



PRIMARY HEALTHCARE TEAMWORK

Breaking Bad News

Objectives:

- ★ To understand why this is an important part of communication skills.
- ★ To understand the definition of bad news.
- ★ The students/trainees should become aware of:
- ★ What to do? How to do it? What not to do?
- ★ Students/Trainees should also become familiar with certain illnesses/ problems which may require giving bad news.

Color index:

Original text **Important** Doctor's notes **Golden notes** Extra

Introduction

Introduction

- A difficult but fundamentally important task for **all health care professionals**.
- Physicians feel uncertain & uncomfortable while breaking bad news, leading to being distant & disengaged from their patients. **Also, because they are usually the one who do the screening. Physicians should avoid uncertain decisions and confusing their patient.**
- Recent studies have shown that: Patients generally (50-90%) desire full & frank disclosure, though a sizeable minority still may not want the full disclosure.
- Focused training in communication skills & techniques to facilitate breaking of bad news has been demonstrated to improve patients satisfaction & physicians comfort.
- **Family physicians are the only ones dealing with bad news related to patients from head to toes and from birth to death.**

What is bad news?

- **Any news that drastically and negatively alters the patients view towards his future.**
- It alters one's self-image : I left my house as one person & came home another.

Examples of Conditions Requiring Breaking of Bad News

- **Cancer related diagnoses.**
- **Intrauterine foetal demise.**
- Life long illness: Diabetes, Epilepsy.
- Poor prognosis related to chronic diseases: loss of independence.
- Informing parents about their child's serious mental/physical handicap.
- Giving diagnosis of serious sexually transmitted disease ...catastrophic psychosocial results.
- Non-clinical situations (e.g. teaching) like giving feedback to poorly performing trainees or colleagues.

Psychosocial Context

- Patients response is influenced by previous experiences & current social circumstances--- inappropriate timing
- Even simple diagnosis being incompatible with one's profession---tremors in cardiac surgeon.
- Varying needs of patient & family---patient wishes to know more himself & less information to pass on to family, family wishes vice versa.
- **There is a model called bio-psycho-social-spiritual model, spiritual model is concerned with beliefs, so we should use the holistic approach by dealing with the patient as a whole including the disease and his feelings.**

Breaking of Bad News

Barriers to Effective Disclosure:

- It is referred by some physicians like “dropping the bomb”
- Common Barriers include Physician’s fears of :
 - Being blamed by patient.
 - Not knowing all the answers.
 - Inflicting pain & sufferings.
 - Own illness & death.
- Lack of training.
- Lack of time.
- Multiple physicians---who should perform the task.

Patient’s Preferences and Perspective:

- Most important factors for patients include:



Physician’s competence, honesty & attention.



The time allowed for questions.



Straightforward & understandable diagnosis



The use of clear language.

Family's perspective:

Family members prefer:

- Privacy, **consider the patient's wishes of being alone or with someone else.**
- Good attitude of the person who gives the bad news.
- Clarity of message.
- Competency of physicians.
- Time for questions.

Delivering Bad News:

- **It is not an isolated skill but a particular form of communication.**
- **There are other models of delivering bad news**
 - **BREAKS** > Background, Rapport, Explore, Announce, Kindle & Summarize
 - **SPIKES** > Setting, Perception, Invitation, Knowledge & Emotions > good for oncologist
- Rabow & Mcphee (West J. Med 1999) described: “Clinicians focus often on relieving patients’ **bodily pain**, less often on their **emotional distress** & seldom on their **suffering.**”

ABCDE Of Delivering Bad News

ABCDE of delivering Bad News:

- Advance Preparation.
- Build a therapeutic environment/relationship.
- Communicate well.
- Deal with patient & family reactions.
- Encourage and validate emotions.

A- 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**.
- The way family physician deals with the disease is much different than specialized physician, the role of family doctor is ICE breaking, gives relevant information , connect appropriate people and following up.

B- Build A Therapeutic Environment / Relationship:

- **Introduce yourself** to everyone present.
- **Summarise** where things have got to date, check with patient/relative.
- **Discover what has happened** since last seen
- **Judge how the patient is feeling/thinking**.
- Determine the **patient's preferences** for what and how much he/she wants to know.
- Warning shot "**I'm afraid it looks more serious than we had hoped**".
- Use **touch** where appropriate. (Consider cultural variation)
- Pay attention to verbal & non verbal cues.
- Avoid inappropriate humour.
- Assure patient that you will be available.

