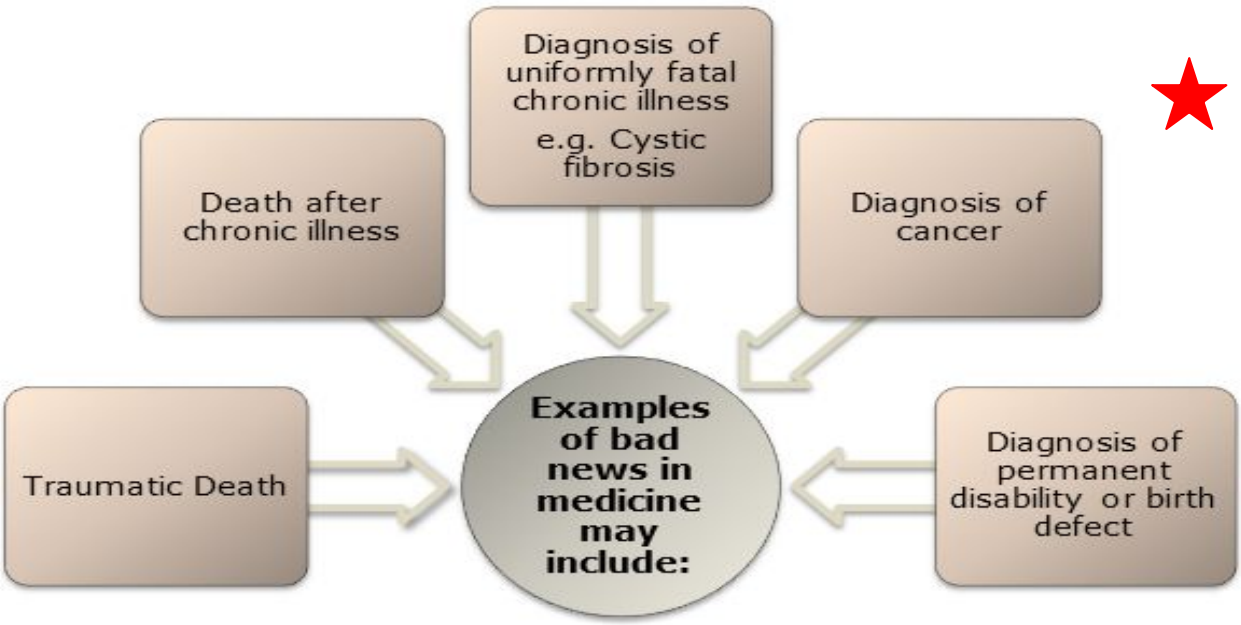
Correction File

This work covers:
slides + 433 team

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
- 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.



To some patients or to their families"Bad News" ***may also include***;

