Objectives

Know why “good” communication of “bad” news is important

Understand the 6-step protocol for delivering bad news:
- know what to do at each step
- know how to facilitate the process
- know when/where to convey bad news
Importance

- Most people want to know what is happening
- Communication Strengthens the provider-patient relationship and
- Fosters collaboration
- Encourages realistic goals and autonomy
- Permits patients and families to plan and cope

Role and Communication Skills

Communication is an essential skill for health practitioners. Many of us find it challenging to convey bad news, especially when it involves a life-threatening illness. Some of us feel inadequately prepared or ill-experienced. Others fear that the news will be distressing and adversely affect the patient, family, or the therapeutic relationship.

Think about a situation like this that you have been involved in and hold it in your mind's eye as we continue.
These are the Six Steps

1. Getting started-
   Creating the right atmosphere

2. Finding out what the patient knows

3. Finding out what the patient wants to know

Adapted from Robert Buckman, MD

The 6 step protocol has been adapted from How to break Bad News: A Guide for Health Care Professionals by Robert Buckman.

Think about each of these points as they relate to your experience.

The first 3 steps deal with preparatory activity that could be completed before the session in which you actually deliver the bad news.
6-step protocol

4. Sharing the information with the patient and family members or supportive other persons

5. Responding to the patient’s (and others) feelings

6. Creating a plan for next steps and follow-up

Adapted from Robert Buckman, M.D.

At the fourth step, the news is delivered. The last 2 steps permit you to respond to the patient’s reactions and constructively plan for the follow up.
“No, I didn’t tell her! After all, I’m not a psychiatrist!”
(the radiologist’s last email).

Nancy’s NP took a deep breath and mentally reviewed the case. Nancy was a 48 year old woman who had colon ca 4 years ago. She did well after an intensive array of interventions – radiation, surgery, chemotherapy. She had good follow-up, too. But lately she just was not herself. Staff thought it was an exacerbation of her psychosis.
(Nancy also suffered from schizophrenia.)
The last set of studies were devastating – not only had it returned, it had returned with a vengeance. There were no viable options, and she was to be referred to hospice. Nancy had already returned to her group home (of several years) where she lived with 7 other persons with serious mental illness and program staff. I knew that she had a short time to live.

As I drove to the house in the rain, I struggled with how to share the news with Nancy and her roommates and staff (or better, her “family”).

Making the last turn approaching her home, I shuddered...
Step 1: Getting started

- Plan what you will say
  - confirm the medical facts first
  - don’t delegate, no matter how much you might want to

- Create a conducive emotionally supportive environment

Before starting to communicate any news, plan what will be discussed.
Confirm the medical facts - ensure that all needed information is gathered and available.
If the task is unfamiliar, rehearse what you will say.
Don’t delegate this important interaction to anyone else.
Create an environment conducive to effective communication - ensure privacy and adequate seating. Keep a box of facial tissues handy.
Step 1: Getting started

- Allot adequate time
  - prevent interruptions (forward the phone, put the pager on “silent”, turn off the call phone).

- Determine who else the patient would like present and be sure they are there.

Allot adequate time - do not slip this into short interval between other critical appointments or meetings.
Prevent interruptions - arrange to hold all telephone calls and pages.
Determine who else the patient would like to have present for the discussion - might be family, significant other, surrogate decision makers and/or pastor, chaplain, etc.
For pediatric patients, have staff available to be with the child while information is conveyed to parents.
Step 2: Find out what the Patient knows

- Ask him or her what they think the meeting is about, how much they already know about their illness
- Assess ability to comprehend new bad news (confused?)
- Reschedule if patient is unprepared, asks for “another time to do this”, or appropriate supportive persons are not present.

Establish what the patient and family knows about the patient’s health - to get an idea of what they are expecting from your communication.
In pediatric patients, make this determination with the child’s parents.
Ascertain if patient and family will be able to comprehend the bad news Questions might include:

- What do you understand about your illness?
- How would you describe your medical situation?
- Have you been worried about your illness or symptoms?
- What did other doctors tell you about your condition or any procedures that you have had?
- When you first had symptoms X, what did you think it might be?
- What did Doctor X tell you when he sent you here?
- Did you think something serious was going on when?

Response of patient - patient might be silent or seem to be completely unprepared or unable to respond. If so, ease the situation and stimulate a conversation with patient by asking patient to clarify his/her understanding of illness. Identify absent family members or others on whom patient relies.
If patient still remains silent, and this is ineffective - patient might require more support - might be better to reschedule.
Step 3: Finding out how much the patient wants to know

Recognize and support various patient preferences

To do this, you ask a question:

“How much do you want to know?”

