

جامعة  
الملك سعود  
King Saud University



# APPROACH TO BREAKING BAD NEWS

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# Objectives

- **Define bad news.**
- **Describe the strategies to deliver bad news.**
- **Describe the impact receiving bad news can have on patients and family.**
- **Describe the physician's responsibilities when breaking bad news.**
- **Demonstrate the six-step protocol for breaking bad news eg. Reports of cancer, hepatitis B or C, newly diagnosed diabetes, HIV positive report etc. (role play).**

**Q1: which of the following should never be used when breaking bad news?**

- A. Compassion**
- B. Appropriate body language**
- C. Professional jargon**
- D. Touch**

## **Q2: What was true about breaking bad news in the past ?**

- A. It was considered the patient's right**
- B. It is a burden and should be avoided**
- C. Tell it to the family members**
- D. Tell it over the phone**

**Q3: In the ABCDE approach of breaking bad news, “A” stands for**

- A. Allow Questions**
- B. Allow time to process the news**
- C. Avoid emotion**
- D. Advance preparation**

**Q4: In SPIKES protocol of breaking bad news, Which of the following Questions helps in about the patient's perception?**

- A. “Would you prefer if a family member or a friend be present”**
- B. “What's upsetting you the most”**
- C. “How are you feeling about hearing the news”**
- D. “ Do you have any ideas on what the problem might be”**



