

# Breaking Bad News

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# NI Regional Guidelines (2003)

*“Communicating bad news to patients well is  
not an optional skill:  
it is an essential  
part of professional practice”*

[http://www.dhsspsni.gov.uk/publications/2003/breaking\\_bad\\_news.pdf](http://www.dhsspsni.gov.uk/publications/2003/breaking_bad_news.pdf)

# Bad news is.....

...any information which adversely  
and seriously affects an  
individuals view of his or her  
future

# Why Is It Difficult?

- Our own inherent fears of...
  - Causing pain
  - Being blamed
  - Our own fears of illness, rejection, being sued, death etc
- Our acquired fears of...
  - Of the unknown, of their reaction, of our own emotions, of saying 'I don't know', of senior colleagues?!!

# Breaking Bad News

- Forms part of clinical practice.
- Is a skill that can be taught & improved.
- Patients & relatives appreciate discussion in a sensitive manner.
- The 'bad' news depends on the gap between the patients perception of the situation and reality.

# Seeking Patients Consent (GMC)

- 'Patients have a right to information about their condition...'



- 'You should not withhold information necessary for decision making unless you judge it would cause the patient serious harm.....Serious harm does not mean the patient would become upset, or decide to refuse Rx.'

# Why Does It Matter ?

- Our reputation/ job satisfaction
- Patients 'suffer'
- Medico-legal considerations
- *“If the breaking of bad news is done badly, patients, their families (and often lawyers) may never forgive us. But if it is done well .... they will never forget us”*

## In society

- Society denies death
- 1900 90% died at home
- 1999 35% died at home

*“Most people have lost that sense of continuity of life and now regard the process of dying as alien and divorced from the business of living”*

# In the doctor

- Fear of being blamed
- Fault finding
- Fear of the untaught
- Fear of reaction
- Fear of emotions
- Fear of saying “I don’t know”
- Ambiguity of “Sorry”

*“Sources of difficulty with patients who will develop problems on being given bad news often originate before the bad news is broken.”*

*How have they coped in the past?*

# Doctor / patient expectations

- 1961 Oken 90% surgeons in USA would not discuss a diagnosis of cancer with patients
- 1981 Novack now 90% would tell patients

“Centuries of systematic insensitive deception cannot be instantly remedied by a new routine of systematic insensitive truth telling”

# How Can We Do Better?

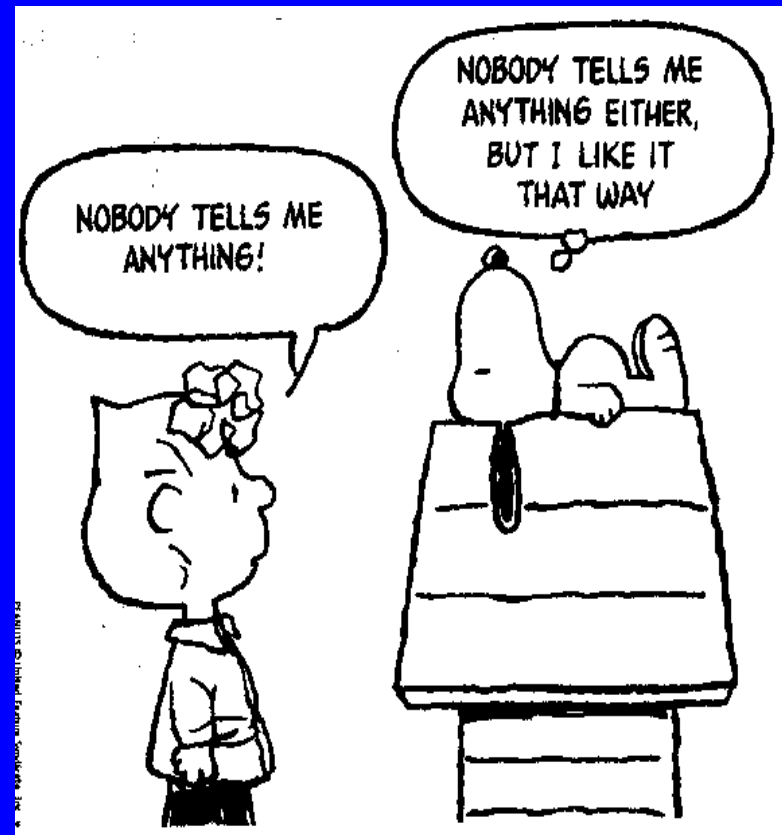
- Preparation
  - Yourself
    - Know the facts and future choices
    - Have a colleague present e.g. nurse
    - If patient wishes have a family member present
  - Your setting
    - Privacy (divert telephone, bleep)
    - Allow time
    - Gain rapport
  - Your patient
    - Assess patients perceptions of their condition
    - Obtain their 'consent to know' information
    - Consider language barriers ?interpreter needed

# The Interview

- Providing the information.
- Providing support.
- Providing a plan.

