PHC

432 Team

18 Breaking bad news

Done By:
Ibrahim Alqasir

Reviewed By:
Mohammed Aljarbou

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Objectives

1. Definition of bad news.
2. Importance and difficulty of breaking bad news.
3. To know what to do, how to do it, and what not to do as a future physician.
4. Family and Patient Perspective towards terminal illness.
5. Role of primary care physicians.
6. Examples how to break news.

Definition of bad news:

"Any news that drastically and negatively alters the patients view towards his future." (Buckman R. BMJ1984)

"any information that produces a negative alteration to a person's expectations about their present and future" (Fallowfield, Lancet, 2004).

"information that has an adverse and serious effect on an individual's view of his or her future, noting that bad news is always a subjective appraisal by the individual receiving the news" (Baile et al. Oncologist, 2000).

Examples of conditions requiring breaking bad news:

Examples of Illnesses	
Category	**Examples**
Life-limiting serious illnesses	•cancer, •hematological malignancies, •advanced heart disease of any etiology, •advanced lung disease of any etiology, •advanced neurological disease of any etiology, •advanced renal disease of any etiology, •advanced liver disease of any etiology and •Acquired Immuno Deficiency Syndrome
Life-altering chronic illnesses	•diabetes, •hypertension, •rheumatologic illnesses (rheumatoid arthritis, lupus, fibromyalgia), •chronic heart failure, •coronary heart disease, •cirrhosis, chronic renal failure, •chronic lung diseases (chronic obstructive pulmonary disease, cystic fibrosis)

Importance of breaking bad news:

" It is not an isolated skill but a Particular form of communication."

"Delivering bad news influences patient adjustment to illness, anxiety, depression, hope, and decision making."

"A difficult & an essential task for all health care professionals."

" The patient can recall in detail how his/her diagnosis was revealed."

" Patient-doctor trust , gathering data, and applying a treatment plan are all based on that."

Why is it difficult?

It is an unpleasant task.

- Doctor's don't generally like taking away patients' hopes.

- Doctors may fear a patient or family's reaction to the news, or may be uncertain how to deal with an intense emotional response.

It's even more difficult when:

1- The doctor has a long-standing relationship with the patient.
2- When the patient is young.
3- When strong optimism had been expressed for a successful outcome.

Common Barriers to effective disclosure:

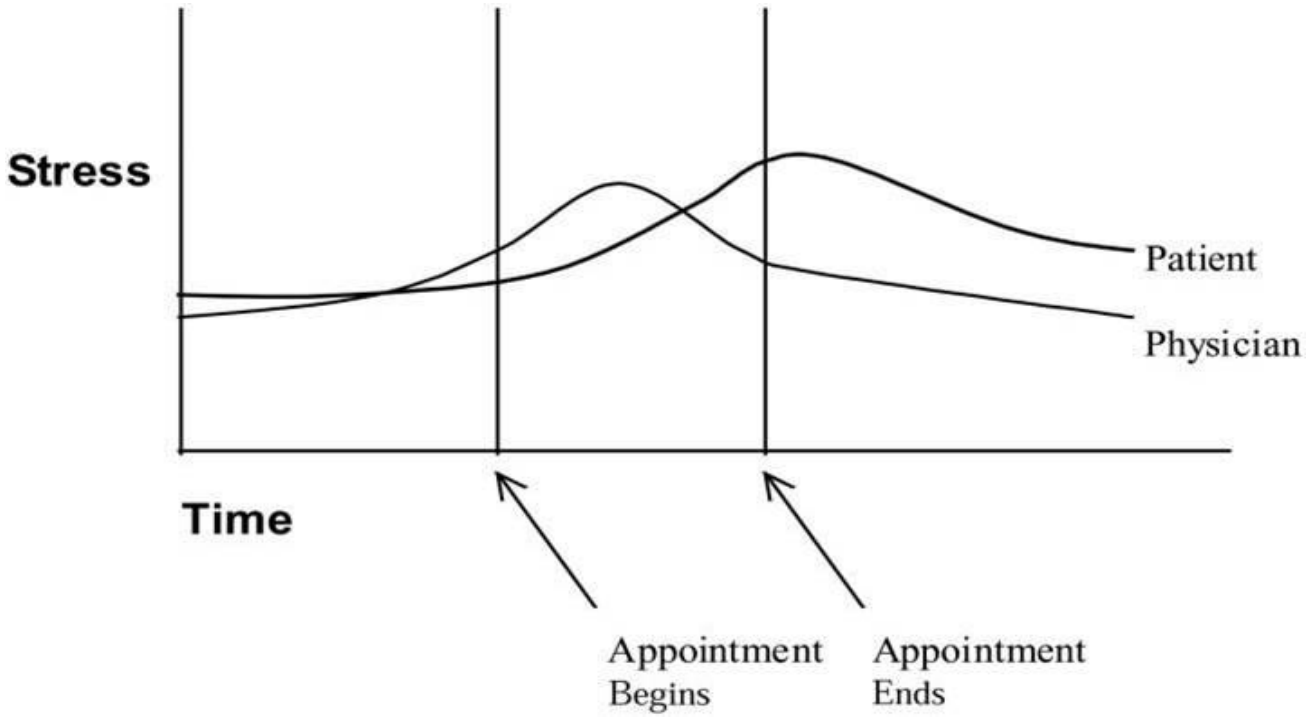
1. Physician's fears
    - Being blamed by patient.
    - Not knowing all the answers.
    - Inflicting pain & sufferings.
    - Own illness & death.