# Q5: Which of the following is the best setting of Breaking Bad news ?



**A**



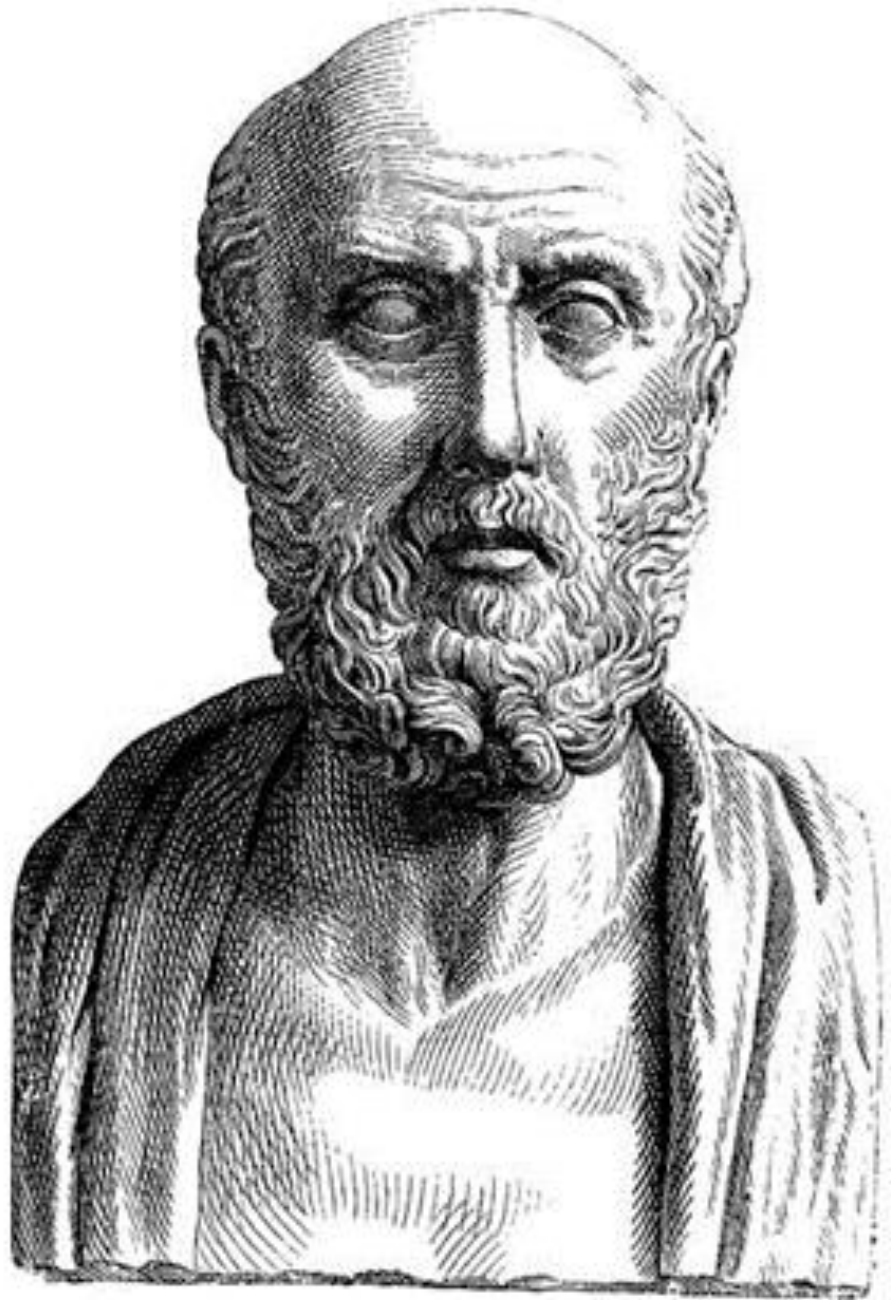
**B**



**C**



**D**



- **“The Father of Medicine” because he started one of the first medical schools in ancient Greece.**
- **His Hippocratic Oath is still taken by doctors today.**
- **He was one of the first doctors to diagnose heart and lung diseases.**
- **He was also a big believer in walking and nutritious food to cure diseases.**

# Introduction

- ▶ **Hippocrates advised “concealing most things from the patient while you are attending to him. Give necessary orders with cheerfulness and serenity... revealing nothing of the patient’s future or present condition.”**
- ▶ **In 1847, the American Medical Association’s first code of medical ethics stated, “The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician.**

