

A SIX-STEP PROTOCOL TO COMMUNICATE BAD NEWS

Step 1. Getting Started

Planning What to Say

- Before starting to communicate any news, plan what will be discussed
- Confirm the medical facts of the case
- Ensure that all the needed information is available
- If this is an unfamiliar task, rehearse what you will say
- Don't delegate the task

Creating a Conducive Environment

- Ensure privacy and adequate seating
- A box of facial tissues should be handy
- For pediatric patients, have staff available to be with the child while information is conveyed to the parents, first

Allotting Adequate Time

- Do not slip this into a short interval between other critical tasks
- Prevent interruptions
- Arrange to hold telephone calls and pages

Determining Who Else the Patient Would Like Present

- Individuals the patient may wish to have present for the discussion include:
 - Family
 - Significant others
 - Surrogate decision-makers
 - Key members of the interdisciplinary team (nurse, social worker, chaplain, etc)
- For pediatric patients, include parents

Step 2. Finding Out What the Patient Knows

What to Ask

- Start the discussion by establishing what the patient and family know about the patient's health
- With this information, ascertain if the patient and family will be able to comprehend the bad news
- Questions might include:
 - "What do you understand about your (your child's) 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 symptom 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...?"

When the Patient Seems Unprepared

- Occasionally a patient (or a parent if the patient is a child) will fall silent and seem completely unprepared or unable to respond
- To ease the situation and stimulate discussion

- Try to clarify what the patient understands about his or her medical history and recent investigations
- Identify absent family members or others on whom the patient relies
- Consider rescheduling the meeting for another time...
 - If the efforts described above seem ineffective
 - If the patient remains silent
 - If it appears the patient requires more support

Step 3. Finding Out How Much the Patient Wants to Know

Recognizing and Supporting Patient Preferences

- Each patient has the right to:
 - Decline voluntarily to receive information
 - Designate someone to communicate on his or her behalf
- People may handle information differently based on:
 - Race
 - Ethnicity
 - Culture
 - Religion
 - Socioeconomic status
 - Age
 - Developmental level
- Ask the patient and family how they would like to receive information
- If the patient prefers not to receive critical information, establish to whom information should be given
- Possible questions 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?"

Advance Preparation

- Before actually delivering the bad news it is important to...
 - Conduct an initial assessment
 - Hold subsequent discussions to prepare the patient for critical tests
- These discussions will provide opportunities to determine...
 - What does the patient know? (step 2)
 - How does the patient handle information? (step 3)

When the Family Says "Don't Tell"

Professional Responsibility, Family Preferences, and Patient Rights

- Many times, family members will ask the physician not to tell the patient the diagnosis or other important information
- In these cases, physicians may feel caught between:
 - A legal obligation to obtain informed consent from the patient, and
 - Maintaining a congenial alliance with the family in order to ensure a successful therapeutic relationship
- Rather than confronting their request with "I have to tell the patient," ask them:
 - "Why do you feel that I shouldn't tell?"
 - "What are you afraid I will say"
 - "What are your previous experiences with bad news?"
 - "Is there a personal, cultural, or religious context to your concern, that I should try to understand?"
- Suggest "Why don't we go to the patient together to ask how much he or she wants to know about his or her health and to what questions there might be"

When the Patient is a Child

- Parents may not want the child told about the illness
- This protective instinct is understandable, but may ultimately be problematic
 - As the child experiences treatments and procedures, he or she will perceive there is a problem
 - The child may feel distrustful and misled when this happens
- To avoid this, a better initial plan is to help the parents to understand that this is likely to occur
- Make a Child Life or Child Psychology staff member available to help the parents and the medical team communicate important medical information to the child at an age-appropriate level

Handling Difficult Cases

- Some situations may require significant negotiation
- In particularly difficult cases, support from the institutional ethics committee may be very helpful
- Ultimately, it may be decided, after discussion with the patient, that details of diagnosis and prognosis and treatment decisions will be discussed only with family
- Unless the patient has previously indicated that he or she wants no information, hiding the diagnosis or important information about prognosis or treatment from the patient is neither ethical nor legally acceptable.
- Physicians do not need to feel constrained to practice in a way that compromises care or feels unethical
- If the physician and the family cannot come to agreement, the physician may choose to withdraw from the case and transfer care to another physician