C- Communicate Well:

- Speak frankly but compassionately. (While telling the bad news)
- **Avoid medical jargon**. (Mostly happens to students so try to avoid it)
- **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

Breaking of Bad News

D- Deal With Patient & Family Reactions:

- Assess & respond to emotional reactions.
- Be aware of cognitive coping (denial, blame, guilt, disbelief, acceptance, intellectualization).
- Allow for “shut down”, when patient turns off & stops listening.
- Be empathetic; it is appropriate to say “I’m sorry or I don’t know.”
- Family / patient crying may be appropriate.
- Don’t argue or criticize colleagues.

E- Encourage And Validate Emotions:

- Offer realistic hope.
- Give adequate information to facilitate decision making.
- Explore what the news means to the patient & inquire about spiritual needs.
- Inquire about the support systems in place. (Family member)
- Attend to your own needs during and following the delivery of bad news (counter-transference can be harmful).
- Countertransference: is a judgemental application of physician’s examples on the patient future. e.g.saying one of my family members has died because of colon cancer so it is not a big deal if it happens to you.
- Use multidisciplinary services to enhance patient care (hospice).
- Formal or informal debriefing session with concerned team members may be appropriate.

ABCDE Protocol for Delivering Bad News

Advanced preparation

Review the patient’s history, mentally rehearse, and emotionally prepare. Arrange for a support person if the patient desires. Determine what the patient knows about his or her illness.

Build a therapeutic environment/relationship

Ensure adequate time and privacy. Provide seating for everyone. Maintain eye contact and sit close enough to touch the patient, if appropriate.

Communicate well

Avoid medical jargon, and use plain language. Allow for silence, and move at the patient’s pace.

Deal with patient and family reactions

Address emotions as they arise. Actively listen, explore feelings, and express empathy.

Encourage and validate emotions

Correct misinformation. Explore what the bad news means to the patient. Be cognizant of your emotions and those of your staff.

Adapted with permission from Rabow MW, McPhee SJ. Beyond breaking bad news: how to help patients who suffer. West J Med. 1999;171(4):261.

Breaking of Bad News

What to do?

- Introduce yourself.
- Look to comfort and privacy.
- Determine what the patient already knows.
- Warn the patient that bad news is coming.
- Break the Bad News.
- Identify the patient's main concern.
- Summarize and check understanding.
- Offer realistic hope.
- Arrange follow up and make sure that someone is with the patient when he leaves.

How to do it ?

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

What not to do ?

- Hurry.
- Give all the information in one go.
- Give too much information.
- Use medical jargon or unclear language/words.
- Lie or be economical with the truth.
- Be blunt. Words can be like loaded pistols/guns.
- Guess the prognosis (She has got 6 months, may be 7)

Here is the reading materials provided by the Doctor

Models of Breaking Bad News

- There are several protocols and mnemonics to guide the delivery of bad or serious news, including:

SPIKES

ABCDE

BREAKS

SPIKES

S

Setting

I

Invitation

E

Emotions

P

Perception

K

Knowledge

S

Strategy / Summary

SPIKES Protocol for Delivering Bad News

Step	Key points	Example phrases
Setting	Arrange for a private room or area. Have tissues available. Limit interruptions and silence electronics. Allow the patient to dress (if after examination). Maintain eye contact (defer charting). Include family or friends as patient desires.	"Before we review the results, is there anyone else you would like to be here?" "Would it be okay if I sat on the edge of your bed?"
Perception	Use open-ended questions to determine the patient's understanding. Correct misinformation and misunderstandings. Identify wishful thinking, unrealistic expectations, and denial.	"When you felt the lump in your breast, what was your first thought?" "What is your understanding of your test results thus far?"
Invitation	Determine how much information and detail a patient desires. Ask permission to give results so that the patient can control the conversation. If the patient declines, offer to meet him or her again in the future when he or she is ready (or when family is available)	"Would it be okay if I give you those test results now?" "Are you someone who likes to know all of the details, or would you prefer that I focus on the most important result?"
Knowledge	Briefly summarize events leading up to this point. Provide a warning statement to help lessen the shock and facilitate understanding, although some studies suggest that not all patients prefer to receive a warning. Use nonmedical terms and avoid jargon. Stop often to confirm understanding.	"Before I get to the results, I'd like to summarize so that we are all on the same page." "Unfortunately, the test results are worse than we initially hoped." "I know this is a lot of information; what questions do you have so far?"
Emotions	Stop and address emotions as they arise. Use empathic statements to recognize the patient's emotion. Validate responses to help the patient realize his or her feelings are important. Ask exploratory questions to help understand when the emotions are not clear.	"I can see this is not the news you were expecting." "Yes, I can understand why you felt that way." "Could you tell me more about what concerns you?"
Strategy and summary	Summarize the news to facilitate understanding. Set a plan for follow-up (referrals, further tests, treatment options). Offer a means of contact if additional questions arise. Avoid saying "There is nothing more we can do for you." Even if the prognosis is poor, determine and support the patient's goals (e.g., symptom control, social support).	"I know this is all very frightening news, and I'm sure you will think of many more questions. When you do, write them down and we can review them when we meet again." "Even though we cannot cure your cancer, we can provide medications to control your pain and lessen your discomfort."

