

Breaking Bad News and Grief

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Contents

- Definition, Objectives, Basic Guidelines, Coping with Patient Stress, Management
- Examples & Difficult Situations, Methods of Delivering Bad News
- Patient Response To Reaction, Do's and Don'ts

What is breaking bad news?

- “**Bad news**” are any news that drastically and negatively alters the patient's view of her or his Future.
- Examples: Cancer, fetal death, diabetes, RA, failure of treatment, recurrence of the disease

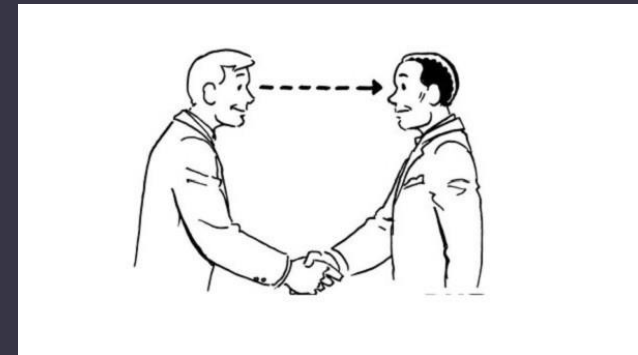


● **Why** Is it important?

- A Frequent but Stressful Task
- Patients Want the Truth
- Ethical and Legal Imperatives
- Clinical Outcomes

Basic guidelines

- Plan the consultation, check facts, set aside ample “plentiful” time.
- Meet in an appropriate room with privacy and no interruption.
- Ask the patient if they would like company (e.g. a relative or friend).
- Make good eye contact and be alert for non-verbal responses.
- Use simple, understandable language.
- Be honest and diplomatically to the point (don't cover up the issue).
- Allow time, silence, tears or anger.
- Avoid inappropriate methods and don't give precise predictions about life expectancy



Coping with **patient responses**

- The responses cover a wide range—stunned silence, disbelief, acute distress, anger, extreme guilt.

Be prepared for any of these responses.

- Appropriate training using simulated patients, video replays and skilled feedback to improves your communication skills.
- Give permission and encouragement for reactions, such as crying and screaming.
- Have a box of tissues available.
- A comforting hand on the shoulder or arm or holding a hand is an acceptable comfort zone.
- Offer a cup of tea or a cool drink if available.
- Ask the patients or relatives how they feel, what they would like to do and if they want you to contact anyone



Management

- 1- Tell the patient the diagnosis
- 2- Establish the patient's knowledge of the Diagnosis
- 3- Establish the patient's attitude to the diagnosis and management
- 4- Educate the patient about diagnosis
- 5- Develop a management plan for the presenting problem
- 6- Explore other preventive opportunities
- 7- Reinforce the information
- 8- Provide take-away information
- 9- Evaluate the consultation
- 10- Arrange follow-up

Examples

- Life threatening illness. (e.g.: Cancer, HIV)
- Congenital anomalies & mental retardation in children.(e.g. Down, Cerebral palsy)
- Degenerative conditions. (e.g.: Alzheimer, Dementia)
- End organ failure. (e.g. Heart failure, Kidney failure)
- Death
- Other Situations

*Disease recurrence / spread of disease.

*Irreversible side effects.

*Issue of palliative care and resuscitation.

Why is it difficult?

- The **Patient's** Perspective

- *Patients often have vivid memories of receiving bad news.

- *Serious illnesses may reduce quality of life.

- The **Physician's** Perspective

- *Fear of upsetting the patient's family roles or structure.

- *Fear of causing pain / being blamed / fear of therapeutic failure / emotional reaction.

- *Lack of time / training in breaking bad news.

To Whom the BBN to be Given?

- Certain legal and ethical guidelines in clinical practice make it difficult to withhold important and personal information.
- It is good practice first to discuss these situations with a colleague or within a multidisciplinary health care team.
- There are some specific situations in which you may need to consider whether to give bad news. → psychotic or child
- If a patient is deemed to be **psychotic**, and presumably may not understand what has happened, there may be reason to withhold bad news.
- When treating a **child**, one usually confers with the parent or chaperone before breaking bad news.

Methods of delivering bad news

Methods

- ABCD approach – Ramos and McPhee
- SPIKES approach – Baile and Buckman
- BREAKS approach – Pakistan
- SAD NEWS approach – Canada
- SAAIQ emergency approach – Pakistan

ABCD approach ...

- Advance preparation.
- Build therapeutic environment / relationship
- Communication well
- Deal with patient and family reactions.
- Encourage and validate emotions.

Advanced preparation

- Arrange a time and place that comfortable to patient.
- Prepare emotionally.
- Practice delivering the bad news before hand.
- Arrange for the presence of a support person and appropriate family.
- Ask what patient already knows and understand.



Build a therapeutic environment / relationship

- Arrange a private, quiet place without interruptions.
- Provide adequate seating for the all supporter if they are present.
- Sit close enough to the patient if appropriate culturally and religiously.
- Reassure about pain, suffering if that possible.



Communicate well

- Be direct
- Do NOT use euphemisms, jargon, or acronyms.
- Ask the patient to repeat his or her understanding of the news.
- Arrange additional meetings.
- Use repetition and written explanations of reminders.



Deal with patient and family reaction..

