The challenge of giving bad news

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Telling a patient bad news, such as a life-limiting diagnosis, can be challenging for clinicians. The chances of it going smoothly can be increased by preparing yourself and the setting and by rehearsing. Patients value direct, nontechnical explanations delivered with empathy and compassion, and appreciate time to talk, express their feelings and ask questions.

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Bad news can be defined as any information that adversely alters an individual's expectations for the future.[1] Telling a patient bad news, such as a diagnosis of cancer or other potentially life-limiting condition, can be challenging for healthcare professionals. It can arouse strong emotions, particularly for those who have a long-term relationship with the patient. Clinicians may feel sadness or even guilt if the cause of symptoms was not diagnosed earlier. These are normal responses, and self-acknowledgement may avoid projecting feelings or biases onto the patient or caregiver.[2] Other challenges clinicians report when giving bad news include:

- perceived lack of training
- stress
- lack of time
- fear of upsetting the patient
- uncertainty about the patient's expectations
- fear of destroying hope
- a sense of inadequacy
- feeling unprepared to manage the patient's expected emotional reactions.[3-5]

Further, patients can have differing opinions as to what constitutes 'bad news', and another challenge for healthcare professionals is to ascertain what this news means to this individual at this time in their life. Some people may respond with relief, especially if there have been numerous inconclusive tests and a long period of uncertainty. Others may be more concerned about how their partner or family members will cope than about themselves. A recently retired couple planning a long-awaited trip may be devastated to hear a diagnosis of prostate cancer and a treatment

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SPIKES PROTOCOL FOR DELIVERING BAD NEWS[8]

A useful mnemonic for the steps in delivering bad news is SPIKES:

- **S** = SET UP. Set up the situation so it has a good chance of going smoothly
- **P** = PERCEPTION. Find out the patient's perception of the medical situation
- **I** = INVITATION. Find out how much information the patient wants
- **K** = KNOWLEDGE. Use language that matches the patient's level of education
- **E** = EMPATHISE. Use empathic statements to respond to the patient's emotions
- **S** = SUMMARISE AND STRATEGISE. Summarise the clinical information and make a plan for the next step

COMMUNICATION SKILLS FOR BREAKING BAD NEWS[6,9]

- Use eye contact (if culturally appropriate)
- Use appropriate body language
- Use active listening, such as nodding or making noises of agreement or encouragement to indicate understanding
- Reflect empathy and show compassion by using a warm, caring and respectful manner
- Use open-ended questions
- Invite questions
- Explain medical terms
- Use diagrams
- Summarise information

outline that will derail their plans.

Guidelines have been produced on how to deliver bad news,[6,7] and a protocol that was developed in the oncology setting – summarised SPIKES[8] – is shown in the box above (left). Good communication skills for breaking bad news[6,9] are listed in the box above (right).

GET YOURSELF READY

In preparing to give bad news it is important to be familiar with the patient's background, medical history and test results. An awareness of the patient's social and support systems and life stresses is useful as these may affect their ability to cope with the potential change in their circumstances or life expectancy. For example: Are they caring for aged parents? Do they have a child with a disability? Are they a new parent? Have they experienced a recent bereavement? It may be useful to talk through the consultation with a practice colleague to identify potential questions and frame responses to the patient's expected emotional reactions.

General practitioners may have the advantage of an established relationship with the patient and an awareness of their psychosocial and medical history. This can help in tailoring the language and approach used to deliver bad news.

CREATE A SUPPORTIVE ENVIRONMENT

In a busy clinic it is important to minimise any communication barriers. Privacy can be arranged by scheduling a longer consultation, asking reception to hold phone calls and turning off your mobile or pager. If a physical examination has been conducted, allow the patient time to dress and be seated before commencing the conversation. Most patients, but not all, may want a family member or friend with them during the discussion, especially if it is a planned follow-up appointment after test results. It can be helpful to specifically ask 'Is there anyone else you would like to be here with you while we talk?'[10]

The patient's emotional response may range from silence to disbelief, crying, denial or anger. Empathy can be shown with statements such as 'I think I understand how you must be feeling'. Sometimes silence can be supportive and also allow the patient time to regain composure and gather their thoughts. Although the information being given is distressing, this can be an opportunity for the patient to prepare themselves and their family and put strategies into place for the future.