Steps	Key points	Example
Setting up the interview	<p>-How to prepare for the interview?</p> <ol style="list-style-type: none"> 1. Arrange for some privacy. 2. Involve significant others. 3. Sit down. 4. Make connection with the patient. 5. Manage time constraints and interruptions. Double check pt data and results!! <p>-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.</p> <p>-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.</p>	
Assessing the patient's perception	<p>-Before discussing the medical findings, use open-ended questions to create a reasonably accurate picture of how the patient perceives his/her medical situation.</p> <p>-Based on this information you can correct misinformation and tailor the bad news to what the patient understands.</p>	<p>-“What have you been told about your medical situation so far?”</p> <p>-“What is your understanding of the reasons we did the MRI?”</p>
Obtaining the patient's Invitation	<p>When a clinician hears a patient expresses a desire for information, it may lessen the anxiety associated with delivering the bad news.</p>	<p>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?”</p>
Giving knowledge & information to the patient	<p>-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...”</p> <p>-Try to use nonmedical words, “spread” instead of “metastasized” and “sample of tissue” instead of “biopsy”.</p> <p>-Avoid excessive bluntness, “You have very bad cancer and unless you get treatment immediately you are going to die.”</p> <p>-Give information in small chunks and check periodically as to the patient's understanding.</p> <p>-When the prognosis is poor, avoid using phrases such as, “There is nothing more we can do for you.”</p>	
Addressing the patient's Emotions with empathic responses	<p>-Patients' emotional reactions may vary from silence to disbelief, crying, denial, or anger.</p> <p>-Observe for any emotion on the part of the patient.</p> <p>-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.</p>	<p>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.</p> <p>Patient: I've been afraid of this! [Cries]</p> <p>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.</p>
Strategy and Summary	<p>-Before discussing a treatment plan, it is important to ask patients if they are ready at that time for such a discussion</p> <p>-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</p> <p>-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</p>	



BREAKS Protocol For Delivering Bad News

BREAKS Protocol for Delivering Bad News

Background

Know the patient's background, clinical history, and family or support person.

Rapport

Build rapport, and allow time and space to understand the patient's concerns.

Explore

Determine the patient's understanding, and start from what the patient knows about the illness.

Announce

Preface the bad news with a warning; use nonmedical language. Avoid long explanations or stories of other patients. Give no more than three pieces of information at a time.

Kindle

Address emotions as they arise. Ask the patient to recount what you said. Be aware of denial.

Summarize

Summarize the bad news and the patient's concerns. Provide a written summary for the patient. Ensure patient safety (e.g., suicidality, ability to safely drive home) and provide follow-up options (e.g., on-call physician, help line, office appointment).

NURSE Mnemonic For Expressing Empathy:

NURSE Mnemonic for Expressing Empathy

Technique	Example phrases
Naming	"It sounds like you are worried about..." "I wonder if you are feeling angry."
Understanding	"If I understand what you are saying, you are worried how your treatments will affect your work." "This has been extremely difficult for you."
Respecting	"This must be a tremendous amount to deal with." "I am impressed with how well you have handled the treatments."
Supporting	"I will be with you during the treatments." "Please let me know what I can do to help you."
Exploring	"Tell me more about your concern about the treatment side effects." "You mentioned you are afraid about how your children will take the news. Can you tell me more about this?"

Summary

What to Do?

