

Breaking Bad News

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Clinical Skills Sessions

- ▶ Preparation for clinical rotations
- ▶ Practice sessions
- ▶ Learn from experience and each other

Bad News

“...situations where there is either a feeling of no hope, a threat to a person’s mental or physical well-being, a risk of upsetting an established lifestyle, or where a message is given which conveys to an individual fewer choices in his or her life” (Bor et al 1993:70)

The diagram illustrates a session structure with five sequential steps in the center, flanked by two sidebars. The steps are: 'Initiating the session', 'Gathering information', 'Physical examination', 'Explanation and planning', and 'Closing the session'. The left sidebar, labeled 'Providing structure', contains two small gray boxes at the top. The right sidebar, labeled 'Building the relationship', also contains two small gray boxes at the top. Large gray arrows on both sides point downwards, indicating a flow. The bottom of the diagram features a blue and black abstract graphic.

Initiating the session

Gathering information

Physical examination

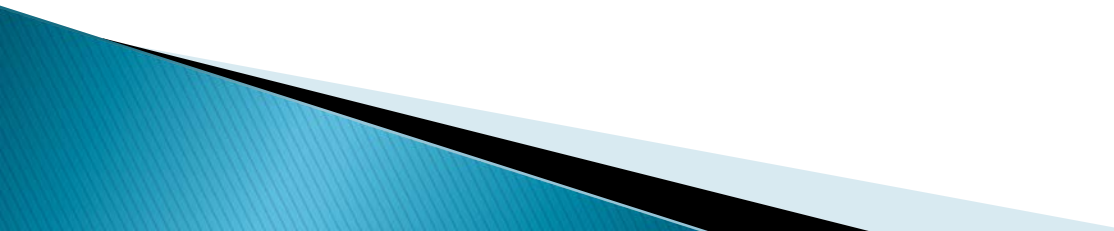
Explanation and planning

Closing the session

**Providing
structure**

**Building the
relationship**

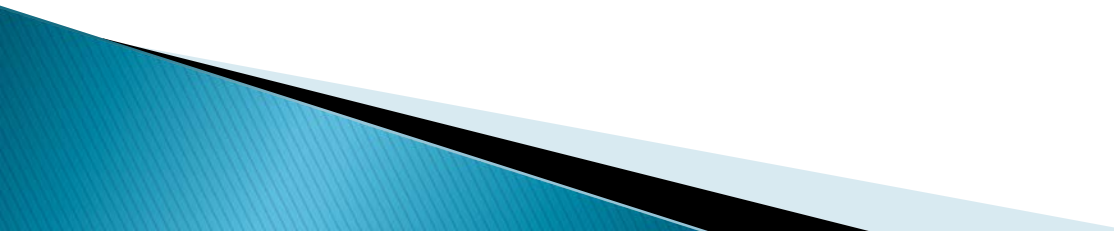
Sources of clinician discomfort

- ▶ Responsibility for pain/misfortune
 - ▶ Perceptions of failure
 - ▶ Feelings about illness and death
 - ▶ Concern about patient response
 - ▶ Concern about clinician response
 - ▶ Not systematically taught or modeled
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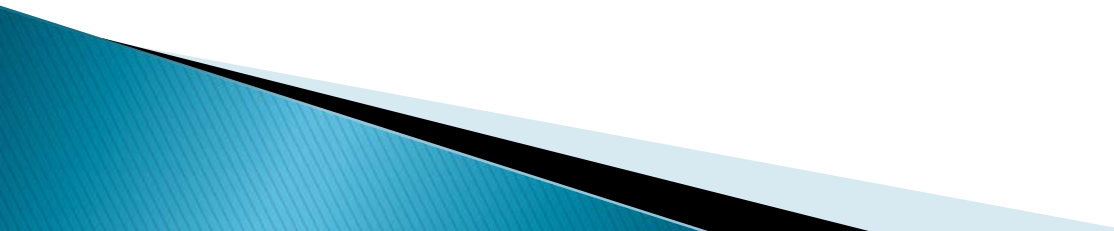
Example

