

Breaking bad news to patients

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Following some simple guidelines for communicating bad news can reduce patient anxiety and uncertainty and lead to better adjustment to the news and improved compliance with treatment.

Australian and overseas qualitative and empirical research indicates that, despite improvements in the teaching of communication skills at a graduate level and an increased level of comfort and confidence on the part of the doctor in sharing bad news, the doctor–patient interchange at such times is still often unsatisfactory. Although most evidence has been reported in the psycho-oncology literature, the importance of sensitive and informed communication goes far beyond the cancer field into cardiology, end-stage renal and liver disease, HIV medicine, intensive care units, general palliative care and elsewhere.

Physicians respond to the uncertainty and sadness implicit in the discovery of a patient's serious illness or a medical adverse event in various ways, according to their life experiences and their training. Many, perhaps most, doctors and other health care personnel feel relatively comfortable in their ability to impart bad news and will find the best location, possibly with a cup of tea, to communicate empathically such an important piece of information. Many, however, also may feel a sense of failure in the face of life threatening disease because new therapies, if there are any, have not delivered cures or at least significant improvement against

the odds. In addition, physicians often misjudge the amount and sort of information patients require, and are poor at determining how effective they have been in imparting information and at estimating the extent of psychological distress in their patients when receiving bad news.

Empirical evidence indicates that following succinct and clear steps when communicating bad news has the potential to reduce patient uncertainty and anxiety and eventually leads to better adjustment to such news and improved treatment compliance. The guidelines listed below, sourced from a chapter on breaking bad news in *Cancer facts: a concise text of essential information in oncology*, help in the telling of bad news in an appropriate and empathic manner.¹ In the case of medical adverse events (i.e. errors in the delivery of health care that have led to injuries or complications), guidance is provided by the Open Disclosure Standard, which was developed in 2003 to improve the safety and quality of health care, especially reducing the likelihood and effects of error.²

General guidelines for breaking bad news

Who should tell

- One person should be responsible for breaking bad news to a patient and the nominated support person. Preferably this should be a senior clinician, who should identify himself or herself by name, role and designation.



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Figure. Bad news should be given in an empathic manner in an appropriate location and preferably with a support person present to provide emotional support.

When to tell

- Inform the patient and support person of the bad news as early as possible in the diagnostic process. Tell the patient in person the diagnosis or the details of an adverse event as soon as the facts are certain, allowing adequate time for discussion and having test results available. If there is no support person present, consider requesting the assistance of a social worker or similar professional.

Where to tell

- Make every effort to ensure privacy and help the patient to feel comfortable by choosing an appropriate room or, if the patient is in a hospital environment, closing the curtains around the bed. Ensure the patient is clothed and interruptions are minimised. Sit at the bedside at eye level.

What to tell

- First assess the patient's understanding of the situation. His or her response (such as anger, denial, depression and acceptance) will provide an appropriate starting point for you.
- Tell the patient the diagnosis and prognosis honestly and in simple language. Avoid giving too much or too detailed information at one consultation – supply information at a rate that suits the patient. Beware being too definite with the facts as they often change as a condition progresses; use language that allows room to revise the information. The

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facts may need to be repeated or revised several times and on different occasions. When relevant, write out the information and use pamphlets and diagrams.

- Ask the patient and the support person how much information they want about their prognosis, and repeat this question at later consultations.
- Avoid giving a prognosis with a definite time scale, but do give a broad, realistic time frame.
- Avoid giving the patient premature reassurance.
- Check the patient's and support person's understanding of the information they have been given by, for example, asking them what they think you have just told them.
- Ask the patient who he or she would like to tell about the situation and then offer assistance and support in telling these people. If children are involved, recruit the help of an appropriate health professional.

- Provide information about various support services that would be appropriate to the patient, and suggest referral if the patient so desires.

How to tell

- Use nonverbal cues to convey warmth, empathy, encouragement and reassurance. In some cases, touch may be very reassuring.
- It is essential that the patient feels you have time to talk and listen. Leave enough silence for the patient to express his or her feelings and avoid writing notes or reading files when he or she is talking to you.
- Acknowledge and explore the patient's distress, and let him or her know it is quite normal to feel this way. This helps the patient feel accepted.
- If the patient chooses to deny, beware enforcing 'open disclosure'. The patient can be told the details later when he or she comes to accept the news.

- Allow time to see the relatives and significant others, either with the patient or separately.

- Set a time for follow up or identify who will be available to provide further information because the patient may want to ask more questions once the news 'sinks in'.
- If you are concerned about a patient's response to the bad news, especially his or her safety, involve support staff promptly.

Involving others

- Ideally, and if the patient wishes, family members and significant others should be present when bad news is given. They can help the patient recall information later.
- When possible, arrange for another health professional to be present when the bad news is told, someone who can provide support and information when you are unavailable. Ensure that the patient's general practitioner and other medical advisers are informed of his or her level of

understanding of the diagnosis so that they can use this as a starting point for further information.

Dealing with language and cultural differences

- Use a trained health interpreter if there is a language difference between the doctor and the patient. Avoid using people such as family or general hospital staff because they may interpret incorrectly.
- Be sensitive to the patient's culture, race, religious beliefs and social background. If appropriate, consult a health professional who has detailed knowledge and experience of that culture.

Document consultation details

- Document concisely what the patient has been told, which family members and other people have been told, who is permitted to know about the patient's situation, and the patient's reaction to

the news. Include this on the medical record and discharge summary.

Addressing your own feelings

A patient's reactions to bad news may initiate emotions in you that you find hard to handle. Ensure that you acknowledge your own shortcomings and emotional difficulties in breaking bad news, and if appropriate, avail yourself of support services. It is quite normal for the doctor to feel upset, and it does no harm if the patient sees this. MT

Acknowledgements

The author wishes to thank the authors of the chapter on breaking bad news in the book *Cancer facts: a concise text of essential information in oncology*, namely Dr Rhonda Brown, Professor Stewart Dunn, Associate Professor Afaf Girgis and Professor Rob Sanson-Fisher, for the useful information contained therein.

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2. Australian Council for Safety and Quality in Health Care. *Open disclosure standard: a national standard for open communication in public and private hospitals, following an adverse event in health care*. Canberra: Commonwealth of Australia; 2003.

Further reading

NHMRC. *Communicating with patients: advice for medical practitioners*. (www.nhmrc.gov.au/publications/pdf/e58.pdf). General guidelines for medical practitioners on providing information to patients. (www.nhmrc.gov.au/publications/pdf/e57.pdf). Canberra: Commonwealth of Australia; 2004.

DECLARATION OF INTEREST: None.