# Introduction

▶ **‘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**

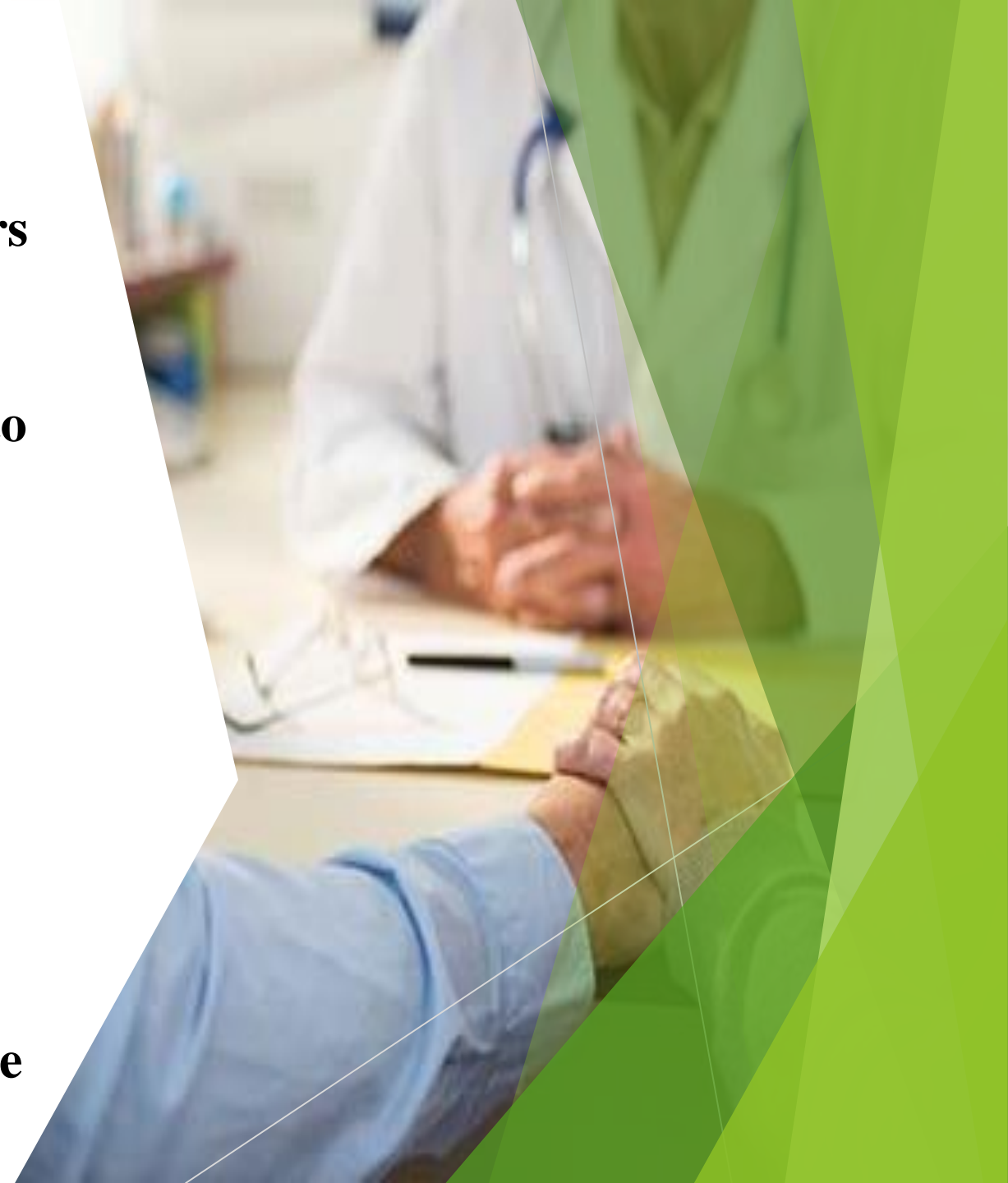
▶ **If we do it well**

**They will never forget us’**

**Robert Buckman**

# Definition

- ▶ **Any news that drastically and negatively alters the patient's view of his or her future.”**
- ▶ **Delivering serious, bad, or life-altering news to a patient.**
- ▶ **Bad news is stereotypically associated with a terminal diagnosis.**
- ▶ **Family physicians encounter many situations that involve imparting bad news.**
- ▶ **Bad news is subjective to the patient so you might not realize how it would really affect the patient.**



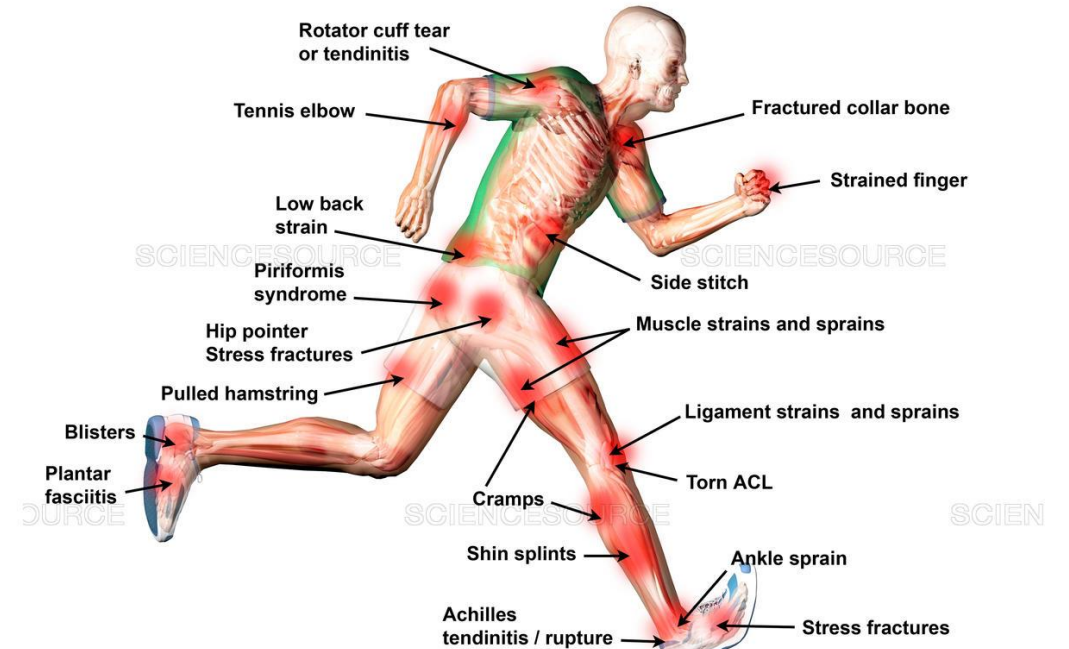
# Examples

- ▶ **Chronic disease : DM , HTN ,  
Bronchial Asthma**
- ▶ **Terminal disease : Cancer**
- ▶ **Infectious disease :  
Hepatitis A , B , C , HIV**
- ▶ **Debilitating disease :  
Alzheimer's disease ,  
Multiple Sclerosis**



