



BREAKING BAD NEWS

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OBJECTIVES:

- Definition of bad news.
- Importance of breaking bad news.
- Ethical /professional /human rights /legal in breaking bad news
- How to break bad news.
- Stages of loss and grief
- Breaking bad news approaches (SPIKES,BREAKS,ABCDE's ,Calgary).
- Difficulty of breaking bad news.
- What to avoid during breaking bad news.



What is the definition of bad news?



Bad news is “any news that adversely and seriously affects an individual’s view of his or her future” ([Buckman 1984](#)).



What is considered bad news?



Any news that drastically and negatively alters the patient's view of her or his future.



Examples of medical conditions which could be a bad news

- Life threatening illness. eg: Cancer, HIV
- Degenerative conditions. eg: Alzheimer dementia
- Chronic illness eg: Rheumatoid arthritis, SLE.
- Mental retardation in children eg: Downs syndrome

Cerebral palsy



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Why is it important to learn how to properly break bad news?



Breaking bad news well is an essential skill for all doctors. It is something they will do hundreds if not thousands of times in their professional careers.



Poor communication has been shown to be associated with worse clinical and psychosocial outcomes, including:

- ❖ Worse pain control
- ❖ Worse adherence to treatment
- ❖ Confusion over prognosis
- ❖ Dissatisfaction at not being involved in decision making.

For the clinician, communication difficulties lead to:

- ❖ Worse job satisfaction
- ❖ Higher stress levels
- ❖ Being behind a high proportion of errors and complaints.

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The 4 Principle Theories :

- **Autonomy**

requires that, in a healthcare context, health professionals recognize and support the unique values, priorities and preferences of patients

The obligation of the general principle of truth-telling is to explain an illness to the patient in language they can understand. This obliges professionals to pay close and creative attention to the process of information giving but the circumstances of some patients may not always make this possible



AUTONOMY

The 4 Principle Theories :

- **Beneficence**

Requires that health professionals 'do good' for patients - that they are actively concerned for patient well-being.

- **Non maleficence**

Requires that health professionals 'do no harm' - that they avoid or minimize harm to patients.



BENEFICENCE



NONMALEFICENCE

The 4 Principle Theories :

- **Clinical Benefit :**

Treatment is considerably facilitated if the patient knows what they are being treated for, what therapeutic options they could choose and why doctors or nurses might recommend certain treatments over others. This collaborative approach encourages patients to adhere to treatment and care procedures and to provide more information about the effects of these on them. *It encourages patients to communicate their needs and to provide a more complete picture of the whole of their concerns in relation to proposed treatments.*

- **Psychological Benefit :**

Knowing and understanding diagnoses and prognoses that are communicated with hope helps to provide psychological support against isolation in illness

The 4 Principle Theories :

- **Justice**

in which individuals are treated with dignity, courtesy, and respect and that such concern actually reduces the risk of litigation.



JUSTICE

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How do you break bad news?

- ✓ Be sensitive.
- ✓ Be empathic.
- ✓ Maintain eye contact.
- ✓ Give information in small chunks.
- ✓ Repeat and clarify.
- ✓ Regularly check patient understanding.

CONT..

- ✓ 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.

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Stages of loss and grief



STAGE 1:
DENIAL



STAGE 2:
ANGER



STAGE 3:
BARGAINING



STAGE 4:
DEPRESSION



STAGE 5:
ACCEPTANCE

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Approaches to breaking bad news (what do you do?)



Baile and Buckman approach

SPIKES:



◦ **STEP 1: S—SETTING UP** the Interview

- ✓ Arrange for some privacy.
- ✓ Involve significant others.
- ✓ Sit down.
- ✓ Make connection with the patient.
- ✓ Manage time constraints and interruptions.



- **Mental rehearsal** is a **useful** way for preparing for stressful tasks. This can be accomplished by **reviewing the plan for telling the patient** and how one will **respond to patients' emotional reactions** or **difficult questions**. As the messenger of bad news, one should expect to have negative feelings and to feel frustration or responsibility.
- It is helpful to be reminded that, although bad news may be very sad for the patients, the information may be important in allowing them to plan for the future.

