Acknowledgement

This course was developed in 2004 with many revisions since then; Drs. Drew Rosielle and Kathryn Neuendorf were important contributors to past editions.
Objectives

- Describe two reasons that clinicians fail to give bad news in an honest, succinct manner.
- Describe how patients want bad news to be delivered.
- List at least four key steps in presenting bad news.
- List three things a clinician can do to demonstrate empathy.
Disclaimer

While this program provides educational information, this information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some of the information cites the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling.

Accordingly, the official prescribing information should be consulted before any such product is used.
Steps of giving bad news

- Write down the steps, in order..
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - etc.
Historically, clinicians have not done a good job at presenting bad news in an honest, succinct manner. Why?

- Guilt: “I should have found the cancer sooner”
- Fear of provoking uncomfortable emotional reaction in patient or self: “What if I start crying”
- Fear of destroying hope: “I don’t want to be the one that takes away all hope”
The Clinician as Messenger

Resulting in …

- half truths and misinformation
- reliance on medical jargon that patients do not understand
- lack of clarity for appropriate goal setting
- false hope
What do patients tell us …

- Patients almost always want direct, truthful information—when in doubt, ask!
- Patients find effective ways to cope with bad news—thus, clinicians need not feel responsible for “destroying hope”
- Clinician empathy and honesty will promote improved trust, clearer goal setting, and decision making.
Delivering Bad News–Key Steps

1. Prepare yourself
   - Personal grooming
   - Facts: know as much as you can about the medical issues, anticipate questions
   - Recognize limitations in your knowledge
   - Check your emotions—what feelings do you have about the patient and news that may impact how/what you say.
2. Check the environment
   - Privacy; adequate seating
   - Ensure all relevant / requested parties are present
   - Turn off beeper/phone
   - Medical interpreter if needed
3. Check readiness to receive information
   → Determine if any of the following are present:
     ✓ Cognitive deficits
     ✓ Pain or other symptoms that will interfere with understanding
     ✓ Extreme emotional disturbance
4. Determine what the patient already knows
   - “What do you understand about your condition?”

5. Give a warning shot
   - “I’m afraid I have some bad news”
   - “The test results are not good”
6. Present *Bad News* succinctly ..
   ▪ Speak slowly, deliberately, clearly
   ▪ No medical jargon
     “The biopsy is positive for cancer”
   ▪ Allow silence
   ▪ Do not rush into further discussion
7. Allow silence, give patient time to react and ask questions
   Count silently to 30-60; if patient does not speak,
   then ask: “can you tell me what you are thinking about”
   • Acknowledge and validate reactions prior to any further discussion; let patient lead flow of discussion.
8. Invite questions
9. Make a follow-up plan
   “make a list of questions, let's meet again tomorrow to discuss further”
   - Clarify your role in future medical care
   - Be empathetic
   - Listen, reflect, validate, use touch
Responding to Emotional Reactions

- Overwhelming emotion may limit further discussion
  - Crying
  - Anger: “the last doctor should have found this”
  - Numbness: “I don’t know what to say, I’m numb”
  - Denial: “It’s not me, the lab must have mixed up the specimens”

- Silence (active listening), empathy and validation of feelings, will help with most emotional reactions
10. Document
   - Who was present?
   - What information was discussed?
   - What follow-up is planned?
Assess Your Own Feelings

- 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 check ups.”

- Fear
  - “They are going to blame me for this.”

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

Seek out others to debrief your feelings, take care of yourself physically, pay attention to your close relationships.
Delivering Bad News by Telephone

- Avoid if possible
- Make sure you have time to talk
- Clarify who you are speaking to
- Introduce yourself and your role
- Give a warning shot
- Offer to meet at the hospital or your office to present the bad news
- Offer to contact others
Summary of Key Steps

1. Prepare yourself
2. Check the environment
3. Check readiness to receive information
4. What does the patient already know?
5. Give warning shot
6. Give bad news
7. Allow silence; respond to emotion
8. Invite questions
9. Make a follow-up plan
10. Document
Summary

- Giving bad news can be emotionally challenging.
- Providing honest, succinct information is usually preferred by patients.
- Using a standard method of presenting information can be helpful to you and the patient.
Read supplementary material: Fast Facts

#29   Responding to emotion
#47   What do I tell the children?
#59   Dealing with anger
#64   Informing significant others of a patient’s death
#76   Telephone notification of death

Fast Facts are available at: www.capc.org
Learning Points

List 3 new things you learned from this presentation.

1.
2.
3.
References