# Examples

- ▶ Congenital disease : Congenital Heart Disease , Down syndrome, Cleft palate
- ▶ Trauma e.g RTA , Sports Injury
- ▶ Disability
- ▶ Death





▶ **Breaking bad news is one of a physician's most difficult duties, yet medical education typically offers little formal preparation for this daunting task.**

▶ **Numerous study results show that patients generally desire frank and empathetic disclosure of a terminal diagnosis or other bad news.**

▶ **The amount of information patients want to receive about their diagnosis varies based on Culture, Education level, Age, and Gender.**



# Why it's important?

- ▶ **The beginning of a patient-physician journey.**
- ▶ **Ensuring the patient's autonomy and self empowerment.**
- ▶ **To maintain patient-doctor trust.**
- ▶ **Patient satisfaction on the healthcare provided.**
- ▶ **To ensure the patient moves forward and fully understands in order to have a positive therapeutic outcome.**

Bad news  
can affect

Physician

Patient

Care quality

Stress

Psychological

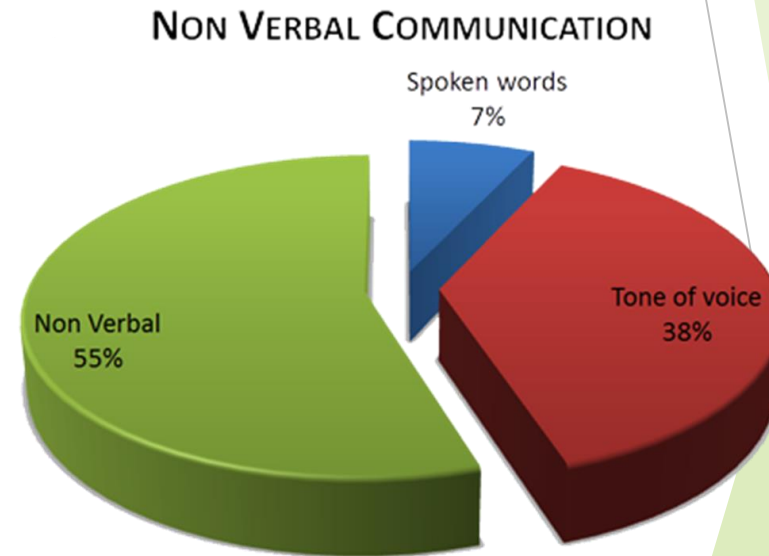
Disease  
outcomes

Ethical

Hopefulness

Satisfaction

- ▶ **Patient centered approach**
- ▶ **Physician Communication skills , Training , Experience**
- ▶ **This communication skill is typically learned through trial and error or observation of senior colleagues.**
- ▶ **Conveying bad news is more difficult when the clinician has a long-standing relationship with the patient, when the patient is young, or when strong optimism had been expressed for a successful outcome.**



# 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**

# Barriers to Effectively Breaking Bad News

- ▶ **Differences in cultural beliefs and values.**
- ▶ **Language barriers.**
- ▶ **The level of involvement of the family in discussions and decisions.**
- ▶ **Fear of causing pain or being blamed for therapeutic failure.**
- ▶ **Lack of training in breaking bad news.**
- ▶ **Knowledge and ability to answer questions.**

## Do's

- ▶ **Prepare yourself**
- ▶ **Ensure Privacy and Adequate Time**
- ▶ **Adequate space for the free flow of emotions must be given.**
- ▶ **Be direct and specific**
- ▶ **Listen and be receptive**
- ▶ **Provide Information About Support Services**

## Don'ts

- ▶ **Don't Break bad news over the phone.**
- ▶ **Don't be in a hurry**
- ▶ **Don't be vague**
- ▶ **Don't Be judgmental**
- ▶ **Don't Give excessive information**
- ▶ **Don't Give a definite time span**
- ▶ **Avoid blocking behaviors.**