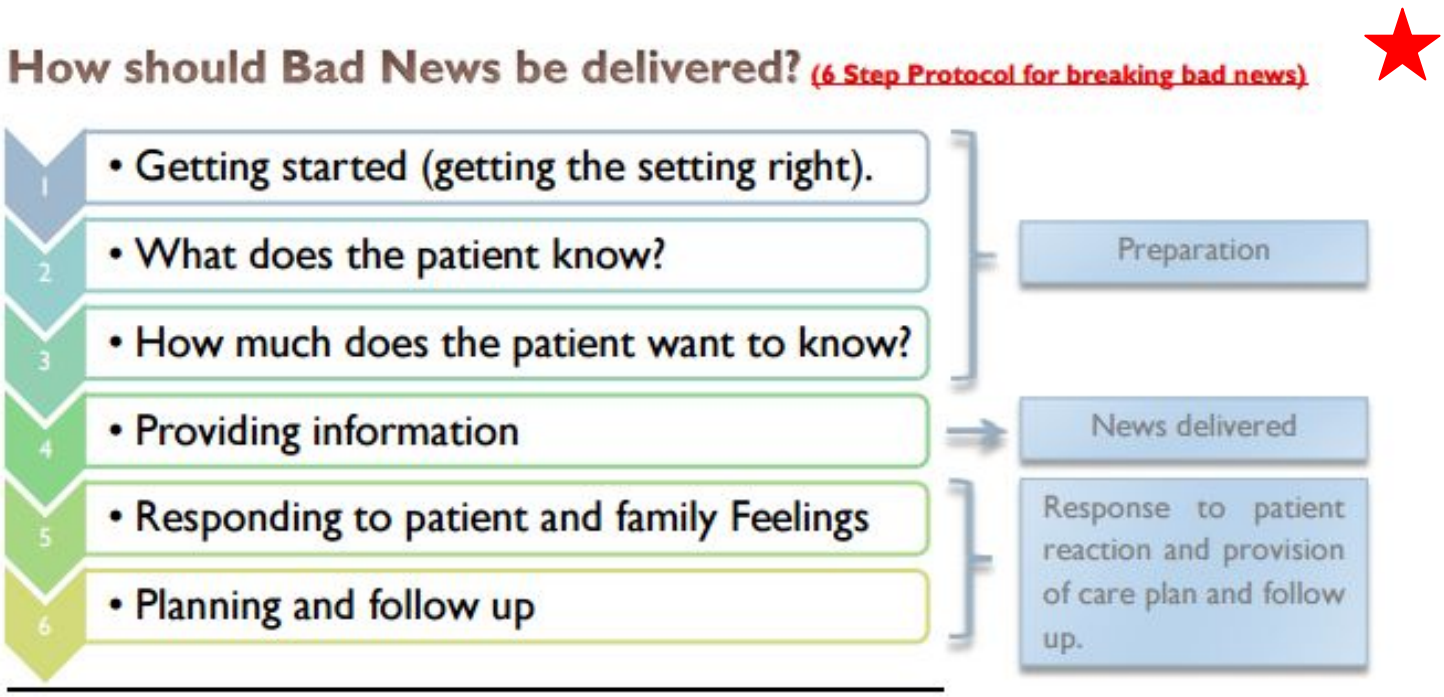
- Unexpected admission to ICU
- Long bone fracture
- H1N1 influenza
- Need for surgery e.g. Hernia or Appendicitis

Breaking Bad News "Options"		
Nondisclosure	Full Disclosure	Individualized Disclosure
-	Give all information As soon as it is known	Tailors amount and timing of information Negotiation between doctor and patient As soon as it is known

"Bad News" Consensus:

- ❑ Ensure Privacy and Adequate Time
- ❑ Provide Information Simply and Honestly
- ❑ Encourage Patients to Express Feelings
- ❑ Arrange Review
- ❑ Discuss all the available Treatment Options
- ❑ Provide Information About Support Services
- ❑ Document Information Given

Basic Principles	
When to be informed ?	-As soon as information is clearly known -Don't pass on unsure information too soon
Where to be informed ?	-Private setting - In person, not on phone
Support persons present?	-Both parents -Other support people, family, friends, hospital support
Challenges. It's a difficult task because;	• It is frequent and stressful • Most patients want to know the truth • The truth is unpleasant and will upset the patients • We are anxious and fear negative evaluation



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Steps 1,2,3 : Preparation

A. Prepare Yourself	B. Prepare Your Setting	C. Prepare Your Patient
1. Have your facts right first. 2. Familiarise yourself with the patient's background, medical history, test results and possible future management. 3. Mentally rehearse the interview including likely questions and potential responses. 4. Relatives can be in attendance, 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:

- 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.

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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 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".**
- **□□Do not say "*I know how you feel*".**

Instead

"I think I can understand how you must be feeling."

Breaking Bad News "in the Emergency Department"

<table>
<tr><td>It is a difficult task because</td><td colspan="2">

☐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.