- **STEP 2: P—ASSESSING THE PATIENT'S PERCEPTION**

“before you tell, ask.”



Before discussing the medical findings, use open-ended questions to create a reasonably accurate picture of how the patient perceives his/her medical situation.

“What have you been told about your medical situation so far?” or
“What is your understanding of the reasons we did the MRI?”

Based on this information you can correct misinformation and tailor the bad news to what the patient understands.

- **STEP 3: I—OBTAINING THE PATIENT'S INVITATION**

Ask the patient: “do you want to hear the test results? How would you like me to give the information about the test results? Would you like me to give you all the information or sketch out the results and spend more time discussing the treatment plan?”

When a clinician hears a patient expresses a desire for information, it may lessen the anxiety associated with delivering the bad news.



- **STEP 4: K—GIVING KNOWLEDGE AND INFORMATION TO THE PATIENT**

- ✓ **Warning the patient** that bad news is coming may lessen the shock that can follow the disclosure of bad news, “Unfortunately I've got some bad news to tell you” or “I'm sorry to tell you that...”.

- ✓ Try to use **nonmedical words**,

- “spread” instead of “metastasized” and “sample of tissue” instead of “biopsy”.



CONT..

✓ Avoid excessive **bluntness**,

“You have very bad cancer and unless you get treatment immediately you are going to die.”

✓ Give information in **small chunks** and check periodically as to the patient’s understanding.

✓ When the prognosis is poor, avoid using phrases such as,

“There is nothing more we can do for you.”

- **STEP 5: E—ADDRESSING THE PATIENT'S EMOTIONS WITH EMPATHIC RESPONSES**

Patients' emotional reactions may vary from silence to disbelief, crying, denial, or anger.

- ✓ **Observe** for any emotion on the part of the patient.
- ✓ After you have given the patient a brief **period of time** to express his or her feelings, let the patient know that you have **connected** the emotion with the reason for the emotion by making a connecting statement.

◦ **Example**

Doctor: I'm sorry to say that the x-ray shows that the chemotherapy doesn't seem to be working [pause]. Unfortunately, the tumor has grown somewhat.

Patient: I've been afraid of this! [Cries]

Doctor: [Moves his chair closer, offers the patient a tissue, and pauses.] I know that this isn't what you wanted to hear. I wish the news were better.

What do you do if the patient in this case showed no emotions?



- When emotions are not clearly expressed, such as when the patient is silent, you should **ask open questions** to query the patient as to what they are thinking or feeling, before you make an empathic response.



◦ **STEP 6: S—STRATEGY AND SUMMARY**

Before discussing a treatment plan, it is important to ask patients **if they are ready at that time for such a discussion.**

Presenting treatment options to patients when they are available is not only a legal mandate in some cases, but it will establish the perception that the physician regards their wishes as important.

Checking the patient's misunderstanding of the discussion can prevent the documented tendency of patients to overestimate the efficacy or misunderstand the purpose of the treatment.

BREAKS protocol

- **BREAKS** protocol is a systematic and easy communication strategy for breaking bad news.
- It stands for:
 1. Background
 2. Rapport
 3. Explore
 4. Announce
 5. Kindling
 6. Summarize.

Background

- An effective therapeutic communication is dependent on the in-depth knowledge of the patient's problem.
- Prepare answers for all questions that can be anticipated from the patient.
- Cultural background, emotional status, coping skills, educational level, and support system available are also reviewed before attempting to break the bad news.



Rapport

- Fundamental to continuous professional relationship.
- All physical barriers must be removed to maintain eye contact.
- Provide ample space the patient to open up.
- Enquire the present condition of the patient through open questions.
- A hostile or a hurried attitude have disastrous outcomes.



Explore

- Whenever attempting to break the bad news, start from what the patient knows about his/her illness.
- What he/she thinks about the disease and even the diagnosis itself can be explored.
- Potential conflicts between the patient's beliefs and possible diagnosis should be identified.
- Explore the patient's understanding of the bad news. Absolute certainties about longevity cannot be given to a patient.