- ▶ **Some of the blocking behaviors : Offering premature reassurances and advices before addressing the main concerns of the patient, explaining the distress as normal, playing down the problems, changing the topic of discussion, cracking untimely jokes.**
- ▶ **What the patient thinks about the disease and even the diagnosis itself can be explored. (ICE)**
- ▶ **Make sure that the patient's safety is ensured once they leave the room. He/she should not be permitted to drive back home all alone and find whether someone at home can provide support. Patient may even try to commit suicide if he/she feels extremely desperate.**



# Hadith Shareef

قال النبي ﷺ: ( إِنَّ عِظَمَ الْجَزَاءِ مَعَ عِظَمِ الْبَلَاءِ، وَإِنَّ اللَّهَ إِذَا أَحَبَّ قَوْمًا ابْتَلَاهُمْ، فَمَنْ رَضِيَ فَلَهُ الرِّضَا، وَمَنْ سَخِطَ فَلَهُ السُّخْطُ )

# Breaking bad News



# Preperation for consulation:

## **1- Introduction :**

- Check patient ID
- Introduce your name , role and purpose of interview
- Gain consent

## **2-Display active listing skills :**

- Eye contact
- Sitting position and body language
- Nodding
- Avoid interrupting the patient

## **3-Try to establish a rapport with your patient**

# Approaches to breaking bad news :

## 1-ABCDE Approach:

- ❖ A - ADVANCE PREPARATION
- ❖ B - BUILD A THERAPEUTIC ENVIRONMENT/RELATIONSHIP
- ❖ C-COMMUNICATE WELL
- ❖ D-DEAL WITH PATIENT AND FAMILY REACTIONS
- ❖ E-ENCOURAGE AND VALIDATE EMOTIONS

## 2-SPIKES Approach:

- ❖ S - Setting
- ❖ P - Perception
- ❖ I - Invitation
- ❖ K - Knowledge
- ❖ E - Emotions and Empathy
  - ❖ S - Strategy



## A - ADVANCE PREPARATION

- Relevant clinical information.
- Time & place arrangement.
- Mental rehearsal.
- Prepare emotionally.

## B – BUILD A THERAPEUTIC ENVIRONMENT/RELATIONSHIP

- Patient's preferences.
- Family members or other supportive persons presence?
  - Introduce yourself to everyone present
- Foreshadow the bad news.
- Assure the patient you will be available.



## C – COMMUNICATE WELL



- Ask if the patient already knows and understand.
- Speak frankly but compassionately.
- Allow silence and tears.
- Have the patient tell you his/her understanding of what you have said.
- Summarize and make follow-up plans

# D-DEAL WITH PATIENT AND FAMILY REACTIONS

- Assess and respond to emotional reactions.
- Be empathetic.
- Do not argue with or criticize colleagues





# E-ENCOURAGE AND VALIDATE EMOTIONS

- Offer realistic hope.
- Explore what the news means to the patient.
- Use interdisciplinary services.
- Attend to your own needs during and following the delivery of bad news.



# Now I will speak about second one SPIKES Approach

## 2-SPIKES Approach:

- ❖ S - Setting
- ❖ P - Perception
- ❖ I - Invitation
- ❖ K - Knowledge
- ❖ E - Emotions and Empathy
  - ❖ S - Strategy

## S - Setting

- ❖ *Arrange for some privacy.*
- ❖ *Involve significant others.~*
- ❖ Ensure you and patients and relative are sitting down.
- ❖ Arrange the chairs if necessary and avoid physical barriers .
- ❖ Ensure you have uninterrupted time during the meeting ~
- ❖ *Make connection with the patient* (Maintaining eye contact)



## P - Perception

- ❖ Discuss the events leading up to now e.g : scans , biopsies etc
- ❖ Establish What the patient already knows or is expecting
- ❖ Establish what the patient`s current emotional state
- ❖ Try to get them say the diagnosis

- ❑ “Could you tell me what happened so far”
- ❑ “ Do you have any ideas on what the problem might be”<sup>36</sup>
- ❑ “ Is there anything you have been worried about”



# I - Invitation

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❖ Check if the patient wants to know the results and if he or she would like a family member present. ~

- ❑ “I do have the results here today would you like me to explain it to you now”
- ❑ “would you prefer if a family member or a friend be present”

