

## DELIVERING BAD NEWS

### **CREATE AN APPROPRIATE SETTING**

1. Physical setting: Choose a quiet, comfortable room, turn off beeper, check personal appearance, have participants, including yourself, sitting down.
2. Know the basic information about the patient's disease, prognosis, treatment options.
3. Who should be present?
  - (a) Ask the patient whom they want to participate--clarify relationships to patient. Make sure legal decision-maker is present.
  - (b) Decide if you want others present (e.g. nurse, consultant, chaplain, social worker) and obtain patient/family permission. **Note:** for life-threatening bad news, it is recommended that you have a nurse, social worker, or chaplain present, to assist you and provide additional emotional support to the patient and family.
4. Obtain a skilled medical interpreter if the patient or family do not speak English or are deaf.
5. Think through your goals for the meeting as well as possible goals of the patient.
6. Remember to use the Ask-Tell-Ask approach to discussion:
  - ASK their understanding
  - TELL the key medical information
  - ASK again to assess comprehension.

### **BREAKING BAD NEWS**

#### **1. First Steps**

- Determine if the patient and family can understand information--are there medical, cognitive or psychological reasons for diminished understanding (e.g. pain, mental retardation, delirium, dementia, emotional upset, etc.).
- Discover what the patient and family already knows-- make no assumptions. For example, ask "What is your understanding of your present condition?" or "What have the doctors told you about your condition?" Shape your discussion to the patient's and family's needs.
- Before presenting bad news, it is sometimes appropriate to provide a concise (2-4 sentences) narrative overview of the patient's hospitalization, diagnostics procedures, and medical status so that every one has a common source of information; avoid use of jargon.

**2. Speak slowly, deliberately and clearly.** Provide information in small chunks. Check reception of news frequently; closely observe patient body language.

**3. Give fair warning** --"I am afraid I have some bad news for you", then pause for a moment.

**4. Present the bad news in a succinct manner.** Be prepared to repeat information and present additional information in response to patient and family needs.

#### 5. Sit quietly and listen to the patient

- Allow the patient time to absorb the news. You may wait for the patient to respond, or you may offer support (e.g. "I'm so sorry"), but avoid the common mistake of rushing forward and talking because you are anxious

#### 6. Anticipate common reactions

- overwhelming emotion--anger, fear, sadness, crying, isolation, guilt, relief, helplessness, anxiety
  - numbness, often presenting as an absence of emotion
  - relief at having definitive information
  - collusion--request to withhold information from patient or family members
- listen carefully and actively;; acknowledge and validate the patient's and family's reactions and thoughts. Offer empathic statements:
- *This is very difficult news*
  - *This must be very hard.*

#### 7. Recognize and reflect the patient's emotions

- For example, when a patient begins to cry the clinician may be quiet at first and then say "I see that you are crying." If a patient shouts in anger "This is unfair" the clinician might say "You are feeling very angry" or "This feels very unjust."

#### 8. Give an early opportunity for questions and comments

- **Present information at the patient's and family's pace.** Do not overwhelm with detailed information at the first setting. The discussion is like peeling an onion. Provide an initial overview, then assess understanding and answer questions. Then provide the next level of detail, assess understanding and answer questions. Provide additional detail, or move back to the overview in response to the patient's and family's needs.
- **Be flexible and responsive.** Allow the patient's and family's concerns and needs to mold the discussion.
- **Be mindful** of your own feelings, thoughts and reactions. Don't allow your reactions to derail you, offer false reassurance, over-talk, or commit other communication errors.
- **Ask** "How can I help."

#### 9. Agree on a follow-up plan

- *I will return later today, write down any questions you may have*
- Involve other team members in the follow-up plan

#### 10. Document and debrief

- Who was present? What information was discussed? What actions need to be taken now? What follow-up is planned?
- Assess your own feelings and debrief with a colleague
  - Guilt ("This is my fault. I missed his early symptoms. I'm not supposed to cause emotional pain.")
  - Anger ("I wouldn't be in this situation if she had come for regular checkups...")
  - Fear ("They are going to blame me for this. This same thing could happen to me.")

- Sadness (“How can this happen to this person?”)

### ***GIVING BAD NEWS BY TELEPHONE***

1. Avoid when possible—consider home or office visit. If you expect an important test result, schedule an office visit in advance to review results.
2. Make sure you have time to talk.
3. Clarify who you are speaking to and their relationship to the patient.
4. Introduce yourself and your role in the patient's care.
5. Verify that they can talk now.
6. Give fair warning --"I am afraid I have some bad news."
7. In some cases you may want to offer to meet with the individual at the hospital or your office to present and discuss the bad news.
8. Offer to contact others--family members, clergy, neighbors

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