

Breaking Bad News



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Objectives

By the end of this lecture you should be able to;

- 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

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

Examples of bad news in medicine may include;

- Traumatic Death
- Death after chronic illness
- Diagnosis of uniformly fatal chronic illness e.g. Cystic fibrosis
- Diagnosis of cancer
- Diagnosis of permanent disability or birth defect

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**

- Give all information
- As soon as it is known

- **Individualized Disclosure**

- 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
- Support persons present
 - Both parents
 - Other support people, family, friends, hospital support

Challenges

It is 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

How should *Bad News* be delivered?

A . The 6 Step Protocol :

- 1- Getting started (getting the setting right)
- 2- What does the patient know?
- 3- How much does the patient want to know?
- 4- Providing information
- 5- Responding to patient and family feelings
- 6- Planning and follow up

Steps 1-3:

Preparation

Step 4:

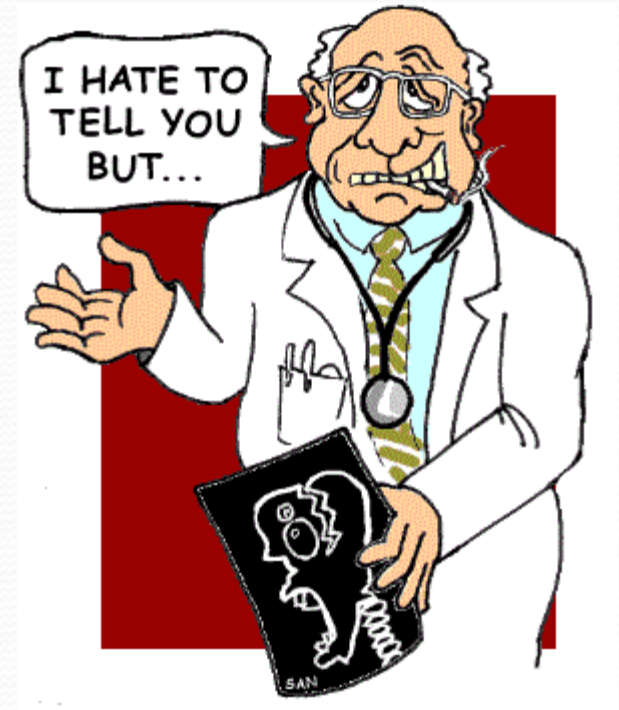
Delivering the news

Steps 5 & 6:

Response to patient reaction & Care Plan

Preparation

- 1. Prepare *Yourself*
- 2. Prepare *Your Setting*
- 3. Prepare *Your Patient*





Preparation :

1.(Prepare Yourself)

- Review the patient's history and know about possible management
- Practice the interview for possible questions and answers
- Relatives can be present, but , follow the patient's wish



Preparation :

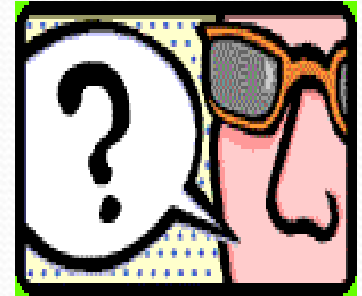
2. (Prepare Your Setting)

- Arrange to meet in a quiet room.
- Make sure that you are not going to be disturbed.
- If recently examined allow him/her to dress before the interview.

Preparation : 3.(Prepare Your Patient)

Try first to focus on ;

- What do they know already?
- What do they want to know?
- Some patients do not want details
- Always build up gradually.



Delivering the News

Always Remember to;

- Use simple language, listen, follow verbal and non-verbal cues.
- Be at level of understanding and vocabulary of the patient.
- Avoid excessive bluntness, it may leave the patient isolated .
- Set the tone. e.g. *"I am afraid I have some bad news"*



Delivering the News. Cont.

- Give the information in small chunks
- Avoid using hopelessness terms
- Be truthful, gentle and courteous
- Offer hope
- Emphasize the positive
- Allow questions.

Response to Reaction & Care Plan

Respond to Patient & Family Feelings

- Acknowledge the emotions experienced by the patient and if a patient is silent use open questions, e.g.

"How are you feeling now?"

- Allow the patient and family time to **express their emotions** and let the patient know you understand and acknowledge their emotions.

Response to reaction & Care Plan. cont.

- 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.



After the Interview: Always Follow Up and;

- Make a clear record of the interview, the terms used, the options discussed and the future plan offered.
- Inform all other people looking after the patient what you have done.
(Parents + Attendants + Nursing staff)
- Do arrange if it is needed 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* ?

You've got 5 weekends & one long weekend to live.



What *Not to Do* ?cont.

- 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.

What *Not to Do* ?cont.

- 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

It is a difficult task because;

- 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.



Breaking bad news (**Death Notifications**) In The Emergency Department

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

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.

Follow the GRIEV_ING Protocol: see next two slides

The GRIEV_ING Protocol

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.

The GRIEV_ING Protocol -cont.

I : **Inquire** ; ask if there are any questions, answer them all.

N : **Nuts and bolts**; inquire about organ donation and other issues *as applicable*.

G : **Give** them your card or contact information. Offer to answer any question that may arise later.

Conclusion

- Preparation
- What does the patient know?
- Is more information wanted?
- Give a warning shot
- Allow denial
- Explain (if requested)
- Listen to concerns
- Encourage ventilation of feelings
- Summary –and –plan
- Offer availability

BREAKING BAD NEWS

‘The task of breaking bad news is a testing ground for the entire range of our professional skills and abilities.

*If we do it badly ,
the patients or family members may **never forgive us**;
if we do it well,
they will **never forget us**’*

Robert Buckman

Practice For Braking Bad News

Mr. Abdulla was seen in the clinic last week, for the complaint of constipation and bleeding per rectum. Colonoscopy was requested with the suspicion of colorectal carcinoma. The colonoscopy was performed and he was advised to follow up in the clinic

Today patient has come to get his results. You review the results in the record which clearly indicates:

Colorectal Cancer with involvement of lymph nodes.

Conduct BBN with the use of 6 Step Protocol.