## K – Knowledge

- ❖ Build up to the result “ give a warning shot”~
- ❖ Chunk the diagnosis
- ❖ Pause and wait after every statement ~ to allow to patient to digest what you have told them
- ❖ If the silence is awkward ask how he/she is feeling.
- ❖ Use patient’s language (simple language )~

- ❑As we know we took a biopsy and the result is not as we hoped.”
- ❑PAUSE AND WAIT
- ❑I’m sorry to tell you it’s a tumor

# E – Emotions and Empathy

- ❖ Acknowledge and reflect their emotions.
- ❖ Just listen.
- ❖ if the silence is awkward ask the patient how he’s feeling.

- “What’s upsetting you the most”
- “How are you feeling about hearing the news”

## S - Strategy

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- ❖ Agree on a plan
- ❖ Summarize concerns
- ❖ Ask how they are left feeling



# The impact of receiving bad on patients and family:

## ▶ Patient and family expectations :

- ✓ Privacy
- ✓ Empathy
- ✓ Dignity
- ✓ Clarity of message
- ✓ Competency
- ✓ Time for questions

## ▶ Patients have a right to :

- ✓ Accurate and true information.
- ✓ Receive or not to receive bad news.
- ✓ Decide who should be present during the consultation e.g. family members.
- ✓ Decide who should be informed about their diagnosis.

# Cont..

- ▶ Bad news impact on patients:

1- Physiological Impact How does a patient react to bad news?

When the patients receive bad news they will be physiologically stressed:

- ▶ stress causes increases in blood pressure, heart rate, sympathetic nerve activity and circulating catecholamines, and activation of the hypothalamic-pituitary-adrenal axis leading to increases in glucocorticoids.
- ▶ The magnitude and quality of such reaction in patients under bad news impact still deserves investigation.

# Cont..

## 2- Psychological impact: What does the patient experience?

- ▶ Studies around the world have pointed out that **not all patients want to know their diagnosis and prognosis.**
- ▶ One study **in Japan** has looked specifically at the wishes of cancer patients and found that out of all patients **66% recalled** being given a diagnosis and only **61% wanted to discuss the prognosis.** Also, **12% of the patients did not want to be informed that they had little time left to live.**
- ▶ **In Albania, among 150 cancer patients, only 46% wanted full information of their diagnosis.**

# Cont..

- ▶ **for example**, when a mother knows the diagnosis of her child she acts differently around him and the child notices that something is not right by these different behaviors.
- ▶ In cases of sudden illnesses and accidents, the patients' body may “shut down” because the news is unexpected and/or because they are **not prepared** to hear the information.
- ▶ **They can eventually faint** or enter in a **state of shock**. Patients described physical and psychological **responses when hearing bad news as**: “**body may feel cold or hot**”, they may “**shake uncontrollably**”, the news act like a “**physical blow to the body**” (“**cold sensation in the stomach**”), “**body stands still and mind moves rapidly**”, turns the persons world “**upside down**”, **they hear but don't comprehend everything** and a sensation of “**bodily flush**”. They react **by sobbing, crying and reaching for physical contact**.

# Cont..

- ▶ Usually they don't process the news immediately after being told and it may take some time to accept the new situation. Patients who find the news too threatening may employ forms of denial, shunning or minimizing the significance of the information.
- ▶ When reading the descriptions of patients, Patients diagnosed with cancer, may experience an anticipatory grief due to all the losses they had or to all the ones that they will experience:
- ▶ **loss of functioning, identity, role definition and possible death.** Not only the patients but their families and friends suffer too. The bad news has impact on all people that relate to the patient.
- ▶ An interesting note is that patients' biggest fear is a breakdown in family relationship and/or changes in friends' attitudes.