Announce

- Give a warning shot, e.g. “I’m afraid I have some bad news”
- The body language is important. The physician’s emotions should supposedly be a mirror image of the patient’s.
- Must be in straightforward terms.
- Information should be given in short, easily comprehensible sentences.
- A rule of thumb is not to give more than three pieces of information at a time.



Kindling

- People respond to their diagnosis differently.
- Give proper space for the free flow of emotions.
- Ensure that the patient listens to what is being told, e.g. “are you there?”, “are you with me?”
- Ask the patient to recount what they have understood.
- Kindle the emotions, without giving any unrealistic treatment options.
- Challenge denial.



Summarize

- Summarize the session and the concerns expressed by the patient.
- Treatment/care plans.
- A written summary is preferable.
- Encourage the patient to call for any questions or concerns
- Make sure that the patient's safety is ensured once they leave the room.



ABCDE's of Delivering Bad News

ABCDE protocol

◦ It stands for:

1. **A**dvance Preparation
2. **B**uild a therapeutic environment/relationship
3. **C**ommunicate Well
4. **D**eal with patient and family reactions
5. **E**ncourage and validate emotions, Evaluate the News.

Advance Preparation

- What the patient already know/understand already?
- Arrange for the presence of a support person and appropriate family
- Arrange a time and place to be undisturbed (Hand off beeper!)
- Prepare yourself emotionally
- Decide on which words and phrases to use—write a script
- Familiarize yourself with the relevant clinical information. Ideally, have the patient's chart on hand during the conversation. Be prepared to provide at least basic information about prognosis and treatment options.

Build a therapeutic environment/relationship

- Arrange a private, quiet place without interruptions
- Provide adequate seating for all
- Introduce yourself to everyone present and ask for names and relationships to the patient.
- Warn the patient that bad news is coming.
- Sit close enough to touch if appropriate
- Use touch where appropriate. Some patients or family members will prefer not to be touched. Be sensitive to cultural differences and personal preference.
- Reassure about pain, suffering, abandonment

Communicate Well

- Be direct - "I am sorry that I have bad news for you."
- Ask what the patient or family already knows and understands.
- Use the words – "Cancer," "AIDS," "Death" as appropriate
- Allow silence and tears, and avoid the urge to talk to overcome your own discomfort. Proceed at the patient's pace.
- Allow time to answer questions; write things down and provide written information.

Deal with patient and family reactions

- Assess patient reaction: physiologic responses, cognitive coping strategies, (e.g., denial, blame, intellectualization, disbelief, acceptance), and their affective responses.
- Listen actively, explore, have empathy.

Encourage and validate emotions, Evaluate the News

- Address further needs: What are the patient's immediate and near-term plans, suicidality?
- Make appropriate referrals for more support
- Offer realistic hope
- Explore what the news means to the patient
- Express your own feelings

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Is this Difficult to break the bad
news?
WHY?

Why is this Difficult?

Psychosocial factors

- **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

Why is this Difficult?

Physician factors

Fear of causing pain:

- ✓ Uncomfortable in uncomfortable situations
- ✓ Sympathetic pain due to patient's distress

Fear of being blamed:

- ✓ Physicians have authority, control, privilege and status
- ✓ When medical care fails patient it's physician's fault
“blame the messenger”

Why is this Difficult?

Fear of medico-legal system:

Everyone has “right” to be cured;

If no cure happens, someone is to blame

Fear of expressing emotions:

✓ Viewed as unprofessional

✓ Suppressing emotions increases distance
between ourselves and patients

Why is this Difficult?

Fear of eliciting reaction:

- ✓ Not trained to handle reactions
- ✓ Not trained to allow emotion to come out

Fear of saying “I don’t know”:

- ✓ We are never rewarded for lack of knowledge
- ✓ Can’t know or control everything

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What not to do during breaking bad news?



CONT..

- × Don't be in a Hurry.
- × Don't block the patient.
- × Don't lecture the patient.
- × Don't give premature reassurance or be overly optimistic.
- × Don't Give all the information in one go.
- × Don't Give too much information.
- × Don't Use medical jargon or unclear language/words.

CONT..