- The person may decline voluntarily to receive additional information
- They may designate someone else to communicate on his or her behalf

Think about your own experience or scenario – what questions would you ask?
Some might include the following:
If this condition turns out to be something serious, do you want to know?
Would you like me to tell you the full details of your condition? If not, is there somebody else you would like me to talk to?
Some people really do not want to be told what is wrong with them, but would rather their families be told instead. What do you prefer?
Do you want me to go over the test results now, and explain exactly what I think is wrong?
Whom should I talk to about these issues?
Step 3: Finding out how much the patient wants to know

People handle information differently

Consider the person’s
  race    ethnicity
  culture  religion
  socioeconomic status
  age and developmental level

Think about influences of race, ethnicity, and culture.
Advance Preparation

- Initial assessment

- Preparation for critical tests
  What does the patient know? (step 2)
  How does the patient handle information? (step 3)

This takes place before conveying the bad news.

The initial assessment, and subsequent discussions that prepare the patient for critical tests, all provide opportunities to determine what the patient already knows and how he or she would like to have information managed.

Always respect the patient’s wishes.
If the family says “don’t tell”

- You have a legal obligation to obtain informed consent from the patient for tests and treatments
- Promote congenial family alliance while exploring reasons for their request
When family says “don’t tell”

- Ask the family:
  - Why not tell?
  - What are you afraid I will say?
  - Have you had bad previous experiences?
  - Ask yourself: Is there a personal, cultural, or religious context that bears on this request?

- Talk to the patient with the family present
Step 4: Sharing the information

How to Say It

- avoid monologue,
- promote dialogue
- avoid jargon
- pause frequently
- check for understanding - ask “do you understand what I just said?”
- use silence, body language

Deliver the information in a sensitive but straightforward manner.
Go back to your own scenario – think about ways that you would use to break bad news.
Step 4: Sharing the information

- Don’t minimize severity of the situation
  - avoid vagueness, confusion
- Don’t convey “I’m sorry”
  - that could be misinterpreted as the Medical staff are responsible for situation or pity.
- Instead, say “I’m sorry to have to tell you this”
  - be empathic, not guilty

Do not minimize the severity of the situation. Well intentioned efforts to “to soften the blow” may lead to vagueness and confusion. Here are some possibilities:
- I feel bad to have to tell you this, but you have relapsed.
- I’m afraid the news is not good. The biopsy showed that the colon cancer is back again.
- Unfortunately, there’s no question about the new test results: it’s cancer
- The report is back, and it’s not as we had hoped. It showed that there is cancer in your colon again.
Step 5: Respond to their feelings

Expect

- **Affective responses**
  - tears, anger, sadness, love, anxiety, relief, etc.

- **Cognitive responses**
  - denial, blame, guilt, disbelief, fear, loss, shame, intellectualization

- **Basic psychophysiological response**
  - fight-flight responses
  - (panic/denial)

Patients and families respond to bad news in variety of ways.
Step 5: Responding to feelings

- Be prepared for
  - an outburst of strong emotion
  - broad range of reactions

- Give sufficient time for them to react
- Do not appear uncomfortable or in a rush

Outbursts of strong emotions make most of us uncomfortable.

Think back to your scenario and imagine that the patient and family have strong emotional outbursts. Describe your feelings to yourself as this is happening - are you frightened? Do you feel guilty? Do you wish that you did not “get into this” at all?

All of these are normal reactions to the delivery of bad news. However, communicating this information in a manner that the patient and family can understand it (and checking to be sure that they do) is a critical part of helping them through.
Stay Calm

Expect strong emotion

To cope with this:

Imagine yourself as a large shore rock.

Their feelings are waves passing over you.

The waves do not dislodge you.

Imagine that you are a large rock, anchored at the edge of the breaking waves. Let the emotions flow over and around you. Remain steadfast and solid.

Remain strong and convey it nonverbally.
Step 5: Responding to Feelings

- Listen quietly, and attentively
- Encourage descriptions of feelings
- Use nonverbal empathic communication (ex. lean forward, offer tissues, nod head)
- Acknowledge emotions
- Be supportive

Patients should be asked to describe their feelings.

Here are some more ideas – but it is best to come up with and use words and phrases that are comfortable TO YOU.