# Summary:

- ✓ Denial
- ✓ Shock
- ✓ Anger
- ✓ Guilt
- ✓ Blame



- ✓ Agitation
- ✓ Helplessness
- ✓ Sense of unreality
- ✓ Misinterpreting information
- ✓ Regret/ anxiety

Describe the physician's responsibilities  
when breaking bad news

# Describe the physician's responsibilities when breaking bad news :

- ▶ **How Should Bad News Be Delivered?**
  - ABCDE approach:
  - Advance preparation
  - Build a therapeutic environment/relationship
  - Communicate well
  - Deal with patient and family reactions
  - Encourage and validate emotions



# A-ADVANCE PREPARATION

- ❖ Familiarize yourself with the relevant clinical information:
  - Having the patient's chart or laboratory data on hand during the conversation.
  - provide information about prognosis and treatment options.
- ❖ Arrange for adequate time in a private, comfortable location:
  - Instruct the staff that there should be no interruptions.
- ❖ Mentally rehearse how you will deliver the news:
  - practice out loud, as prepare for public speaking.
  - Script specific words and phrases to use or avoid.
  - If you have limited experience delivering bad news, observe a more experienced colleague or role play a variety of scenarios.
- ❖ Prepare emotionally.

# B-BUILD A THERAPEUTIC ENVIRONMENT/RELATIONSHIP

- ❖ Determine patient's preferences for what and how much they want to know.
- ❖ Family members or other supportive persons presented (at the patient's discretion):
  - If bad news is anticipated, ask in advance who would like to present and how they would like the others to be involved.
- ❖ Introduce yourself to everyone present
  - ask for names and relationships to the patient.
- ❖ Foreshadow the bad news, "I'm sorry, but I have bad news."
- ❖ Touch where it's appropriate.
  - Some patients or family members prefer not to be touched.
  - **Be sensitive to cultural differences** and personal preference.
  - Avoid inappropriate humor or flippant comments; depending on your relationship with the patient
- ❖ Assure for the patient your vacancy.
  - Schedule follow-up meetings
  - Advise appropriate staff and colleagues of the situation.

# C-COMMUNICATE WELL

- ❖ Speak frankly but compassionately. Avoid medical terms. Use the words cancer or death.
- ❖ Allow silence and tears, and avoid the urge to talk to overcome your own discomfort. Proceed at the patient's pace.
- ❖ Have the patient tell you his or her understanding of what you have said.
  - Encourage questions, use repetition and corrections as needed.
- ❖ Be aware that the patient will not retain much of what is said after the initial bad news.
  - Write things down, use sketches or diagrams, and repeat key information.
- ❖ At the conclusion of each visit, summarize and make follow-up plans.

# D-DEAL WITH PATIENT AND FAMILY REACTIONS

- ❖ Assess and respond to emotional reactions.
  - Be aware of cognitive coping strategies (e.g., denial, blame, intellectualization, disbelief, acceptance).
  - Be attuned to body language.
  - With subsequent visits, monitor the patient's emotional status, assessing for despondency or suicidal ideations.
- ❖ Be empathetic;
  - it is appropriate to say "I'm sorry" or "I don't know."
- ❖ Do not argue with or criticize colleagues; avoid defensiveness regarding your, or a colleague's, medical care.

# E-ENCOURAGE AND VALIDATE EMOTIONS

- ❖ Offer realistic hope:
  - Even if a cure is not realistic, offer hope and encouragement about what options are available.
  - Discuss treatment options at the outset, and arrange follow-up meetings for decision making.

**TABLE 1**

**The ABCDE Mnemonic for Breaking Bad News**

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**A**dvance preparation

- Arrange for adequate time, privacy and no interruptions (turn pager off or to silent mode).
- Review relevant clinical information.
- Mentally rehearse, identify words or phrases to use and avoid.
- Prepare yourself emotionally.

**B**uild a therapeutic environment/relationship

- Determine what and how much the patient wants to know.
- Have family or support persons present.
- Introduce yourself to everyone.
- Warn the patient that bad news is coming.
- Use touch when appropriate.
- Schedule follow-up appointments.

**C**ommunicate well

- Ask what the patient or family already knows.
- Be frank but compassionate; avoid euphemisms and medical jargon.
- Allow for silence and tears; proceed at the patient's pace.
- Have the patient describe his or her understanding of the news; repeat this information at subsequent visits.
- Allow time to answer questions; write things down and provide written information.
- Conclude each visit with a summary and follow-up plan.

**D**eal with patient and family reactions

- Assess and respond to the patient and the family's emotional reaction; repeat at each visit.
- Be empathetic.
- Do not argue with or criticize colleagues.