- ▶ Amy Johnson, 47 y.o., new diagnosis of glioblastoma

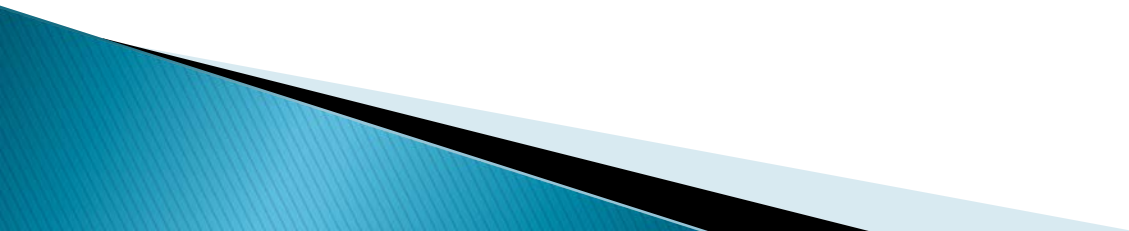
Primary problems

- ▶ Avoidance
 - ▶ Not responding to patient cues
 - ▶ Not listening
 - ▶ Inappropriate type and amount of information
 - ▶ Lack expression of empathy and support
 - ▶ Lack of supportive closure
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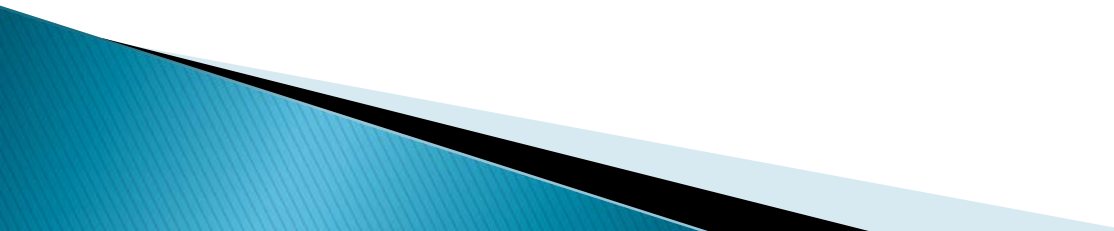
Impact of ineffective communication

- ▶ Increased patient emotional distress
 - ▶ Decreased patient understanding of illness and options
 - ▶ Interference with patient adherence
 - ▶ Clinician/patient relationship
 - ▶ Decreased patient satisfaction
 - ▶ Decreased clinician satisfaction
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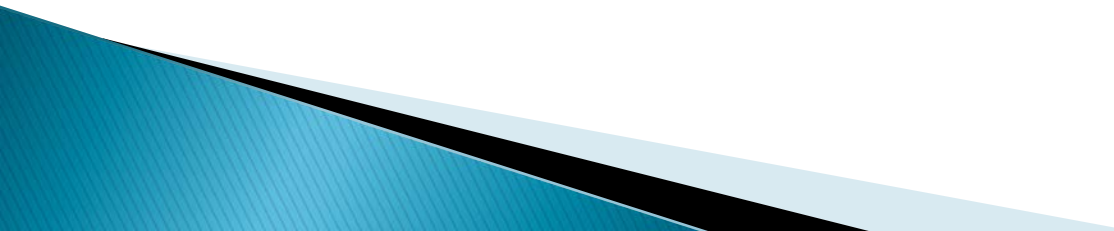
Example