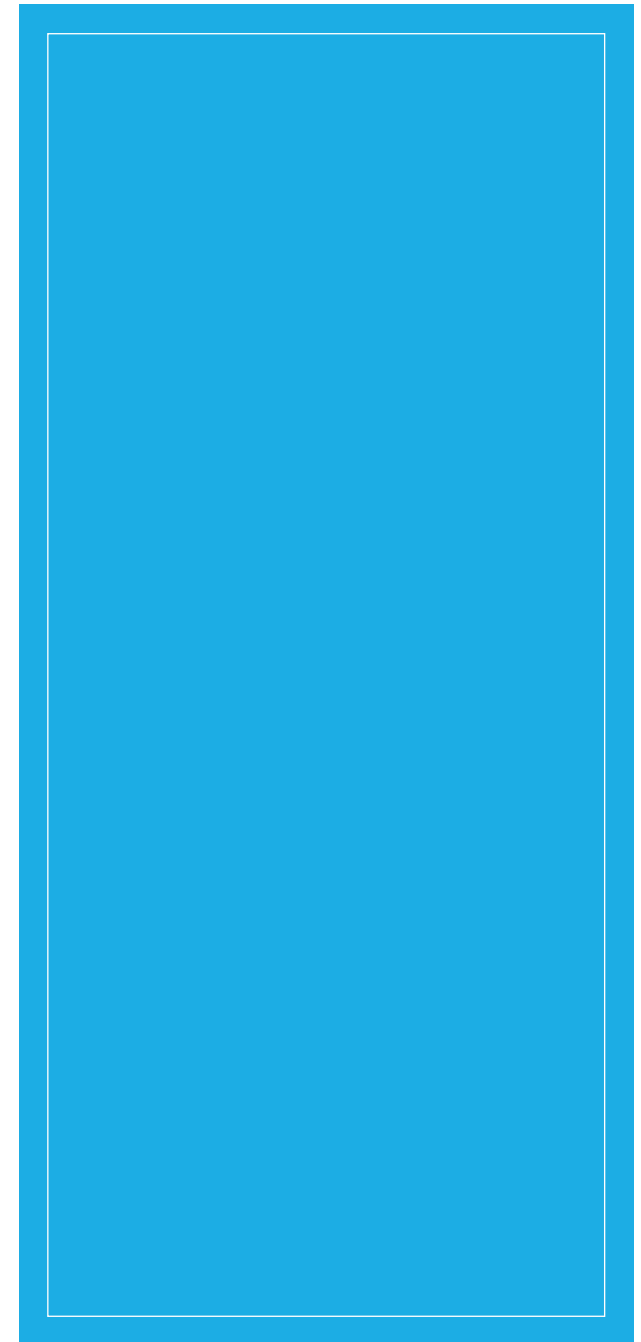
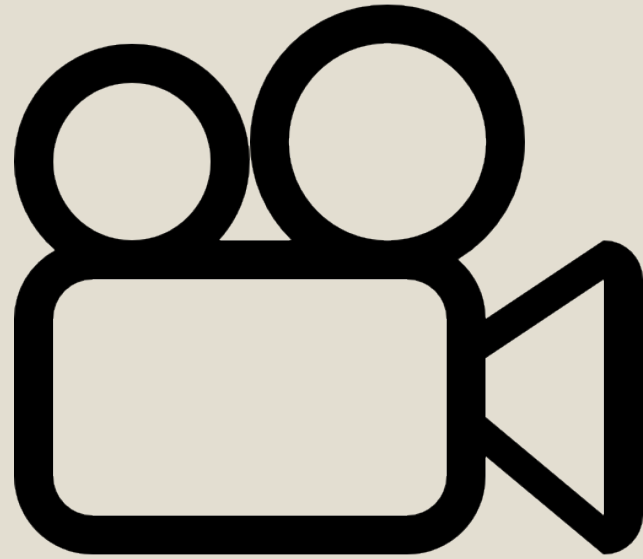
- × Don't Lie or be economical with the truth.
- × Don't Be blunt.
- × Don't Guess the prognosis.
- × Don't Judge.
- × Don't Interrupt or disturb the patient's flow.
- × Don't avoid seeing the patient or leave them anxiously waiting for news.

ROLE PLAY



- Video:

- <https://youtu.be/IJN6g0V5Q-U>





THANK YOU

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