

# PROFESSIONALISM

## Lecture 11: Breaking bad news

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Please note that this file contains summaries and important notes only, your original source for studying is the full lectures file made by team 434, which will be revised by team 435 after each lecture. Link: [Lectures file \(revised\)](#).

### Summary:

#### ❖ Bad News in Medicine:

It is 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	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** (general agreement):

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

Basic Principles		
When to be informed?	Where to be informed?	Support persons present
As soon as information is clearly known. Don't pass on unsure information too soon.	Private setting. In person.	Both parents. Other support people, family, friends, hospital support.

❖ **Challenges: It is a difficult task because:**

- It is frequent and stressful.
- The truth is unpleasant and will upset the patients
- Most patients want to know the truth.
- We are anxious and fear negative evaluation.

❖ **What Not to Do?**

- Don't Break bad news over the phone.
- Don't Leave patient in suspense.
- Don't Tell patient if he or she doesn't want to know.
- Don't Give excessive information as this causes confusion.
- Don't Use jargon
- 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."
- Don't Avoid the patient.
- Don't Lie to the patient.
- Don't Interrupt excessively.
- Don't Be judgmental

❖ **“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.

❖ **Death Notifications In The Emergency Department:**

**BE READY FOR:**

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

**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:**

<b>G: Gather</b>	Gather the family
<b>R: Resources</b>	call for support to assist the family
<b>I: Identify</b>	Identify yourself, identify the deceased patient by name and the knowledge to be disclosed to the family.
<b>E: Educate</b>	Educate family about the event that occurred for their deceased in the emergency
<b>V: Verify</b>	Verify that their family member has died (dead).
- (Space)	Give the family personal space and time for emotional moment and absorb the information.
<b>I: Inquire:</b>	ask if there are any questions, answer them all.
<b>N: Nuts and bolts:</b>	Nuts and bolts; inquire about organ donation and other issues as applicable.
<b>G: Give</b>	Give them your card or contact information. Offer to answer any question that may arise later

## ❖ How should Bad News be delivered?

- 1- Getting started (getting the setting right).
- 3- How much does the patient want to know?
- 5- Responding to patient and family feelings.

- 2- What does the patient know?
- 4- Providing information.
- 6- Planning and follow up.

The 6 Step Protocol		The spikes protocol:
<b>1-Prepare Yourself</b>	<ul style="list-style-type: none"> <li>Review the patient's history and know about possible management.</li> <li>Practice the interview for possible questions and answers.</li> <li>Relatives can be present, but , follow the patient's wish.</li> </ul>	S= "setting"
<b>2-Prepare Your Setting</b>	<ul style="list-style-type: none"> <li>Arrange to meet in a quiet room.</li> <li>Make sure that you are not going to be disturbed.</li> <li>If recently examined allow him/her to dress before the interview.</li> </ul>	P= "perception"
<b>3-Prepare Your Patient.</b>	<p>Try first to focus on :</p> <ul style="list-style-type: none"> <li>What do they know already?                      • What do they want to know?</li> <li>Some patients do not want details.              • Always build up gradually.</li> </ul>	I= "invitation"
<b>4-Delivering the News</b>	<ul style="list-style-type: none"> <li>Use simple language, listen, follow verbal and non-verbal cues.</li> <li>Be at level of understanding and vocabulary of the patient.</li> <li>Avoid excessive bluntness, it may leave the patient isolated .</li> <li>Set the tone. e.g. "I am afraid I have some bad news"</li> <li>Give the information in small chunks.              • Avoid using hopelessness terms.</li> <li>Be truthful, gentle and courteous.                      • Offer hope.</li> <li>Emphasize the positive.                                      • Allow questions.</li> </ul>	K= "knowledge"
<b>5- Response to reaction</b>	<ul style="list-style-type: none"> <li>Acknowledge the emotions experienced by the patient and if a patient is silent use open questions, e.g. "How are you feeling now?"</li> <li>Allow the patient and family time to express their emotions and let the patient know you understand and acknowledge their emotions.</li> <li>Don't leave the patient confused.</li> <li>Provide a clear care plan with treatment options.</li> <li>Identify support systems; involve relatives and friends.</li> <li>Offer to meet and talk to the family if not present.</li> <li>Make written materials available.                      • Summarise.</li> </ul>	E= "empathizing and exploring"
<b>6- Care Plan</b>	<p><b>After the Interview: Always Follow Up and:</b></p> <ul style="list-style-type: none"> <li>Make a clear record of the interview, the terms used, the options discussed and the future plan offered.</li> <li>Inform all other people looking after the patient what you have done. (Parents + Attendants + Nursing staff).</li> <li>Do arrange if it is needed to have a number of meetings.</li> <li>Follow up the patient.</li> <li><b>Always DOCUMENT every step taken to notify the patient of the bad news.</b></li> </ul>	S= "strategy and summary"