



PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

Communicating Bad/Important News

Agnes Csikos MD PhD

Pecs University Medical School

Institute of Family Medicine

Department of Hospice-Palliative Care



“There’s no easy way I can tell you this, so I’m sending you to someone who can.”

Introduction

- Essential skill for physicians
- Feel inadequately prepared or inexperienced
- Fears that it could adversely affect the patient, family or the therapeutic relationship.
- Majority of patients want to know if they have a life-threatening illness.

Changes in the last years

- Rights of the patients
- Increased need of patients to KNOW
- Increased knowledge and understanding of patients
- The role of media (internet...)
- From paternalistic to partner relationship

	doctor-patient relationship	Who makes the decision?	doctor-patient communication
no information	paternalistic	only the doctor	insufficient
every piece of information	paternalistic	only the patient	good enough
Individual way of informing the patient	partner	together	good

What is bad news?



What is bad news?

Bad news is information seriously and adversely changing the patient's view or expectations of his or her future with regards to health and well-being.

S-P-I-K-E-S

- **S** - Setting
- **P** - Perception
- **I** - Invitation
- **K** - Knowledge
- **E** - Emotion
- **S** - Strategy, Summary

6-step protokoll (Robert Buckman)

1. Getting started
2. What does the patient know?
3. How much the patient want to know?
4. Sharing the information
5. Responding to patient and family feelings
6. Planning and follow up

Step 1: Getting started

S-Setting

- Plan what you will say, Don't delegate
- Confirm the medical facts
- Create a conducive environment
- Ensure privacy
- Adequate time
- Prevent interruptions
- Ensure that the right people are present

S-Setting

- Ensure that a box of tissue is available



S-Setting

- Greeting
- Introduction
- Assume seated position and maintain eye contact
- Sit nearest to the patient as compared with a relative
- Sit the patient across the corner of the desk
- The body space or distance is less than 1,5 meters



S-Setting

Facilitation technics:

- neutral body posture
- maintaining eye contact
- smiling



Step 2: What does the patient know?

P-Perception

- Establish what the patient and family knows
- Assess ability to comprehend new bad news

- What do you understand about your illness?
- How would you describe your medical situation?
- What did other doctors tell you about your condition?

P-Perception

- Establish what the patient and family knows
- *When you discovered the lump in the breast what did you think was the reason? How serious did you think it actually was?*
- *What do you understand about your illness?*
- *How would you describe your medical situation?*
- *What did other doctors tell you regarding your condition?*

P-Perception

- Switch on your listening technics and use facilitation technics:
 - listen attentively while maintaining sincere eye contact
 - remain silent and avoid interruptions
 - pausing attentively, nodding, smiling, saying uhum, yes, I see, etc.
 - repetition

Step 3: How much does the patient want to know?

I-Invitation

- People handle information differently (race, ethnicity, culture, religion)
- Ask how they would like to receive information, establish to whom information should be given
- Whom should I talk to about these issues?
- Would you like me to tell you the full details of your condition?

I-Invitation

Establish what and how much the patient desires to know

- *I wish to tell you what was actually found in the sample of tissue. Will this be okay with you?*
- *Would you like me to tell you the full details regarding your condition?*
- *If this condition turns out to be something serious, do you want to know?*
- *Do you want me to go over the test results now, and explain exactly what I think is problematic?*

I-Invitation

- People respond to information differently (race, ethnicity, culture, religion,sex).
- Each patient reserves the right to decline to receive the information
- Inquire among your patients how they prefer to receive information, and establish to whom information should be disseminated among.

Step 4: Share the information

K-Knowledge

- Deliver the information in a sensitive but straightforward manner
- Say it, than stop, Small Chunks
- Avoid monologue, promote dialogue
- Use simple language that is easy to understand
- Avoid technical jargon or medical words
- Check for understanding
- Use silence and body language

K-Knowledge

- Deliver the information in a sensitive but straightforward manner
- Warning shot

“Jon, your test results have come back and I’m sorry, but the news isn’t as good as we were hoping for. May I continue or do you need a moment?”

- Use simple language which is easy to understand
- Avoid medical jargon or medical words

K-Knowledge

- Break the news gently and slowly

„All your diagnostic results came back. The results confirm that you have have stones in your gall-bladder”

- Say it, than stop, small portions

- Check for understanding

“Do you follow me? Are you with me so far?”

**What emotions can you
imagine?**



E- Emotions, Empathy

- Patients and families respond to bad news in a variety of ways
- Tears, anger, sadness, anxiety, relief
- Denial, blame, guilt, disbelief, fear, shame, a sense of loss
- Emotional outbursts regarding strong emotions

Step 5: Respond to feelings

E-Empathy

- Patients and families respond to bad news in a variety of ways (tears, anger, blame, denial)
- Outbursts of strong emotions
- Listen quietly and attentively
- I imagine this is a difficult news...
- What worries you most?
- I wish the news were different

E- Emotions, Empathy

- Acknowledge and explore your patient's emotions
- Consequently, confront your patient's concerns
- Offer time to absorb the news, find his/her level of composure and to initiate his/her response
- Don't rush ahead
- **WAIT, CHECK, LISTEN**



E- Emotions, Empathy Exploration

- *You appear to be angry. Can you tell me what you are feeling?*
- *Does this news frighten you?*
- *Tell me more regarding your feelings in reference to what I just said.*
- *What worries you the most?*
- *What does this news mean to you?*

E- Emotions, Empathy

Validation

- Demonstrate to your patient the emotion he or she is expressing is indeed, genuinely intelligible and understandable
- Avoid becoming judgemental

Avoid saying:

- *"You're not supposed to be this angry about this."*
- *"You are overreacting."*

E- Emotions, Empathy

Normalization

- Remind your patient his or her responses are appropriate and indeed human.
- Other individuals in your position often express the same.



E- Emotions, Empathy

Touch

- Touch reduces feelings of isolation and helping the patient feels supported.
- If and when you touch your patient, do so briefly and upon a neutral area of the body (back of the hand or a forearm).
- If your patient withdraws, don't do it again!

Step 6: Planning and follow-up

S-Strategy

- Establish a plan for the next steps
- Treat current symptoms
- Discuss potential sources of emotional and practical support
- Reassure that they are not being abandoned

S- Strategy, Summary

- Indicate how they can reach you
- Establish your patient's next appointment
- Summarise
- Ask your patient if he or she has any questions



Potential pitfalls

- Delivering news in a public environment
- Needless, thoughtless interruptions
- Communicating news over the telephone
- Delivering news in a hurry
- Not checking patient understanding
- Responding to emotions with facts
- Physicians talk too much once nervous, and their body language is obviously signaling awkward and embarrassing levels of discomfort

Importance

Breaking bad news in a direct and compassionate way:

- Improve the patient's ability to plan and cope,
- encourage realistic goals and autonomy,
- support your patient emotionally,
- strengthen the physician-patient relationship.

„Knowing the bad news is still much better than
to live in uncertainty”



Questions?