# Balance Between.....

- Fully informing them about disease & prognosis and completely overwhelming them.
- Providing minimal and inadequate information.



# Providing The Information:

- What does the patient know?
- Use non-technical terms.
- Provide information simply and honestly.
- Stop and check patient understands.
- Encourage questions and allow time.
- Be ready to repeat now or later.
- Offer to speak with family/carers.

# Providing Support

- Acknowledge emotions/empathise.
- Use open questions.
- Allow time.
- Check reason for response.

# Providing a plan

- Treatment options
- Timescale
- Available ongoing support
- If further questions.....
- Other review arrangements

# After the Interview:

- Documentation - 'actual language used'

see template

- Contact with other professional

# Breaking Bad News Record Template

Patients Name/Address:	Hospital Number:
Date and time of interview:	
Location: Ward	Outpatients
Names of those present:	
Name:	Position/Relationship:
Clinical Diagnosis:	
Clinical Options for future management and immediate plan discussed:	
Detail of the words used when breaking bad news:	
Copy to General Practitioner:	Referral to Palliative Care Team: Yes / No
	Referral to District Nurse: Yes / No
Filed in Patients Notes:	Referral to Others (Please Specify)
Signature of Clinician:	Date:

# Benefits of Breaking Bad News 'Well'

- Enables better psychological adjustment.
- Reduces stress in doctors.
- Facilitates open discussions.
- Empowers patients.

“..five minutes conversation on a timely basis can save hours of work later on. ...not the quantity of time but the quality of time that is important”

(Dame C Saunders)

# Breaking Bad News

- **1) PREPARATION**
  - Read Chart
  - Prepare place
  - Make time
  - Never bluff

# Breaking Bad News

- **2) WHAT DOES THE PATIENT KNOW?**
  - Listen to the patient first
  - “How did it all start?”

# Breaking Bad News

- **3) GIVE A WARNING SHOT**

- Warning shots allow patients the opportunity to prepare themselves for hearing bad news and to thus be more receptive when it comes.

- e.g. “I am afraid it looks rather serious” - then allow a pause for the patient to respond.

# Breaking Bad News

- **4) ALLOW DENIAL**

–It can be a very useful defense mechanism

# Breaking Bad News

- **5) EXPLAIN (IF REQUESTED) AND CHECK UNDERSTANDING**
  - Narrow the information gap step by step.
  - Use clear language and avoid abbreviations

# Breaking Bad News

- **6) IS MORE INFORMATION WANTED?**
  - It can be very frightening to ask for more information and patients may not want to know any more.
  - Test the waters by asking e.g. “would you like me to explain a bit more?”

# Breaking Bad News

- **7) LISTEN TO CONCERNS**

- “What are the things that bother you most at the moment”.

# Breaking Bad News

- **8) ENCOURAGE VENTILATION OF FEELINGS**
  - Show concern for how the recipient is dealing with the news

# Breaking Bad News

- **9) SUMMARY AND PLAN**

- Summarise concerns
- Plan treatment
- Foster realistic hope
- Clear definite plan for the immediate future
- Check with the patient that they would have no objection for you to talk with the family either alone or with the patient, if that is what they want.

# Breaking Bad News

- **10) OFFER AVAILABILITY**

- Future meeting
- Need to ask more questions
- Chance to meet with family
- Not on your own

# Breaking Bad News

## SUMMARY OF TASKS:

- Preparing to break bad news
- Breaking bad news
- Helping the recipient deal with the bad news

# 10 Steps to breaking Bad news

- Preparation
- What does the patient know
- Give a warning shot
- Allow Denial
- Explain (if requested) and check understanding
- Is more information wanted
- Listen to concerns
- Encourage ventilation of feelings
- Summary and Plan
- Offer availability.



# Conclusion

*Break bad news well  
and you will always be  
remembered, break bad  
news badly and you will  
never be forgotten*

# And Finally.....



- However well we communicate, 'bad news' is always 'bad news'.