Avoiding Pitfalls

- There are racial, ethnic, and cultural differences in the preferred handling of information
- While useful as a background, global conclusions about such differences rarely help with decision-making for an individual
- Ask a patient about general preferences for the handling of medical information and decision-making early in the clinical relationship before significant information needs to be shared
- This will help the clinician to avoid making a misstep

Step 4: Sharing the Information

General Guidelines for Breaking Bad News

- Deliver the information in a sensitive but straightforward manner. Say it, then stop
- Avoid delivering all of the information in a single, steady monologue
- Use simple language that is easy to understand
- Avoid technical jargon or euphemisms
- Pause frequently, check for understanding
- Use silence and body language as tools to facilitate the discussion
- Do not minimize the severity of the situation--Well-intentioned efforts to "soften the blow" may lead to vagueness and confusion

Examples of How to Break Bad News You might choose to break bad news by using language like:

- "Mr. Lopez, I feel badly to have to tell you this, but the growth turned out to be cancer."
- "I'm afraid the news is not good. The biopsy showed that you have colon cancer."
- "Unfortunately, there's no question about the 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."
- "I'm afraid I have bad news. The bone marrow biopsy shows your daughter has leukemia."

When and How to Say "I'm Sorry"

- Be aware that the phrase "I'm sorry" may be easily misinterpreted...
 - To imply that the physician is responsible for the situation
 - As pity or aloofness
- If you use the phrase, adjust it to show empathy
- For example, "I'm sorry to have to tell you this"

Step 5. Responding to Feelings

How do People Respond to Bad News? Patients and families respond to bad news in a variety of ways, including affective, cognitive, and psychophysiological responses:

- Affective responses include:
 - Tears
 - Anger
 - Sadness
 - Love
 - Anxiety
 - Relief
- Cognitive responses include:
 - Denial
 - Blame
 - Guilt
 - Disbelief
 - Fear
 - Loss
 - Shame
 - Intellectualization
- Basic psychophysiological responses include:
 - "Fight or flight"
 - Leaving the room
 - Withdrawal
- Parents may become very emotional when thinking about actually telling their child the diagnosis

What Can the Physician Do? Outbursts of strong emotion make many physicians uncomfortable. The following guidelines describe ways to overcome this discomfort and respond in a supportive and helpful way to patients and families as they react to receiving bad news

15 Ways Physicians Can Help Patients and Families Cope with Bad News:

- 1) Be prepared for a broad range of reactions, including outbursts of strong emotion
- 2) Give the patient and family time to react
- 3) Be prepared to support them through their reactions
- 4) Listen quietly and attentively
- 5) Acknowledge their emotions
- 6) Ask them to describe their feelings:

"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?"

"What does this news mean to you?"

"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"

- 7) Remind them that their responses are normal

- 8) Make a box of facial tissue available
- 9) Use nonverbal communication
- 10) Consider touching the patient in an appropriate, reassuring manner
- 11) Offer a drink of water, a cup of tea, or something else that might be soothing
- 12) Allow time for the patient and family to express all of their immediate feelings
- 13) Don't rush them
- 14) Remind yourself that once the emotion is "spent", most people will be able to move on
- 15) Remember that a shared understanding of the news and its meaning will enhance the physician-patient relationship and facilitate future decision-making and planning

Step 6. Planning, Follow-up... Establish a plan for the next steps, which may include:

- Gathering additional information
- Performing further tests
- Treating current symptoms
- Helping parents to tell their child about their illness and what treatment will be like for them
- Arranging for appropriate referrals
- Explaining plans for additional treatment

Assess Support Discuss potential sources of emotional and practical support, including:

- Family
- Significant others
- Friends
- Social worker
- Spiritual counselor
- Peer support group
- Professional therapist
- Hospice
- Home health agency
- Sources of support for an ill child's siblings

Provide Reassurance

- Reassure the patient and family that they are not being abandoned
- Emphasize that the physician will be actively engaged in an ongoing plan to help
- Indicate how the patient and family can reach the physician to answer additional questions
- Establish a time for a follow-up appointment

Ensure Patient Safety In order to ensure that the patient will be safe when he or she leaves, ask yourself...

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

Future Visits

- At future visits, elements of this protocol may need to be revisited
- Many patients and families require repetition of the news to gain a complete understanding of their situation

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