Breaking Bad News

KEY POINTS

- Bad news can include any information that may seriously affect a person's perception and experience of their future
- How information is delivered has tremendous impact on how patients and family/caregivers hear the news, how they cope, and how they make decisions
- Everyone is unique in how they would like to be given information, what information they want to know, and whom they want to know it
- Providing clear and accurate information with compassion and empathy shows patients and family/caregivers that you care

When giving bad news, the aim is to:

- Provide clear and accurate information
- Maintain trust between patient, family, and healthcare workers
- Support adjustment to the reality of the situation
- Encourage informed choice about care options
- Reduce or acknowledge uncertainty about the future
- Enable patients and families to regain a feeling of some control over their situation

When giving bad news, remember that:

- The bigger the gap between the person's expectations and reality, the bigger the impact the news will be for the person
- Delivering bad news is a complex communication task. It requires the verbal component of giving the bad news, AND responding with empathy to a person's emotional reactions, managing the person's expectations, and involving the person in decision making

- The way bad news is delivered to patients and families can have a significant impact on their satisfaction with the discussion, understanding of the information, satisfaction with healthcare, level of hopefulness, psychological adjustment to serious illness, and future ability to trust healthcare workers

Truth-telling

- In many cultures, ill-health is not openly discussed since healthcare providers may want to protect the family from bad news
- However, studies from a wide variety of different settings around the world have shown that patients and their families generally want to know the truth about their illness
- Most individuals cope better and maintain their trust in the healthcare team if they are given this information

BARRIERS TO BREAKING BAD NEWS

- Fear of their own emotions
- Fear of patient and family showing strong emotions, reactions, and uncertainty about how to support these responses
- Communicating complex information in non-technical language is challenging
- We prefer to avoid discussion of distressing information (e.g. death)
- Giving false hope – telling patients and family/caregivers what we think they want to hear
- Lack of time

Barriers from Patients and Families

- Collusion among family members, which prevents the patient from knowing the extent of their disease
- Expectations of medical miracles
- A culture which avoids discussion about death or serious illness
- The feeling that healthcare providers are not being truthful or honest

- The feeling that their decisions and hopes are not being respected
- Societal and family pressures – different family members may have different opinions and beliefs related to serious illness and death

Dealing with Collusion

- Collusion describes a situation when information about diagnosis, prognosis, or treatment is selectively disclosed or not disclosed at all to the patient and/or certain family members
- Collusion occurs in different forms and intensities, and is rarely absolute
  - Some illness-related problems may be discussed openly in the family, while others are not
  - Collusion generally comes from a place of love, as family members seek to protect their loved one from bad news about their illness
- Collusion occurs in all societies, and commonly includes information about illness recurrence, deterioration, and palliative care
- It is particularly important to break down collusion in a timely manner, because patients are more likely to become anxious or depressed if collusion is not addressed
  - Collusion isolates the patient and they are often upset and hurt by deception from their family members
  - Patients may also have more pain or physical distress if collusion is not addressed
  - Relatives need time to address their emotional issues related to the illness and their grief
- Prevention – addressing possible collusion early in the disease and ensuring clear communication with the patient

Steps to Address Collusion

Interview the relatives to gain their trust

- Acknowledge the presence of collusion
- Acknowledge the difficulty of the situation for the relatives and that

they know the patient well

- Assess the relative's understanding of the disease and its impact on the family
- Review the reasons for not telling the patient; acknowledge some of these are good and come from the best of motives
- Describe the consequences and potential harm of not telling the truth
- Focus on the personal cost to the relative of maintaining a deception
- Ask what the relative thinks is the patient's level of understanding
- Suggest that research evidence indicates that most patients would like to know the truth and that they are already aware that something serious is happening

Seek permission to speak to the patient alone

- Inform the relatives that you have no intention of revealing the truth to the patient but only to assess how much they know and how much they want to know
  - This allows healthcare providers to start an open dialogue about the illness
- State that you will not break the collusion unless the patient asks a direct question when it will be inappropriate to lie to them

Establish the patient's level of awareness

- Explore with the patient what they understand about their illness by asking direct questions
- During this discussion, most patients will reveal that they are already very aware of their health condition, in contrast to what their relatives believe
- Seek permission to convey this awareness to the relatives
- Occasionally the relative is right and the patient gives clear signal he does not want to know, in this case do not force unwanted information upon them

Have an open discussion with the patient and family

- Meet with the patient and their family together to share information, to offer support and follow up, and to start setting realistic goals for the future

SPIKES – A PRACTICAL TOOL FOR DELIVERING BAD NEWS

The goal of a conversation using SPIKES has four main objectives:

- To gather information from the individual about what they understand about their condition
- To give medical information about the individual's medical condition and prognosis – this is generally the "bad news"
- To provide emotional support to the family
- To develop a strategy for next steps in care

There are six steps in SPIKES which should be followed in order. The steps are described below:

S = Setting

- Arrange for some privacy
- Limit interruptions
- Confirm which family members will join
- Gather and read all the relevant medical information (review the medical file and notes before the meeting)
- Sit down

P = Perception of condition/seriousness

- Ask what the individual knows or suspects about their medical condition
- Listen carefully to what the person says

I = Invitation to give information

- Ask the individual if they would like to have more information
- Accept a person's right not to know if they state they do not wish to know

K = Knowledge: giving medical facts

- Give a warning that bad news is coming by saying – "I have bad news" or "It is not good news"
- Use simple language
- Give information in small chunks
- Check whether the person has understood what you said
- Respond to the patient's reactions and emotions

E = Emotions and Empathy

- Respond with empathy as described above
- Allow family to express emotion
- State "I wish the situation were different"

S = Strategy and Summary

- Repeat the key points that were discussed
- Ask if the family has any questions
- Say what will happen next, for example "I will come to see you tomorrow"

The following table provides sample language which can be used to conduct a conversation which shares "bad news"

Step	Suggested Words to Use
1. Setting: plan ahead to establish the environment	– "I'd like to meet with you to talk to you about what is happening with your illness and what might be ahead, would that be okay"
2. Perception: explore what the patient knows already	– "Tell me what you understand about your illness?" – "What have the other doctors told you about your illness?"
3. Invitation: information-sharing preferences	– "Would it be okay for me to discuss what we have learned from the medical tests with you now?" – "How do you prefer to discuss medical information in your family?" – "Some people prefer a big picture of what is happening and others like all the details; what do you prefer?"
4. Knowledge: give the information	– Give a warning: "I have something very serious we need to discuss" or "I'm sorry to say that I have some bad news" – Say it simply and stop (e.g. "The tumour has grown—the cancer is getting worse despite our best treatments")
5. Empathy: respond to emotion	– Use silence – "I know this is not what you expected to hear today" – "This is very difficult news"
6. Strategy and Summary: discuss next steps and follow-up plan	– "We've talked about a lot of things today, please tell me what you understand as the main messages from our meeting" –· "I will see you tomorrow morning"

DEBRIEFING

- It is important that healthcare professionals reflect after the meeting and consider their own feelings and responses, and the concerns they may experience (e.g. sadness, frustration, anger, guilt, relief, uncertainty, helplessness, or disagreement)
- Discussing the meeting with team members is helpful:
  - Perceptions and concerns can be discussed
  - The team can identify supports and suggestions for how care can be improved
  - Team members can reflect on new skills they may want to work on