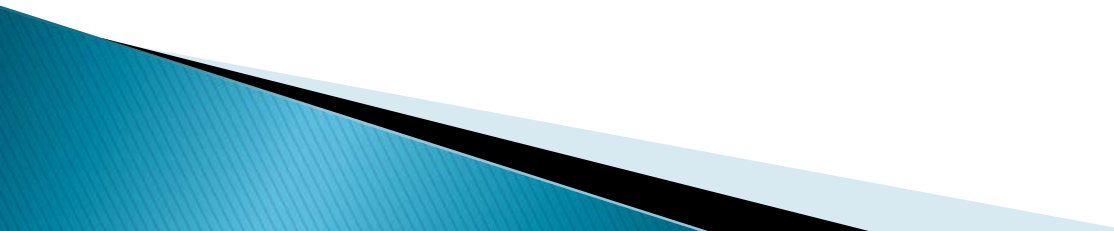
Skills: SPIKES protocol

- ▶ Setting
 - ▶ Patient's Perception
 - ▶ Invitation for Information
 - ▶ Knowledge
 - ▶ Explore Emotions and Empathize
 - ▶ Strategy and Summary
- 

Advanced preparation

- ▶ Advance agreements
 - ▶ Assess your own response and grieve
 - ▶ Plan what you will say
 - ▶ Know the patient
- 

Setting: Get the setting right

- ▶ Allot adequate time
 - ▶ Create privacy
 - ▶ Appropriate non-verbal
 - ▶ Determine who else the patient would like present
- 

Patient's Perception

- ▶ Review and assess patient's knowledge
- ▶ Assess patient expectations and how much they match the medical situation at hand

Patient knowledge

- ▶ ...the way I found out about it was I called (my doctor's) office and (the receptionist) said, "oh, honey the doctor needs to see you right away." Well, when she said that, that was like a knife had been stuck in me and twisted a little bit, I knew I had cancer. I made an appointment after my job and (the doctor) just confirmed what I already knew, unfortunately, or fortunately for me.

Invitation for Information

- ▶ Find out what and how much they want to know
- ▶ Offer choices more than once

Knowledge: Sharing information

- ▶ Set up: warning shot or main goal
- ▶ Use language appropriate to patient
- ▶ Give information in small chunks
- ▶ Assess patient's response and empathize

Patient response

- ▶ We came back and he told me it was cancerous. It was just like my whole body went dead. I went completely numb. The doctor sat and told us things. I never heard another word he said. It is just like one of these movies you see that mouths are going and people are acting but there is no sound, like when you put your television on mute.

Patient response

- ▶ The first emotion I can tell you, absolute terror. Fear, it goes beyond fear. You hear the word cancer, you automatically expect to die. You just know it. There isn't any other way. You are going to be the one that nothing works on, you're gonna die.

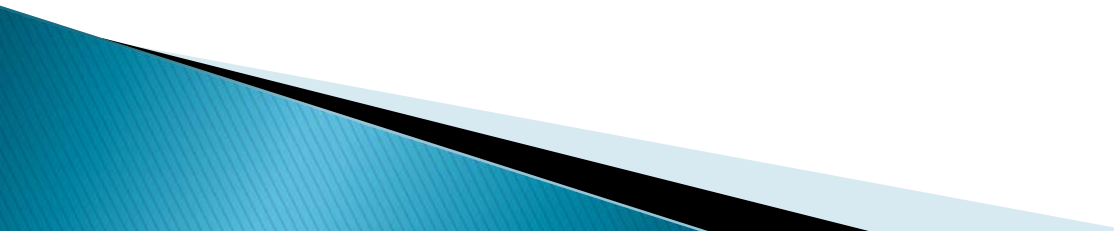
Patient response

- ▶ Your mind is racing like how long am I going to be out of work. I am going to have to make lesson plans for eight weeks. It also raced through my mind how did I get it? Was it because of stress or was it just luck of the draw. You want to know why you have it when there is no answer.

