

APPROACH TO BREAKING BAD NEWS

Done by:

Basel almeflh

nawaf alkhudairy

saud alshenaifi

Yazeed alsuhaibani

Yousef aljebrin

OBJECTIVES

- the definition of bad news and what does it mean
- Strategy approaches to deliver bad news
- Know the barriers of delivering bad news
- How to respond to patient and family feelings
- Planning and follow-up

QUESTIONS

- 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. Don't tell the complete truth

QUESTIONS

- 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

QUESTIONS

- 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"

Which of the following is the best setting of Breaking Bad news ?



A



B



C



D

DEFINITION OF BAD NEWS

- Any news that drastically and negatively alters the patient's view of her or his future.”
- Bad news is stereotypically associated with a terminal diagnosis
- Family physicians encounter many situations that involve imparting bad news; for example:

EXAMPLES OF BAD NEWS

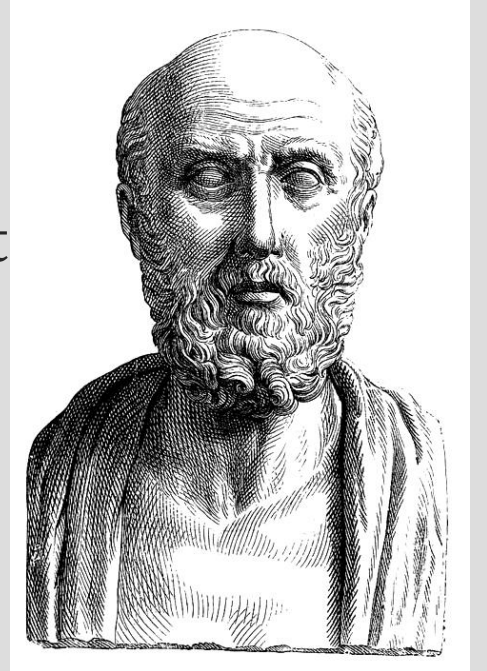
- Terminal disease: Cancer
- Debilitating disease : Paralysis, Impotence
- Chronic illnesses: DM, HTN
- Congenital disease
- Traumatic

WHY IS IT IMPORTANT ?

- 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.

BRIEF HISTORY

- 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.



WHY IS IT IMPORTANT ?

- It's the beginning of a patient-physician journey.
- Ensuring the patient's autonomy and self empowerment.
- Bad news is subjective to the patient so you might not realize how it would really affect the patient.
- To maintain patient-doctor trust.
- To ensure the patient moves forward and fully understands in order to have a positive therapeutic outcome.

APPROACHES TO BREAKING BAD NEWS

APPROACHES TO BREAKING BAD NEWS

➤ ABCDE Approach

➤ SPIKES Protocol

ABCDE APPROACH

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.

SPIKES APPROACH

S - SETTING

- *Arrange for some privacy.*
- *Involve significant others.*
- *Make connection with the patient (Maintaining eye contact)*
- *Manage time constraints and interruptions*
- *Sit down*

P – PERCEPTION

- Events leading up to know
- What do you know ?
- Try to get them say the diagnosis

e.g.

“Could you tell me what happened so far”

“ Do you have any ideas on what the problem might be”

“ Is there anything you have been worried about”

I - INVITATION

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

e.g.

“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
- If the silence is awkward ask how he/she is feeling.
- Use patient’s language

K – KNOWLEDGE

- E.g.
- “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.

E.g.

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

S – STRATEGY

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

PLAN AND FOLLOW UP

- Do not let your patient feel abandoned
- family members will have questions after research
- Schedule a time to get together again, or encourage them to call when they're ready to talk further
- Avoid negative statements “ There is nothing we can do ”
- Assess the patient's risk of self-harm

- It is imperative to be aware of appropriate community organizations to provide quality end-of-life care.
- Explore the patient's goals and then consider what you can offer to meet them.
- It is important to talk about palliative care

MOVING FORWARD

- With an individualized, systematic approach and practiced communication skills, family physicians can successfully manage the difficult responsibility of communicating bad news to patients
- Despite the challenges, family physicians can make a tremendous impact on the lives of their patients during this time of great need.

BARRIERS

- **Physician factors:**
- Delivering bad news when you don't understand your own personal response to the patient's/family's experience
- Delivering bad news while feeling rushed
- Delivering bad news out of your field
- Delivering bad news when you are fatigued
- Delivering bad news to a patient close in age to your own children

- Delivering bad news about a patient who is a child
- Delivering bad news about a patient who is very old
- Delivering bad news when patient/family is in denial
- Delivering bad news to a family of poor dynamics
- Delivering bad news to a patient/family who misinterprets

ANSWERS FOR THE PROVIDED QS

QUESTIONS

- 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. Don't tell the complete truth

Answer: **B**

QUESTIONS

- 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

Answer: **D**

QUESTIONS

- 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"

Answer: **D**

Which of the following is the best setting of Breaking Bad news ?



A



B



C

Answer: **A**



D

Breaking Bad News

SPIKES – a 6 point protocol

Talking with Relatives and Carers

ROLE PLAY

- Case : 27 year old patient Diagnosed with Testicular Cancer.

REFERENCES

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4677873/>

[:http://theoncologist.alphamedpress.org/content/5/4/302.long](http://theoncologist.alphamedpress.org/content/5/4/302.long)

Breaking Bad News. Retrieved August 08, 2017, from <http://www.aafp.org/afp/2001/1215/p1975.pdf>

Old, J. (2011). Communicating Bad News to Your Patients. Retrieved August 08, 2017, from <http://www.aafp.org/fpm/2011/1100/p31.pdf>

https://www.google.com.sa/url?sa=t&source=web&rct=j&url=http://www.cetl.org.uk/learning/feedback_opportunities/data/downloads/breaking_bad_news.pdf&ved=2ahUKEwjkkvyz6-_eAhUNx4UKHRjIDZoQFjAFegQIBhAB&usg=AOvVaw0EyOro7fHbKh9BX_XrOj0PN&cshid=1543159193092

REFERENCES

- Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES: a six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist*. 2000; 5(4):302–311
- J.T. Ptacek, E.G. McIntosh, Physician challenges in communicating bad news, *Journal of Behavioral Medicine* 32 (4) (2009) 380–387.