BREAKING BAD NEWS

REFLECTION ON THE PROCESS
AIM OF THE SESSION

- What are good communication skills
- Use a framework for breaking bad news
- Difficulties and barriers to good communication
COMMUNICATION

• “Good communication between health professionals and patients is essential for the delivery of high quality care”
  The NHS Cancer Plan 2000
FEEDBACK FROM PATIENTS

Patients give priority to:

• being treated with *humanity, dignity and respect*
• having *good communication* with health professionals
• being given *clear information* about their condition
• receiving the *best possible symptom control*
• receiving *psychological support* when they need it

The NHS Cancer Plan, September 2000
WHAT IS EFFECTIVE COMMUNICATION

• Involves the ability to draw out and identify patients concerns, worries and information needs.
• Involves tailoring information appropriately to identified needs and concerns.
• Involves enabling the patient to be involved in the decision making process.
GOOD COMMUNICATION

• Can influence patients emotional health, symptom resolution, function and physiologic measures i.e blood pressure and to decrease reported pain and drug usage (Stewart 1996)
EFFECTS ON THE WORK FORCE

• Insufficient training in communication is a major factor contributing to stress, lack of job satisfaction and emotional burnout in healthcare professionals (Fallowfield and Jenkins 1999)
LISTENING AND ATTENDING

• Are by far the most important aspects of being a Health Care Professional.
• Everyone needs to be listened to
• If we can “listen” to someone, we can really help them
ATTENDING

• It is the act of truly focusing on the other person.
• It involves consciously making ourselves aware of what a person is saying and of what they are trying to communicate to us
• It is concerned with our ATTENTION
LISTENING

• It is the process of “HEARING” the other person

• This involves not only what they say, but also a whole range of other aspects
ASPECTS OF LISTENING

• **Linguistic aspects of speech**
  • Refers to the actual words and phrases used

• **Paralinguistics**
  • Refers to all aspects of speech that are not words – timing, tone, volume, pitch and accent

• **Non-verbal aspects of communication**
  • Body language – facial expression, use of gestures, body position, movement, proximity to others, touch
USE OF MINIMAL PROMPTS

• Whilst listening to a person, it is important to show that you **ARE** listening.
• The use of minimal prompts aids this.
  • Nod of the head, “mm’s”, “yes’s”
• Caution! Overuse can be irritating – sometimes such prompts are not necessary.
• Often, all the person wants is to be listened to and appreciates it when someone does.
BEHAVIOURAL ASPECTS TO LISTENING

• Sit squarely in relation to the patient/relative
• Maintain an open position
• Lean slightly towards the person
• Maintain reasonable eye contact with the person
• RELAX!
QUESTION TECHNIQUES

• Do not use closed questions i.e.:
  How old are your children
  When were you diagnosed
  Does that hurt

• Use open questions i.e.:
  How are you
  How did it all start
  Can you tell me more about your treatments?
  What was your hospital stay like
  How have you been physically since I last saw you
  How did you feel when you heard that?
AIDS TO EFFECTIVE LISTENING

- Attention
- Suspension of judgement by the health care professional
- Attention to the behavioural aspects of listening
- Avoidance of interpretation
- Judicious use of minimal prompts
THE “DO’S” OF EFFECTIVE COMMUNICATION

• Respect
• Empathy
• Genuineness

These are important attitudes that help develop a therapeutic relationship with the patient and their families
BAD NEWS

• Truth like medicine, can be intelligently used, respecting its potential to help and to harm
  Avery Weisman

• Bad news can be defined as any information that drastically alters a patient’s view of their future for the worse  Buckman 1992

• Specialist counsellors are NOT the answer – the skills are needed by ALL Doctors and Nurses and other Clinical staff, and are easily taught and understood
BAD NEWS

• A patient has a right not a duty to hear bad news which is why negotiation is needed

• Most patients want 2 things
  • A certain amount of information
    • The right amount of information
  • Opportunity to talk and think about their situation
    • A therapeutic dialogue
HEALTHCARE PROFESSIONALS CONCERNS ABOUT IMPACT ON PATIENT