- Introduce yourself.
 - Look to comfort and privacy.
 - Determine what the patient already knows.
 - Warn the patient that bad news is coming.
 - Break the Bad News.
 - Identify the patient's main concern.
 - Summarize and check understanding (*safety netting*).
 - Offer realistic hope.
 - Arrange follow up and make sure that someone is with the patient when he leaves.
- Very important.*

How to DO it	What NOT to do (<i>Very important</i>)
<ul style="list-style-type: none"> ● Be sensitive. ● Be empathic and consider appropriate touching. ● Maintain eye contact. ● Give information in small chunks. ● Repeat and clarify. ● Regularly check understanding. ● Do not be afraid of silence or tears. ● Explore patient's emotions and give him time to respond. ● Be honest if you are unsure about something ● <i>Talk slowly</i> 	<ul style="list-style-type: none"> ● <i>Hurry, using inappropriate body language, showing bad attitude, and lose sympathy and empathy.</i> ● Give all the information in one go ● Give too much information ● Use medical jargon or unclear language/words ● Lie or be economical with the truth ● Be blunt. Words can be like loaded pistols/guns. ● Guess the prognosis (She has got 6 months, may be 7)

Case 1:

Dr. Y: is seeing Mrs.Norah for routine follow-up. Labs done during last visit reveals a new diagnosis of diabetes. Dr. Y has noted that Norah has been losing weight and suspected diabetes. He has already formulated a care plan for her involving further testing, diet, and exercise.

- **Dr. Y:** “Do you remember we did some lab tests for you last month?”
- **Mrs. Norah:** “Yes.”
- **Dr. Y:** “Your blood sugar was 344”?
- **Mrs. Norah:** “344? Is that bad?”
- **Dr. Y:** “ Yeah! I think you may have diabetes.”
- **Mrs.Norah :** “Diabetes? But I don’t even like sweets!”
- **Dr. Y:** “Yeah. I have ordered some other tests.”
- **Mrs.Norah :** “Does that mean insulin shots for the rest of my life?”
- **Dr. Y (hurriedly):** “Maybe.... I have ordered a Glucose Tolerance Test and will see you after 2 weeks .”
- **Mrs.Norah** (still in mild shock): “But no one in my family has diabetes , how come this happen to me.”
- **Dr. Y :** I need to see another patient now ,be realistic , this is life

What was not addressed: “You have a life altering chronic illness. How are you reacting to this?”

- Major life changes of patients like diabetes and cancer are bad news can be delivered to the patient, it must be handled very well by using ICE mode, sympathy and empathy, letting the patient express his feelings, answering his questions, explaining treatment options, and having shared care.
- Doctors should master the steps of managing patients and their concerns and how they break bad news professionally and briefly in a good empathetic & sympathetic way.

Cases From The Doctor

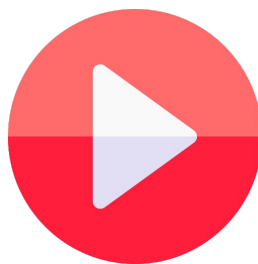
Case 2:

You are a 65 year old lady with a lump in right breast with pain for 4 month .Her husband died of Colon Cancer 2 years before . There is no family history of Breast Cancer .Today you have come to the doctor to find out the findings of the hospital report on the biopsy of the lump.
Report: The report shows that the lesion has malignant cells.

How would you break this news to the patient and conduct the consultation?

- Major life changes of patients like diabetes and cancer are bad news can be delivered to the patient, it must be handled very well by using ICE mode, sympathy and empathy, letting the patient express his feelings, answering his questions, explaining treatment options, and having shared care.
- Doctors should master the steps of managing patients and their concerns and how they break bad news professionally and briefly in a good empathetic & sympathetic way.

Case 3:



- Never give or promise he will be ok but be realistically optimistic.
- Give patients enough time.
- **Be wise while using countertransference.**
- Consider the appropriate way and flow when delivering or transferring the news and information to patients.

Lecture Quiz

Match each step with its applicable example .

Steps	Key examples
C. Setting	“Are you someone who likes to know all of the details or would you prefer that I focus on the most important results?” ...
D. Perception	“Yes , I can understand why you felt that way ” ...
A. Invitation	“Before we review the results , is there anyone else you would like to be here ” ...
F. Knowledge	“What is your understanding of your test results thus far” ...
B. Emotions	“Even though we cannot cure your cancer , we can provide medications to control your pain and lessen your discomfort” ...
E. Strategy and summary	“I know this is a lot of information ; what questions do you have so far ?” ...

THANKS!!

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*Send us your feedback:
We are all ears!*