- Assess patient reaction
- Conservation / withdrawal
- Cognitive coping strategies (denial, blame, intellectualization, disbelief, acceptance)
- Affective responses
- Listen actively, explore feelings, express empathy.



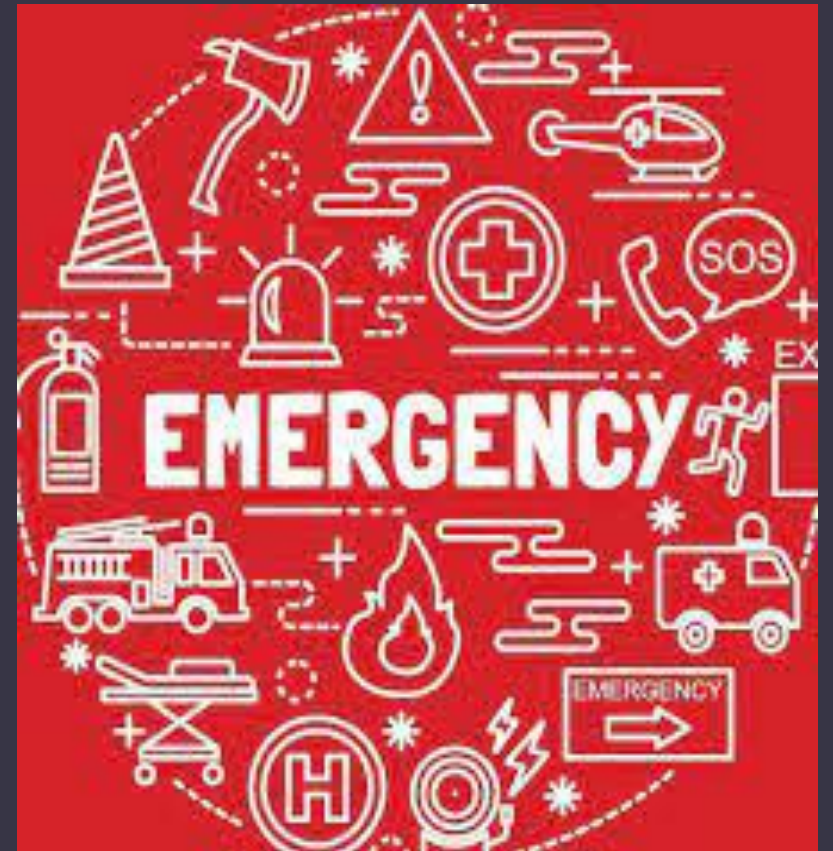
Encourage and validate emotions

- Correct distortions
- Evaluate the effects of the news.
- Explore what the news means to the patient.
- Address further needs
- Assess suicidality
- Appropriate referrals for more support.
- Arrange follow up.



SAAIQ emergency approach ..

- **S**etting the scene as soon as possible.
- **A**ssessing the understanding of the news' recipient.
- **A**lerting about the bad news
- **I**nforming clearly
- **Q**uickly summarizing the communication with information based hope.



References :

- VandeKieft GK. Breaking bad news. Am Fam Physician. 2001 Dec 15;64(12):1975-8. PMID: 11775763.

Spikes approach

○ Setting the environment

○ Perception

○ Invitation (information)

○ Knowledge

○ Emotions and Empathy

○ Strategy and Summary



Setting the environment :

- Provide **privacy**
- Introduce self
- Determine who else should be present.
- Ensure **no interruptions.**
- Provide comfortable space.
- Create welcoming environment.



Perception:

- Ask what he already know about the medical condition or what he suspects.
- **Listen** to level of comprehensions.
- **Accept denial** but do not confront at this stage.

Invitation – information:

- Ask if the patient wishes to know more about their condition.
- **Understand** if they refuse to not know.
- Offer to the patient to answer all their questions later or any other time that suits.

Knowledge:

Deliver the message

Use plain language

Get to the point

Give information in small chunks

Pause

Wait for reaction

- Use **“teach back “** to verify the message was received.
- Ex: “As you know ,we took a biopsy and , unfortunately the results are not as we hoped “
- **PAUSE & WAIT**
- “Im afraid /unfortunately / Im sorry to tell you it is a tumor “

Emotions and Empathy

- Be prepared for patients and family's emotional response .
- Anticipate **fear ,anger ,sadness ,denial ,guilt** .
- Be mindful of your own response .
- Comfort the patient .
- Ex : How you are feeling about hearing the news ?
- You're very quiet ,can I ask what's going through your mind ?
- What's upsetting you the most ?

Strategy and Summary

- Summurize concerns
- Agree on a plan
- Ask how they are left feeling



Response to reaction :

- **If pt cries :**
- Allow some time to cry .
- Could say “I can see you are very upset “
- After a few moments you should continue talking even if patient continue to cry .
- **If pt angry :**
- Defensive or irritation with patient are unhelpful .
- Acknowledge patients position and avoid talking about it .

- **If pt refuses to accept diagnosis**
- Explore reasons for patients denial
- Appreciate that there is an information gap and try to educate the pt
- Empathize the patient
- Give time to adjust to new information
- Get family members involved if appropriate

DO NOT's in the BBN

- Do not start giving information until it is required .
- Do not hit and run .
- Do not leave the dirty job for someone else .
- Do not share information .
- Do not lie .
- Do not give false hopes .
- Do not use terms such as “there is nothing we can do more for you.
- Do not abandon patients after session .

