Breaking Bad News

The process of breaking bad news
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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
How we communicate

- Body Language: 55%
- Words: 38%
- Tone of Voice: 7%
• Listening is not the same thing as waiting to speak
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
- Avoidance of interpretation
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 one's 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
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, family, friend, 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
Honest communication

End of life & palliative care. Thinking about the words we use

https://www.youtube.com/watch?v=nokDDalo_gM
Models used for breaking bad news

• They are a guide to enable relevant healthcare professionals to communicate effectively and compassionately when delivering bad news
Breaking Bad News 10 Step Approach
Peter Kaye 1996

• 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 unrequested 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
- Information gap
- Doctors level of understanding

Diagram:
- Arrow pointing from Patients level of understanding to Patients preferred level of understanding.
- Arrow pointing from Patients preferred level of understanding to Information gap.
- Arrow pointing from Information gap to Doctors level of understanding.
Elicit concerns - step 7

- Elicit concerns
  - Patient feels satisfied with consultation
    - Patient can return for information and support
  - Patient feels 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

- Key points
- Re-enforces individuality
- Avoids unrealistic promises
- Prepares for the worst (reducing unrealistic fears)
- Hopes for the best
- Offer leadership to them
Offer availability - step 10

- Reasons
  - Further explanation
  - Emotional adjustment
  - Meet the relatives
- Adjustment to bad news takes time and is similar to the process of grief
BREAKING BAD NEWS

• 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

Communication courses
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