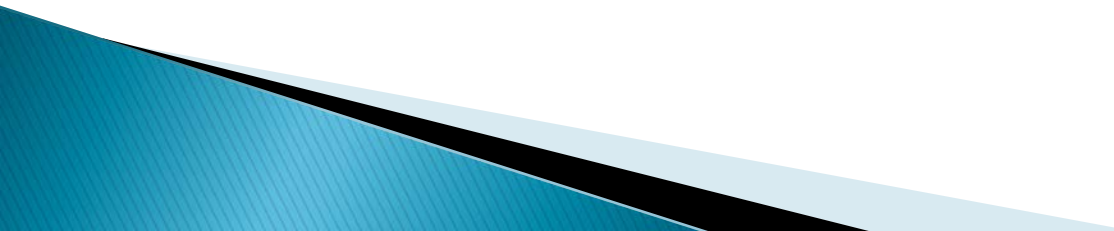
Patient response

- ▶ I didn't cry because I was trying to be this really brave trooper and all I wanted to do was scream, but I didn't. I wanted to scream and I just cried all the way home.

Explore Emotions and Empathize

- ▶ Assess patient's response and empathize
 - ▶ Convey empathy through:
 - Encourage description of feelings
 - Acknowledgement/reflection
 - Legitimization
 - Partnership
 - Support
 - Sensitive silence
- 

Sharing information

- ▶ Use language appropriate to patient
 - ▶ Give information in small chunks
 - ▶ Signpost when moving to new topics
 - ▶ Assess patient's response and empathize
 - ▶ Check patient understanding
 - ▶ Follow patient cues about need for information
 - ▶ Respond appropriately to patient questions
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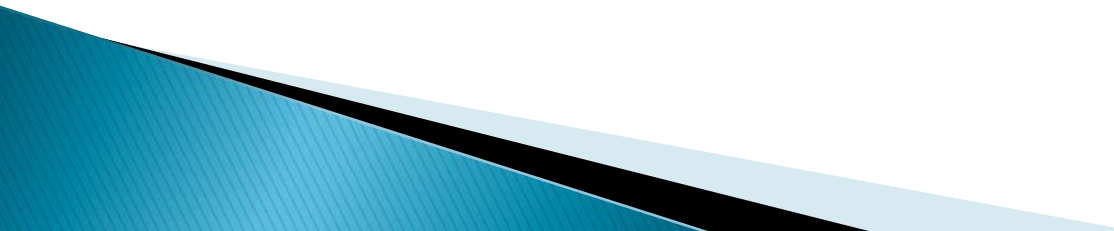
Strategy and Summary

- ▶ Outline immediate options and information choices

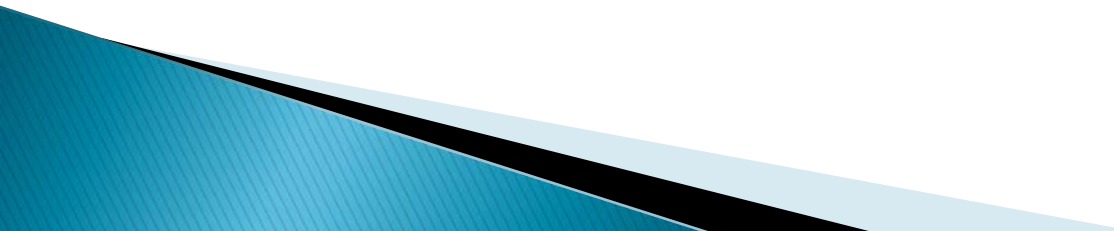
Patient information

- ▶ By going back on Tuesday, on Tuesday I was able to listen to him. I had questions that he had already answered before and I knew he had, but he was very patient. He sat there and answered them all again for me.
Answered every one that I wanted to ask.

Strategy and Summary

- ▶ Indicate treatment/management options exist
 - ▶ Assess patient's understanding of situation and what will happen next
 - ▶ Assess patient's social support and need to communicate with others
 - ▶ Assess present emotional state
 - ▶ Provide means of contact for further questions
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Communicating Prognosis

- ▶ Patients vary in what they want
 - ▶ Inquire about reasons for asking
 - ▶ Avoid precise dates (use weeks, months)
 - ▶ Emphasize limits of prediction
 - ▶ Reassure availability, whatever happens
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Communicating bad news

- ▶ Utilization of good communication techniques make this difficult task less distressing for both clinician and patient
- ▶ This is a skill that can be learned and enhanced through practice

Personal Experience