2. Lack of training

3. Lack of time.

4. Multiple physicians

[who should perform the task].



Psychosocial Context:

1- Diagnosis that comes at an inopportune time:

e.g. unstable angina requiring angioplasty during the week of a daughter's wedding.

2- Diagnosis incompatible with one's employment:

e.g. coarse tremor developing in a cardiovascular surgeon.

3- Varying needs of patient & family:

e.g. Patient asks not tell the family about the diagnosis and vice versa

Steps of breaking bad news:

Rabow&Mcphee (West J. Med 1999):

Synthesized comprehensive model from multiple resources that uses a simple mnemonic of ABCDE

- **A**dvance Preparation
- **B**uild a therapeutic environment/relationship
- **C**ommunicate well
- **D**eal with patient & family reactions
- **E**ncourage and validate emotions

Advance Preparation:

- **Familiarize yourself with the relevant clinical information (investigations, hospital report)**
- **Arrange for adequate time in private, comfortable environment**
- **Instruct staff not to interrupt**
- **Be prepared to provide at least basic information about prognosis and treatment options (so do read it up)**
- **Mentally rehearse how you will deliver the news. You may wish to practice out loud.**
- **Script specific words & phrases to use or to avoid**
- **Be prepared emotionally**

Build a Therapeutic Environment/Relationship:

- Introduce yourself to everyone present.
- Determine the patient's preferences for what and how much he/she wants to know (In the patients with breast cancer or melanoma, **57%** wanted to discuss **life expectancy**, although only **27%** of physicians actually did. **63%** wanted to discuss the effects of cancer on other aspects of life, yet only **35%** reported having these discussions).

-Anthony L Back, J Randall Curtis. West J Med. 2002 May

- When possible, have family members or other supportive persons present.
- Foreshadow the bad news, "I'm sorry, but I have bad news."
- Use touch where appropriate.

❑ Avoid inappropriate humour.

❑ Assure the patient you will be available

Communicate Well:

- Speak frankly but compassionately.
- Avoid medical jargon.
- Allow silence & tears; proceed at patient's pace.
- Have the patient describe his/her understanding of the information given.
- Encourage questions.
- Write things down & provide written information.
- Conclude each visit with a summary & follow up plan.

Deal With Patient and Family Reactions:

- Assess & respond to emotional reactions.
- Be aware of cognitive coping (denial, blame, guilt, disbelief, acceptance, intellectualization).
- Be empathetic; it is appropriate to say: "I'm sorry"

قال الله سبحانه وتعالى : ﴿الَّذِينَ إِذَا أَصَابَتْهُم مُّصِيبَةٌ قَالُواْ إِنَّا لِلّهِ وَإِنَّـا إِلَيْهِ رَاجِعونَ ﴾البقرة156.

- Don't argue or criticize colleagues

Encourage and Validate Emotions:

- Offer realistic hope.
- Give adequate information to facilitate decision making.
- Inquire about the support systems in place.
- Attend to your own needs during and following the delivery of bad news (counter-transference can be harmful).
- Use interdisciplinary services to enhance patient care (e.g., hospice), but avoid using these as a means of disengaging from the relationship.

What to do?

- ✓ **Introduce yourself.**
- ✓ **Look to comfort and privacy.**
- ✓ **Determine what the patient already knows.**
- ✓ **Determine what the patient would like to know.**
- ✓ **Warn the patient that bad news is coming.**
- ✓ **Break the Bad News.**
- ✓ **Ask if the pt, has something to share and LISTEN.**

- ✓ **Identify the patient's main concern**
- ✓ **Summarize and check understanding.**
- ✓ **Offer realistic hope.**
- ✓ **Arrange follow up and ensure that there is some one with the patient when he leaves.**

What not to do ?

- ✖ Don't be in a Hurry.
- ✖ Don't Give all the information in one go or give too much.
- ✖ Don't Use medical jargon or unclear language/words.
- ✖ Don't Lie or be economical with the truth.
- ✖ Don't Be blunt.
- ✖ Don't Guess the prognosis (She has got 6 months, may be 7).

How to do it ?

- Be sensitive and empathic.
- Maintain eye contact.
- Give information in small chunks.
- Repeat and clarify.
- Regularly check understanding.
- Give the patient time to respond. Do not be afraid of silence or tears.
- Explore patient's emotions.
- Use physical contact if appropriate.
- Be honest if you are unsure about something.
- Summarize.