**E**ncourage and validate emotions

- Explore what the news means to the patient.
- Offer realistic hope according to the patient's goals.
- Use interdisciplinary resources.
- Take care of your own needs; be attuned to the needs of involved house staff and office or hospital personnel.

# Interactive case

# case

**35 years old gentleman presented to your clinic complaining of severe headache , that interferes with his life .**

**The headache started 4 weeks ago and it is progressing with time**

**The headache usually comes at night and it is associated with night sweating**

**He lost more than 10 kilos the last 2 weeks**



- ▶ **After taking detailed history and doing appropriate physical exam and doing the initial lab test , you requested an MRI**
- ▶ **And it shows the following**



► **Meningioma of the brain was confirmed**

**How you are going to approach this patient ?**

**Q1: which of the following should never be used when breaking bad news?**

- A. Compassion**
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**A**



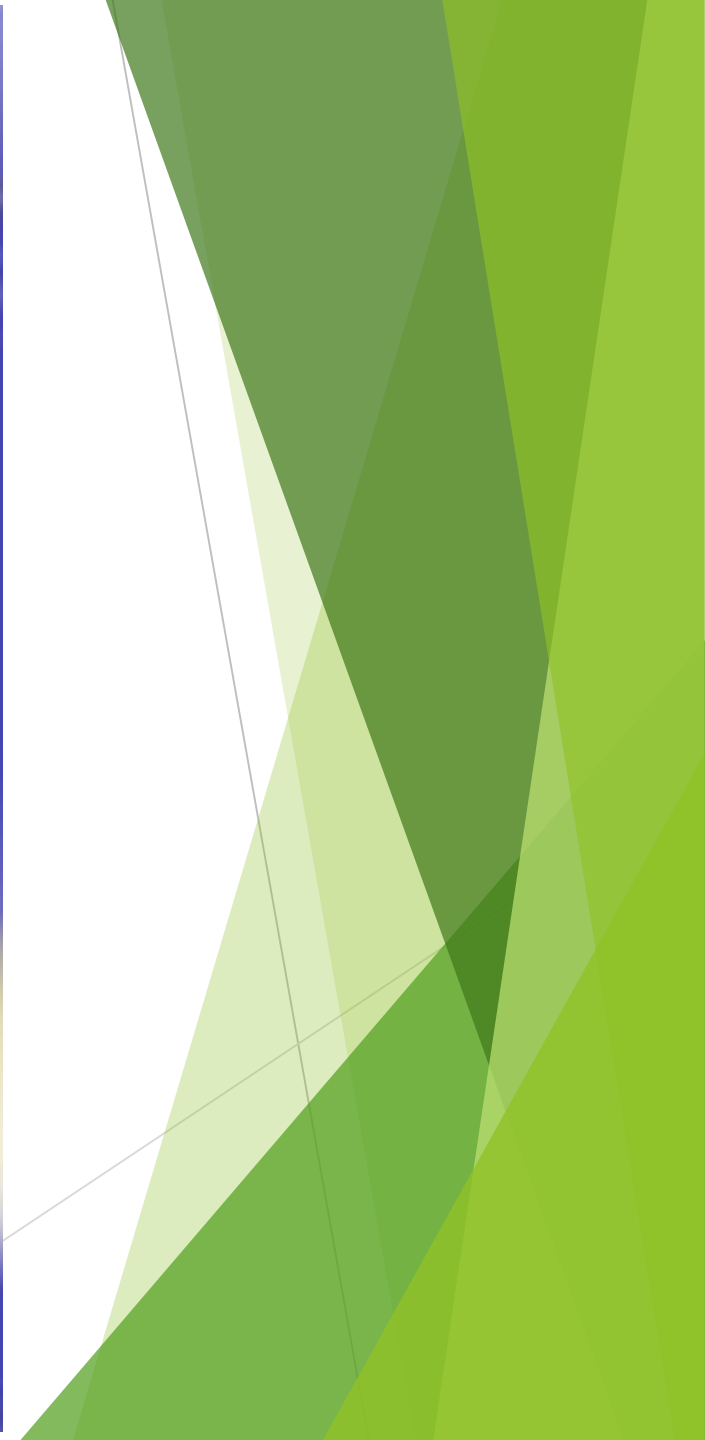
**B**



**C**



**D**



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**Thank you for your attention!**

