

E M O T I O N S
M E E T I N G
P A T I E N T ' S P E R S P E C T I V E
A D E Q U A T E L A N G U A G E
T R U T H
H O P E
Y E M P O W E R M E N T f o r P A T I E N T ' S

TRUTH and **H**OPE. The news should be communicated straightforwardly and in the simplest way possible. Right before breaking bad news, it is worthwhile to say the so called warning sentence enabling the patient to raise his guard. Examples: "I wish the news were better" or "I'm sorry I can't have better news for you". You should resist the temptation to comfort the patient immediately after breaking the news. A moment of silence is perceived by patients as a sign of respect for them. The next stage of the discussion is to assure the patient of continued care and constant readiness to support him, present a plan for treatment, details of the prognosis, and answer his questions. Due to the stress, the patient is usually only able to remember about 40 per cent of the information communicated thereto during the discussion. For that reason, it is a good idea to propose a specific date for another discussion with the patient so that he may receive answers to his questions. The period between the two discussions will enable the patient to formulate his concerns more clearly. A suggestion for the patient to write his questions down is a good idea. A plan like this makes it possible for the patient to avoid the feeling that he has insufficient knowledge and to avoid repeated unsatisfactory discussions. You should avoid the following expressions during a discussion with the patient: "there's nothing we can do" or "there is no hope". It is important to tell the truth without taking away hope, regardless of the patient's medical condition. In some cases, that would be hope for a period without pain, enabling the patient to make some of his dreams come true, or for a treatment which is not crippling, and in some other cases, for a complete recovery.