- I imagine this is difficult news...
- You appear to be angry. Can you tell me what you are feeling?
- Does this news frighten you?
- Tell me more about how you are feeling about what I just said
- What worries you most?
- I wish the news were different
- I'll try to help you
- Is there anyone you would like for me to call?
- I'll help you tell your son
- Your Mom and Dad are sad now. They'll feel better when you get better

Remind them that their responses are normal - Make a box of facial tissue available - Offer a drink of water, a cup of tea, or something else that might be soothing - allow time for patient/family to express all their immediate feelings, don't rush them - once their emotion is “spent” most people will be able to move on. This will enhance the patient-physician relationship, and facilitate future decision making and planning.
**Step 6: Planning, follow-up**

- **Plan for the next steps**
  - additional information, tests
  - treatment for symptoms, especially pain
  - referrals as needed

- **Discuss potential sources of support**
  - groups
  - extended family
  - therapist
  - etc.

Reassure the patient and family that they are not being abandoned and that the team will be actively engaged in an ongoing plan to help - provide contact information - establish next appointment.
Step 6: Planning, Follow-up

- Give contact information
  - include emergency access numbers
- Set next appointment
- Before ending the session, assess:
  - the safety of the patient
  - the understanding of the family
  - supports at home
  - review Emergency Interventions
- Repeat “bad” news, plans, and interventions at the next visit

Before leaving, assess patient safety -
• Is the patient able to drive home alone?
• Is the patient distraught, feeling desperate or suicidal?
• Is there someone at home to provide support?

At future visits, elements of this protocol need to be revisited. Many patients and families require repetition of the news to gain a complete understanding of their situation.
When language is a barrier

Use a skilled translator who is
- familiar with medical terminology
- comfortable translating bad news

Speak directly to the patient
- use short segments
- repeat often
- verify understanding
- check emotional response

The 6 step protocol can be used when the patient does not speak the same language as you do.
Get skilled translators to help you in advance of the meeting with the patient.
Brief the translator before the interview and reassure them their role is only to translate. Verify that they are comfortable translating the news you are about to give.
When working with a translator, sit in a triangular arrangement so that you can face and speak directly with the patient, yet still turn to look at the translator. Speak in short segments, then give the translator time to convey the information.
When Language is a Barrier

- Do not use family as primary translators
  - this may confuse family members who are unable to translate medical concepts
  - family members may modify the news to protect the patient and supplement the translation

- Consider telephone translation services if necessary
Communicating Prognosis

Some patients want to plan
Others are seeking reassurance

*There are no crystal balls*

A person’s motivation for knowing the prognosis is different in each case.
However, many want to have a sense of what their life is going to be like as time passes, how much time they have to make arrangements, and what is it going to be like “at the end.”

Some patients are terrified, and obviously extremely anxious.

All patients deserve planning and reassurance.
Communicating Prognosis

ASK

“What are you expecting to happen?”

“How specific do you want me to be?”

“What experiences have you had with:

Others with the same illness?
Others who have died?”

Before directly answering questions about prognosis, inquire about the reasons for asking.
Think about what questions you might ask to get a “handle” on this.

Here are some possibilities:
• What are you expecting to happen?
• How specific do you want me to be?
• What experiences have you had with others with a similar illness?
• What experiences have you had with others who have died?
• What do you hope/dream will happen?
• What is your nightmare about what will happen?
Communicating Prognosis

- Remember that patients vary –
  The 2 extremes are those who
  - “plan” and want more details, and
  - those who seek reassurance and
    want less information

- Tailor the information to the characteristics of the patient

- Avoid precise prognostic answers (there aren’t any)
Communicating Prognosis

- Explain the limits of prediction
  - We will hope for the best, and plan for the worst
  - We will have a better sense over time
  - We can’t predict surprises, so you might get your affairs in order

- Reassure availability, repeatedly, whatever happens

Caution patients and families that unexpected surprises can happen. Suggest that they get their affairs in order so they won’t be so vulnerable if something unexpected does occur.

Help them clarify for themselves what can be realistically expected and distinguish this from what might be most wished for or feared.
Caregiver Communication

Maintain common chart or log book for the team
- goals for care
- treatment choices
- what to do in an emergency
- likes, dislikes
- things to do / not to do
- contact information
- communicate with your colleagues

It is critical to share information with the entire team. Be sure to maintain chart or log close to the patient that can be shared by all who provide care, including physicians.

Pooled information can:
- facilitate a continuous plan of care,
- avoid constant repetition of questions,
- and avoid unwanted activities.
Be sure that data is recorded accurately and accessible to everyone.
Communicating Bad News
Summary

- The 6-step protocol - guidelines and practical suggestions
- Help convey medical information effectively and compassionately
- Address patient and family - feelings and needs
- Discuss approaches in various situations
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