Shock and numbness can be normal responses to bad news but may prevent the patient recalling what they have been told. Receiving bad news usually results in cognitive, behavioural or emotional deficits, which can persist for some time afterwards. Offering a second consultation will allow time for the patient to process the information and provide another opportunity for you to clarify and address their questions. Normalising a patient's feelings can help reduce their sense of isolation, and acknowledging their emotions and expressing your support can validate their feelings and thoughts.

ASSESS HOW MUCH INFORMATION TO GIVE

Many patients want detailed information[11] about their disease and diagnosis. Patients from Western countries in particular increasingly want details such as their chance of cure, side effects of treatment and realistic estimates of life expectancy. However, there can be cultural as well as individual differences within cultures, and some patients from culturally diverse backgrounds do not want these details.[12] They may prefer nondisclosure or disclosure negotiated through the family when life expectancy is short. These differences should be respected and appropriately managed.

There is evidence that doctors are not good at predicting patients' information preferences and tend to underestimate patients' need for information.[10] Researchers caution it is not possible to make assumptions based on demographic

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PRACTICE POINTS

- Breaking bad news is stressful
- Prepare yourself
- Prepare the setting
- Prepare the patient
- Rehearse the interview
- Patients and families value direct, nontechnical explanations that are given with compassion and kindness
- Patients and families value time to talk, express their feelings and ask questions

characteristics or cultural background, and it is important to tailor the amount, type and timing of information to the individual.[6] A useful question to ask patients is 'Can you please help me to understand what I need to know about your beliefs and practices to take the best care of you?'

Ascertaining whether the patient understands the situation can help you establish a common ground from which to start the discussion.[10] You can assess this by asking questions such as 'Have you any thoughts on what may be wrong?' or 'Do you have any thoughts about where things are going with your illness?' Determine how much information the patient may want with questions such as 'Some people like to know everything that is going on with them and what may happen in the future, others prefer not to know too many details. What do you prefer?' or simply 'How much would you like to know?'

CONSIDER THE LANGUAGE YOU USE

Preparing the patient that bad news is coming may lessen the shock and help them process the information. Examples include 'Unfortunately I've got some bad news to tell you' or 'I am sorry to tell you'. It is helpful to give information simply, honestly and in small steps, introducing more specific language at each step.

Patients with cancer and other potentially life-limiting illnesses often have misunderstandings about their illness, prognosis and goals of treatment.[13,14] The use of nontechnical words and periodic stops to check the patient's understanding can minimise misunderstandings, as can inviting questions and summarising the information given (e.g. 'We've spoken about an awful lot just now. It might be useful to summarise what we've said… Is there anything that you don't understand or want me to go over again?').[6]

WHERE TO NEXT?

Before the bad-news consultation it is helpful to have some knowledge of the choices in future management of the patient's condition. Patients who have a clear plan are less likely to feel anxious and uncertain. You can offer to speak to other family members if the patient finds this too overwhelming. Some patients want to make decisions themselves, others prefer a collaborative model;[12] however, decisions can only be reached when all options have been presented, clarified and prioritised. It is not helpful to end the consultation with the words 'There is nothing more we can do for you' as there is always something that can be done. Goals of care may change to good pain and symptom control and a focus on quality of life, all of which are achievable.

CONCLUSION

The ability to discuss bad news with a patient and family is a clinical skill that is essential to providing effective care. Some practice points are summarised in the box on this page. Patients and families value direct, nontechnical explanations given by a clinician with compassion and kindness. They value time to talk, express their feelings and ask questions. MT

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