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<tr><td rowspan="2">Death notification</td><td>
• BE READY FOR

☐Initial reaction of eruption of grief
☐Reactions are varied and Culturally determined
☐Very rarely yet chances of hostile reaction towards the staff

</td><td>
• WHAT TO DO?
☐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.

</td></tr>
<tr><td colspan="2">• Follow the GRIEV_ING Protocol</td></tr>
<tr><td>☐The GRIEV_ING Protocol</td><td colspan="2">
G : Gather the family.
R : Resources : call for support to assist the family.
I : Identify yourself , identify the deceased patient by name and the knowledge to be disclosed to the family.
E : Educate family about the event that occurred for their deceased in the emergency.
V : Verify that their family member has died (dead).
- : Space ; give the family personal space and time for emotional moment and absorb the information.
</td></tr>
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Quiz:

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. 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

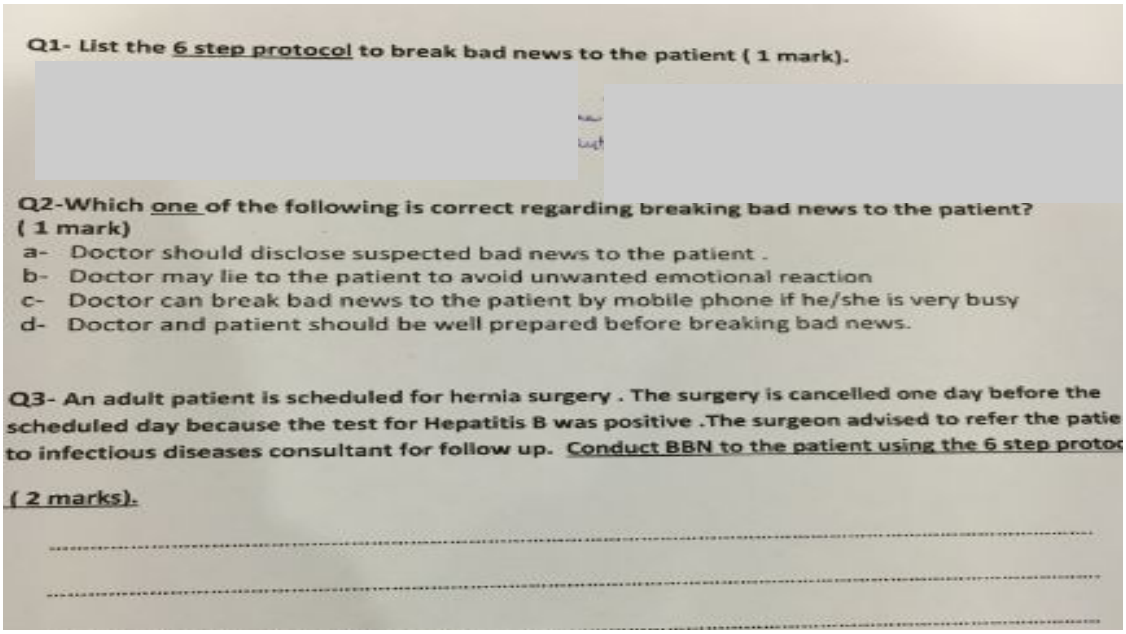
3. About Bad News :

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 on

Ans: D,C,A



Q1- List the 6 step protocol to break bad news to the patient (1 mark).

Q2-Which one of the following is correct regarding breaking bad news to the patient?
(1 mark)
a- Doctor should disclose suspected bad news to the patient .
b- Doctor may lie to the patient to avoid unwanted emotional reaction
c- Doctor can break bad news to the patient by mobile phone if he/she is very busy
d- Doctor and patient should be well prepared before breaking bad news.

Q3- An adult patient is scheduled for hernia surgery . The surgery is cancelled one day before the scheduled day because the test for Hepatitis B was positive .The surgeon advised to refer the patie to infectious diseases consultant for follow up. Conduct BBN to the patient using the 6 step protoc

(2 marks).

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Thanks for checking our work! :)