- Uncontrollable upset
- Angry and shout
- Run out of the room
- Refuse treatment
- Go silent
- Start asking difficult question
- That we may damage the patient somehow
  - Give up and die
  - Commit suicide
CONCERNS ABOUT IMPACT ON THE HEALTHCARE PROFESSIONAL

• Facing difficult questions
• Taking up too much time
• Coping with our own emotions
• Facing ones own failure

Maguire 1999
PROBLEMS IN THE WORKING ENVIRONMENT

• Lack of privacy, time and space
• Lack of support
• Colleagues not perceived as being concerned about our welfare
• Lack of help when needed

Booth et al 1996
OTHER REASONS

• Patient cannot find the right words to express their concerns / fears
• Relevant questions were not asked by health professional
• Patients cues met by distancing: change of subject e.g. “how's your family”
PATIENT REASONS FOR NON DISCLOSURE

- Patients may have fears
  - of being stigmatised
  - being judged ungrateful or inadequate
  - of breaking down and crying
  - of burdening health professionals
  - of causing distress to the professional
MODELS USED FOR BREAKING BAD NEWS

• They are a guide to enable relevant healthcare professionals to communicate effectively and compassionately when delivering bad news
PREPARATION

• Use normal courtesies, including friendly greetings and goodbyes.
• Check what the patient prefers to be called.
• Introduce those present and explain their roles.
• Plan appropriate leading statements and use them, e.g. "I have come to talk with you about your condition/what you have been told already/I am really sorry, but I have some bad news".
GIVING A DIAGNOSIS

• Ensure the patient is in as good a condition as possible, fully recovered from anaesthetic/ sedation etc, and wherever possible sitting up and clothed

• Arrange support, a specialist nurse, the patient’s preferred nurse, or the nurse-in-charge, ensuring that the nurse has the time to stay to talk with the patient and give support after the doctor has left

• Ensure the room is as private as possible and there are enough seats for everyone
• Step 1
• Know all the facts
• Who should be present
• Set time aside
WHAT IS KNOWN - STEP 2

- What is known
- Check level of understanding
- Words and phrases used, avoid jargon
- Main concerns
- Beliefs (drugs, cancer etc)
- Expectations of the future
INFORMATION WANTED - STEP 3

- If patient wants more information move to step 5
- If the patient is unsure..
- If the patient declines further information
ALLOW FOR DENIAL - STEP 4

• Allow for denial
  • Denial is due to fear
  • It is a coping strategy
  • Do not give un requested information
  • Most patients will ask for more information when they feel more secure
  • Challenging denial (once there is a relationship of trust)
WARNING SHOT - STEP 5

- Warning shot
- Pause
- More information (go gently, patients can over estimate the amount of new information they can handle)
EXPLAIN IF REQUESTED - STEP 6

- Patients level of understanding
- Patients preferred level of understanding
- Doctors level of understanding

information gap

gap
ELICIT CONCERNS - STEP 7

Elicit concerns

Patient feels satisfied with consultation

Patient can return for information and support

Patient is distressed

Premature reassurance excessive explanation

Patient feels dissatisfied with consultation

Bad news
VENTILATION OF FEELINGS - STEP 8

• Naming the emotion
• Say what you see
• Key points
• Verbalising of feelings is healing in its own right, provided the feelings are acknowledged
• E.g. it seems to me that you are feeling....
SUMMARY AND PLAN - STEP 9

- Offer leadership to them
- Re-enforces individuality
- Avoids unrealistic promises
- Prepares for the worst (reducing unrealistic fears)
- Hopes for the best
OFFER AVAILABILITY - STEP 10

• Reasons
• Key points
  • Further explanation
  • Emotional adjustment
  • Meet the relatives
• Adjustment to bad news takes time and is similar to the process of grief
The bad news about breaking bad news is that it is never easy; doing it well is always an uncomfortable act.

Noble (1991)
REFERENCES

• Fallowfield L and Jenkins V (1999) Effective Communication Skills are the Key to good Cancer Care: European Journal of Cancer 35(11): 1592-1597
• Stewart MA (1996). Effective physician-patient communication and health outcomes: a review; Canadian Medical Association Journal, 152:1423-1433