

Breaking bad news summary

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- ▶ ABCDE approach
 - ▶ A: Advanced preparation
 - ▶ B: Build a therapeutic relationship
 - ▶ C: communicate well
 - ▶ D: Deal with patient and family reaction
 - ▶ E: encourage and validate emotions

Advance preparation

- ▶ Ask what the patient already knows and understands.
- ▶ Arrange for the presence of a support person and appropriate family.
- ▶ Arrange a time and place that will be undisturbed (hand off beeper).
- ▶ Prepare emotionally.
- ▶ Decide which words and phrases to use (write down a script).
- ▶ Practice delivering the news

Build a therapeutic environment/relationship

- ▶ Arrange a private, quiet place without interruptions. Provide adequate seating for all. Sit close enough to touch if appropriate. Reassure about pain, suffering, abandonment.

Communicate well

- ▶ Be direct (“I am sorry, I have bad news).
- ▶ Do not use euphemisms, jargon, or acronyms.
Do say “cancer” or “death.”
- ▶ Allow for silence.
- ▶ Use touch appropriately.
- ▶ Ask 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 reactions

- ▶ Assess patient reaction — Physiologic responses: flight/fight,
- ▶ conservation/withdrawal;
- ▶ Cognitive coping strategies: denial, blame, intellectualization, disbelief, acceptance;
- ▶ Affective responses: anger/rage, fear/terror, anxiety, helplessness, hopelessness, shame, relief, guilt, sadness, anticipatory grief;
- ▶ Listen actively, explore feelings, express empathy

Encourage and validate emotions

- ▶ Correct distortions.
- ▶ Offer to tell others on behalf of the patient.
- ▶ Evaluate the effects of the news.
- ▶ Explore what the news means to the patient.
- ▶ Address further needs, determine the patient's immediate and near-term plans

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- ▶ assess suicidality.
 - ▶ Make appropriate referrals for more support
 - ▶ provide written materials
 - ▶ arrange follow up.
 - ▶ Process your own feelings.

SPIKES Model for Breaking Bad News

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- ▶ **S**etting up the interview
 - ▶ **P**erception of the patient
 - ▶ **I**nvitation by the patient
 - ▶ **K**nowledge to the patient
 - ▶ **E**motions of the patient
 - ▶ **S**trategy and summary

Setting up the interview

- ▶ Arrange for privacy
- ▶ Involve significant others
- ▶ Sit down
- ▶ Make connection with the patient
- ▶ Manage time constraints and interruptions

Perception of the patient

- ▶ “before you tell, ask”
- ▶ E.g. “What have you been told about your condition so far?”
- ▶ “What is your understanding of why we did the MRI?”
- ▶ Can determine if patient is in denial
- ▶ Can determine expectations, unrealistic or otherwise

Invitation by the patient

- ▶ Majority of patients express a desire for full information
- ▶ Discuss information disclosure while ordering tests
- ▶ “How would you like me to give the information about the test results?”
- ▶ If patient does not want to know details involve a relative or friend.

Knowledge to the patient

- ▶ Give a warning shot
- ▶ E.g. *“Unfortunately, I have some bad news to tell you.....”* or *“I’m sorry to tell you....”*
- ▶ Start at level of comprehension of the patient
- ▶ Use nontechnical words “spread” instead of “metastasized”
- ▶ Avoid being blunt as it may make the patient isolated and angry *“You have such a bad cancer that you will not survive without treatment...”*

Emotions of the patient

- ▶ Respond to patients' emotions with empathy
- ▶ Often shock, isolation, disbelief, grief or anger
 - ▶ Observe for emotion on patient's part
 - ▶ Identify the emotion.
 - ▶ Identify the reason for the emotion
 - ▶ Connect with the patient

Emotions of the patient

- ▶ Doctor: *“I’m sorry to say that the X-ray shows that the chemotherapy is not working [pause]. Unfortunately, the tumor has grown somewhat”*
- ▶ Patient: *“I’ve been afraid of this!” [Cries]*
- ▶ Doctor: [Moves his chair closer, offers the patient a tissue and pauses,] *“I know that this isn’t what you wanted to hear. I wish the news were better”*

Emotions of the patient

▶ Empathic statements

- ▶ *I can see how upsetting this is to you*
- ▶ *I can tell you were not expecting to hear this*
- ▶ *I know this is not good news for you*
- ▶ *I'm sorry to have to tell you this*
- ▶ *I was also hoping for a better result*

Emotions of the patient

- ▶ Exploratory questions
 - ▶ *How do you mean?*
 - ▶ *Tell me more about it*
 - ▶ *You said it frightens you*
 - ▶ *You said you were concerned about your children, tell me more*
 - ▶ *Could you tell me what you are worried about?*

Emotions of the patient

► Validating responses

- *I can understand how you felt that way*
- *I guess anyone might have the same reaction*
- *You are perfectly correct to think that way*
- *Your understanding of the reason for the tests is very good*
- *Many other patients have had a similar experience*

