

Breaking Bad News

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Mabruka is a 21-year-old medical student who had a needle biopsy of a breast lump showing carcinoma. You approach her father in the hall, and he begs you not to tell Mabruka the diagnosis because the knowledge would kill her even faster.

How should you handle this?

Abstract

Breaking bad news is one of a physician's most difficult duties, yet medical education typically offers little formal preparation for this daunting task. Without proper training, the discomfort and uncertainty associated with breaking bad news may lead physicians to emotionally disengage from patients. Numerous study results show that patients generally desire frank and empathetic disclosure of a terminal diagnosis or other bad news. Focused training in communication skills to facilitate breaking bad news has been demonstrated to improve patient satisfaction and physician comfort. Physicians can build on the SPIKE protocol organised recommendations into the mnemonic SPIKES: Setting up, Perception, Invitation, Knowledge, Emotions, Strategy and summary rather simple and a useful approach. This approach is intended to help clinicians break bad news to patients in a straightforward and empathic manner.

Background:

Bad news has been defined as “situations where there is either a feeling of no hope, a threat to a person’s mental or physical wellbeing, a risk of upsetting an established lifestyle, or where a message is given which conveys to the individual fewer choices in life”.¹ Communicating bad news, such as of cancer, to patients and families is an integral role for the health professional involved in medical care.² By its very nature, the diagnosis can be tremendously difficult for everyone. From the doctor’s perspective, it can be one of the most personally difficult roles he/she must perform.^{3,4} The importance of the breaking bad news interaction cannot be overlooked, and

research has highlighted that the way health professionals approach this encounter can have a significant impact on the patients adjustment and functioning.⁵

The way in which diagnostic news is delivered affects not only the person’s understanding of the illness, but can also impact on longer term psychological adjustment [table 1]. Evidence indicates that the psychological impact of news of a recurrence may be more devastating than the initial diagnosis.^{6,7} Recognition of these difficulties has led to many initiatives, ranging from increased communication skills training to the development of guidelines and protocols.^{8,9}

Table 1: Stages of Grief:

Denial	“This can’t be happening to me.”
Anger	“ <i>Why</i> is this happening? Who is to blame?”
Bargaining	“Make this not happen, and in return I will _____.”
Depression	“I’m too sad to do anything.”
Acceptance	“I’m at peace with what happened.”

Principles for Breaking Bad News:

The following principles were derived from the Girgis et al (1995)⁸ Breaking Bad News Consensus Guidelines, which were developed

through review of evidence and national consensus.

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Table 2: Principles of breaking bad news.

One person should be responsible for breaking bad news.
The patient has a legal and moral right to information.
Your primary responsibility is to the individual (ie your patient).
The person involved should be given accurate and reliable information.
The person involved should be asked how much s/he wants to know.
The person should be prepared for the possibility of bad news as early as possible in the diagnostic sequence.
If several tests are being performed, avoid giving the results of each test individually.
The person should be told the diagnosis as soon as it is certain and when the patient is ready.
The person should be ensured of privacy and made to feel comfortable.
Ideally, family and significant others should be present.
If possible, another health professional should be present.
The persons general practitioner and other medical advisers should be informed of her/his situation and the level of development of her/his understanding.
Eye contact and body language should be used to convey warmth, empathy, encouragement or reassurance, if culturally appropriate.
If communication difficulties exist (e.g. hearing impairment, language differences) , strategies should be adopted to address these by a trained health interpreter.
It is important to be sensitive to the person's culture, race, religious beliefs and social background.
The clinicians who are breaking the bad news should acknowledge their own shortcomings and emotional difficulties in undertaking this task.

The SPIKES Protocol:

The SPIKES protocol is a useful 6-step strategy for breaking bad news. The goal is to fulfil the four most important objectives of the interview disclosing bad news: gathering information from the patient, transmitting the medical information, providing support to the patient, and eliciting the patient's collaboration in developing a strategy or treatment plan for the future.⁹

Setting up: Breaking bad news should be done in private. Only the patient, his or her loved ones, and members of the healthcare team should be present. The clinician should sit down, make eye contact with the patient, and may use touch appropriately. Sufficient time should be allowed to answer questions. Interruptions (e.g., pagers and phones) should be eliminated. A general opening statement is an important link between the greeting and introducing the team and the process of breaking the news. This can be in the form of 'How have you been since you had the endoscopy' or 'Did you find the pain killers I prescribed last week helpful?'

Patient perceptions: Before breaking bad news, the doctor should find out what the patient knows about his/her illness. Questions

that reveal patient perception include "What have you been told about your condition?" and "Do you recall why we did this test?" Assessing patient perceptions allows physicians to correct misinformation and tailor the news to the patient's level of comprehension.

Invitation to break news: Doctors need to get the patient's permission to share bad news. The physician may say, "I'd like to share with you the results of your tests. Is that okay?" Before ordering tests or procedures, physicians need to inform patients about possible outcomes, which prepare patients for potential bad news.

Knowledge: Warn the person that "I'm bad news is coming eg sorry to tell you that ...". Give the information honestly and in simple language, though not bluntly. Tailor the amount of information to the person's request. Give information in small chunks and check understanding. Avoid giving a prognosis with a definite time scale. Avoid the notion that "nothing more can be done".

Emotions: The empathic physician acknowledges a patient's emotional response to bad news by first identifying the emotion and

then responding to it. "I can see that you are upset by this news" is an empathic statement [table 3]. Deliberate periods of silence allow patients to process bad news and ventilate emotions.

Strategy and summary: Summarise the main points of the consultation and assess the

person's understanding. Address any further questions. Offer assistance to tell others the bad news. Make firm plans for next contact and provide interim contact details. Document and share information given to the person and family members.

Table 3. Response to Reaction

1. If the patient begins to cry
Allow sometime to cry. Could say, "I can see you are very upset. Could touch the patient appropriately. After a few moments you should continue talking even if the patient continues to cry.
2. If the patient becomes angry
Defensive or irritation with the patient are unhelpful. Acknowledge the patient's position and avoid talking about it.
3. If the patient refuses the diagnosis
Explore the reasons for the patient's refusal. Do not be combative. Check that the patient has a clear understanding of the problem. Empathize with the patient. Get family members involved if appropriate. Give time to adjust to new information.

Conclusion:

Delivering bad news to patients and their loved ones is a very sensitive task a doctor has to endure. It demands a sophisticated level of communication skills. Patients and relatives determine their satisfaction with their clinicians based on the manner in which the news is delivered. It is, therefore, vital to overemphasise the importance of doctors'

competency in communication skills. Communication can be improved by various simple techniques like paying attention to barriers to communication and simple ways of removing barriers as well as consolidating the information communicated in a sympathetic way.

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