Patient reaction toward terminal illnesses:

Stage	Reaction
1- Denial	It can't be true It's a mistake It's not really happening
2- Anger	How could this happen to me? What have I done to deserve it? Someone's to blame probably the doctor
3- Bargaining	Perhaps if I had prayed regularly' 'Perhaps if I had taken those tablets' 'Perhaps if I had given up smoking'
4- Depression	It really is true What am I going to do? What is going to happen to my family I do not matter anymore
5- Acceptance	Life goes on I must prepare for my family

Patient's Perspective:

Patients prefer:

- Physician's competence, honesty & attention.
- Time for questions.
- Straightforward & understandable diagnosis.
- The use of clear language

Family's Perspective:

Family members prefer:

- Privacy.
- Good attitude from the bearer.
- Clarity of the information given.
- Physician competency.
- Time for questions.

Role of primary care physicians in breaking bad news:

- **Breaking bad news is a sentinel skill of the family physician.**
- **Family physicians who provide continuity care to patients are in an ideal position to compassionately, yet clearly, convey devastating news.**
- **The importance of the physician-patient relationship in such engagements is critical.**
- **Having already developed a sense of mutual trust, the family physician is often in the position to break such news.**

Perception and Attitude towards Breaking Bad News in the Saudi Population:

- **A community based survey was conducted in Riyadh in 2009.**
- **The study included 1086 participants. 48% males**
- **Almost two-third of them defined bad news as related to the diseases that are highly fatal.**
- **Most of the participants (71.1%) want detailed information about the disease. Most of the them also (88.2%) appreciates more those who tell them the truth.**

- **The acceptance of the bad news was significantly different between older (35.0%) and younger (17.0%) participants. (male 28% > female 17%)**
- **The younger participants showed significantly more sadness and depression compared to the older participants. (females > males).**

Preferences and attitudes of the Saudi population toward receiving medical bad news: A primary study from Riyadh city

- **A cross sectional community based survey was conducted in Riyadh city during the month of April, 2009.**
- **The study included 1013 participants. 53% were females**
- **Almost two-third of the participants preferred to be the first to receive the bad news.**
- **Almost 70% of the participants preferred to be told the bad news at a private place.**
- **Approximately half of the participants would like the one who breaks the bad news to remain with them to give them some more information about the disease.**

	Yes	No
Who would you prefer to give you the bad news?		
The head of medical team	441 (43.5)	570 (56.3)
Any member of medical team	128 (12.6)	885 (87.4)
The psychologist or social worker	200 (19.7)	813 (80.3)
My best friend	61 (6.00)	952 (94.0)
One of my family members	117 (11.5)	896 (88.5)
Spiritual Counselor	76 (7.50)	937 (92.5)

	n (%)
If your physician has bad news for you, who would you like to be the first one to receive it?	
One of my parents	141 (13.9)
My wife/husband	64 (6.3)
One of my kids	14 (1.4)
One of my siblings	102 (10.1)
Myself	680 (67.1)
Others	12 (1.2)
When you are told the bad news, who would you like to know about it next?	
One of my parents	300 (29.6)
My wife/husband	216 (21.3)
One of my kids	28 (2.8)
One of my siblings	217 (21.4)
Nobody	203 (20.0)
Others	49 (4.8)
Who you would like to accompany you when you are receiving the bad news?	
One of my parents	230 (22.7)
My wife/husband	161 (15.9)
One of my kids	34 (3.4)
One of my siblings	195 (19.2)
Nobody	358 (35.3)
Others	35 (3.5)

Summary:

- **Delivering bad news is very stressful for clinicians with the after effects lasting for hours to days.**
- **Competence is a great stress reliever. The clinician who is adequately trained in communication skills is more likely to break bad news both sensitively and efficiently.**
- **Hearing bad news is very stressful and distressing to patients. Patients with previous history of mental illness, patients with poor social and financial support systems are especially vulnerable to the after effects of bad news.**
- **Ask before you tell: First ask the patient *"What is your understanding of your illness?"***
- **Deliver the bad news in simple clear sentences. Avoid jargon.**
- **Arrange for follow-up care.**
- **Debrief your staff and allow time for self-reflection**
- **Patient reaction toward terminal illnesses**:

  1. Denial
  2. Anger
  3. Bargaining
  4. Depression
  5. Acceptance

Questions

Q1) what is the second stage in a Patients reaction toward terminal illnesses?

A. Denial
B. Acceptance
C. Anger
D. Depression

Q2) Which of the following scenarios will the physician be required to display some life-altering bad news to the patient?

A. telling an 18 y.o. male student that he has a dislocated shoulder.
B. A 50 y.o. female diagnosed with rheumatoid arthritis.
C. A 30 y.o. female diagnosed with peptic ulcer.
D. Diagnosing a 45 y.o. male with gout.

Q3) Bad news should be displayed to the patient _____?

A. In the least amount of time.
B. Using medical and scientific terminology.
C. Slowly and one by one.
D. 1 week after the results appearance.

Q4) When I deliver some bad news to a patient I should:

A. hurry because I don’t have time
B. lie to him about because he may be doesn't understand me
C. warn the patient that bad news is coming
D. Give him all information in one go

432 PHC Team Leader

Yazeed A. Alhusainy
phcteams@gmail.com

Answers:

1st Questions: C

2nd Questions: B

3rd Questions: C

4th Questions: C