Strategy and summary

- ▶ Patients who have a clear plan for the future are less likely to feel anxious and uncertain
- ▶ Ask if patients are ready to discuss this
- ▶ Clinicians are often uncomfortable doing this especially in unfavorable prognosis
- ▶ Explore patients' ICE (ideas, concerns and expectations)
- ▶ Understand specific goals patient may have like symptom control and pain relief
- ▶ Give hope in terms of what is possible to accomplish

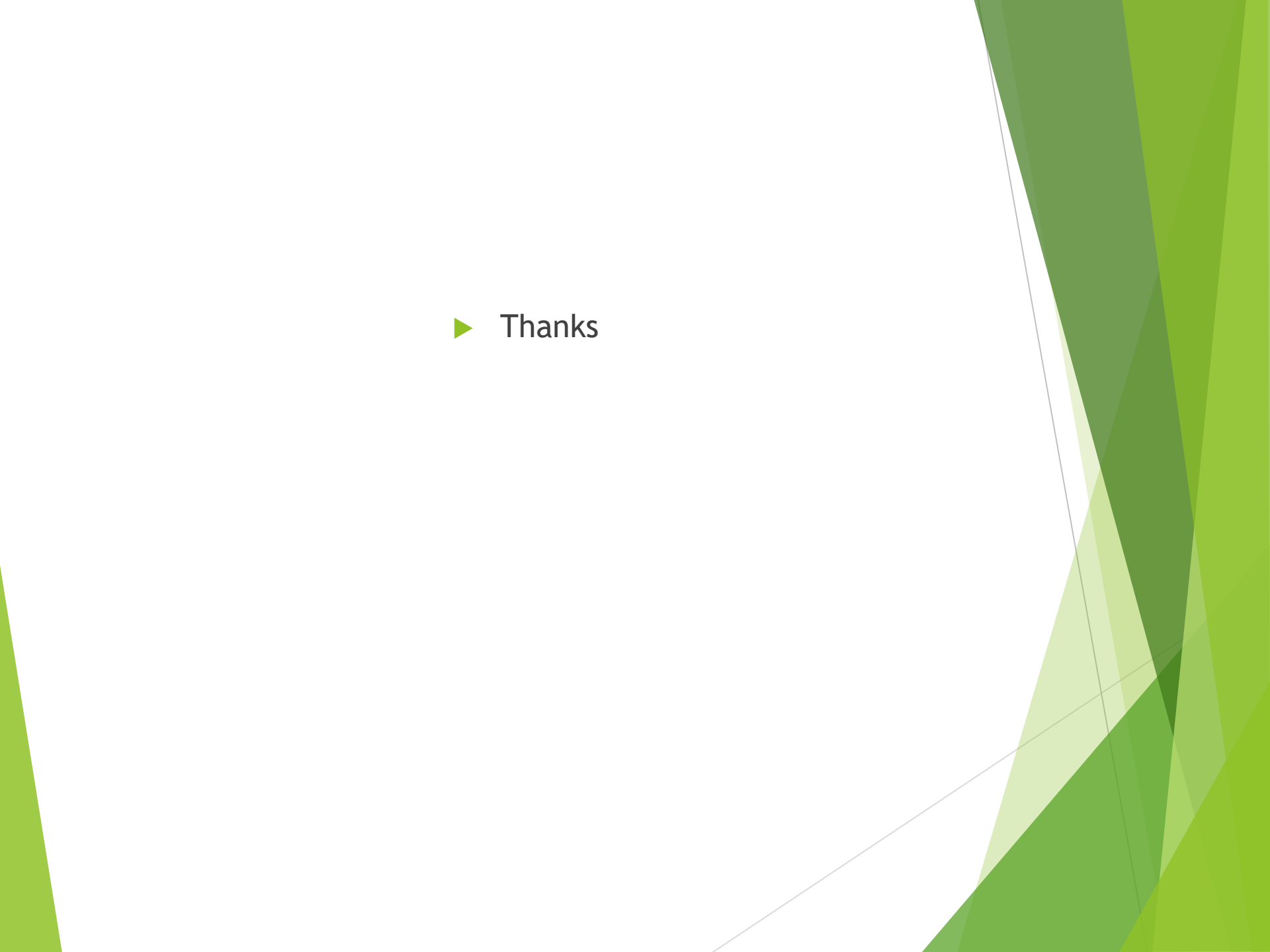
Other approaches

- ▶ BREAKS
- ▶ Background
- ▶ Rapport
- ▶ Exploring
- ▶ Announce
- ▶ Kindling
- ▶ Summarize

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- ▶ SAD NEWS
 - ▶ Set up and Set down
 - ▶ Ask do not tell
 - ▶ Deliver
 - ▶ No Fancy lingo
 - ▶ Expect, permit and respond to emotions
 - ▶ Wait
 - ▶ Support and summarize

SAAIQ emergency approach

- ▶ Setting the scene as soon as possible
- ▶ Assessing the understanding of the news' recipient
- ▶ Alerting about the bad news
- ▶ Informing clearly
- ▶ Quickly summarizing the communication with information based hope.

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► Thanks