



BREAKING BAD NEWS

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A black and white close-up portrait of Walter White from the TV show Breaking Bad. He is wearing his signature glasses and has a goatee. The background is a plain, light-colored wall.

³⁵**Br**eaking

⁵⁶**Ba**d

NEWS

“

If we do it badly, the patient or family members may never forgive us, if we do it well , they may never forget us

-Buckman, 1992

- ▶ Breaking bad news to patients and their families can be a very stressful and anxiety-provoking exercise for many health workers.
- ▶ Unfortunately, it is something we have to do more often than we might expect and therefore , it is very important for us to be competent in this skill.
- ▶ It is important to remember that both bearer and receiver of the news are struggling with their own insecurities as well as anxieties regarding the news and we must be sensitive to this.
- ▶ The patient deserves your attention and consideration during this exercise.

DEFINITION OF BAD NEWS

Bad news is defined as one which is pertaining to situation where there is a feeling of no hope, a threat to a person's mental or physical well being, a risk of upsetting an established lifestyle or where a message is given which conveys to an individual fewer choices in his or her life.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3144432/#!po=1.78571>



EXAMPLES OF 'BAD' NEWS

- ▶ Bad news is subjective.
- ▶ Death of loved one.
- ▶ Diagnosis of a chronic illness and the responsibility of chronic medication.
- ▶ Diagnosis of an incurable illness
- ▶ Negative / Positive pregnancy test
- ▶ STI in some instances
- ▶ Disability

WHAT DOES EFFECTIVE COMMUNICATION ACHIEVE ?

- ▶ The patient is respected and his dignity upheld
- ▶ The patient is given autonomy and empowerment
- ▶ The health worker has maintained professionalism
- ▶ The burden of the news is reduced
- ▶ The patient finds comfort and empathy in the health worker



PREPARATIONS TO BE DONE BEFOREHAND

- ▶ Establish a good rapport with the patient / family if possible
- ▶ Ensure that you are clear on the exact nature of the news and understand it thoroughly. Review patient history.
- ▶ Try to gain an understanding of the patients knowledge of the topic as well as expectations for the consultation
- ▶ Obtain an appropriate location and preferably be accompanied by another member of staff
- ▶ Allow the patient an escort if they so wish and a parent if it is a child
- ▶ Obtain a translator if required

HOW TO BREAK THE NEWS

S.P.I.K.E.S

Breaking Bad News in the ED



SETTING

- ✓ Social Worker
- ✓ Minimize Distraction
- ✓ Sit Down



KNOWLEDGE

- ✓ Be direct
- ✓ Use plain language



PERCEPTION

- ✓ What do they know so far?



EMPATHY

- ✓ Keep Your Cool
- ✓ Safety First



INVITATION

- ✓ Break it down, a little at a time



SUMMARY

- ✓ Reiterate Patient Wishes

S.P.I.K.E.S PROTOCOL

- ▶ The SPIKES protocol for breaking bad news has four objectives:
- ▶ Gathering information from the patient
- ▶ Transmitting the medical information
- ▶ Providing support to the patient
- ▶ Eliciting patient's collaboration in developing a strategy or treatment for the future

S- SETTING

- ▶ S – Setting
- ▶ Arrange for some privacy
- ▶ Involve significant others
- ▶ Sit down
- ▶ Make connection and establish rapport with the patient
- ▶ Manage time constraints and interruptions.

P- PERCEPTION

- ▶ P – Perception of condition/seriousness
- ▶ Determine what the patient knows about the medical condition or what he suspects.
- ▶ Listen to the patient's level of comprehension
- ▶ Accept denial but do not confront at this stage.

I- INVITATION

- ▶ I – Invitation from the patient to give information
- ▶ Ask patient if s/he wishes to know the details of the medical condition and/or treatment
- ▶ Accept patient's right not to know
- ▶ Offer to answer questions later if s/he wishes.

K- KNOWLEDGE

- ▶ K – Knowledge: giving medical facts
- ▶ Use language intelligible to patient
- ▶ Consider educational level, socio-cultural background, current emotional state
- ▶ Give information in small chunks
- ▶ Check whether the patient understood what you said
- ▶ Respond to the patient's reactions as they occur
- ▶ □ Give any positive aspects first Cancer has not spread to lymph nodes, highly responsive to therapy, treatment available locally etc.
- ▶ □ Give facts accurately about treatment options, prognosis, costs etc.

E – EMOTIONS/EMPATHY

- ▶ E - Explore emotions and sympathize
- ▶ Prepare to give an empathetic response:
 - ▶ 1. Identify emotion expressed by the patient (sadness, silence, shock etc.)
 - ▶ 2. Identify cause/source of emotion
 - ▶ 3. Give the patient time express his or her feelings, then respond in a way that demonstrates you have recognized connection between 1 and 2.

S -

- ▶ Close the interview
- ▶ Ask whether they want to clarify something else
- ▶ Offer agenda for the next meeting
- ▶ eg: I will speak to you again when we have the opinion of cancer specialist.

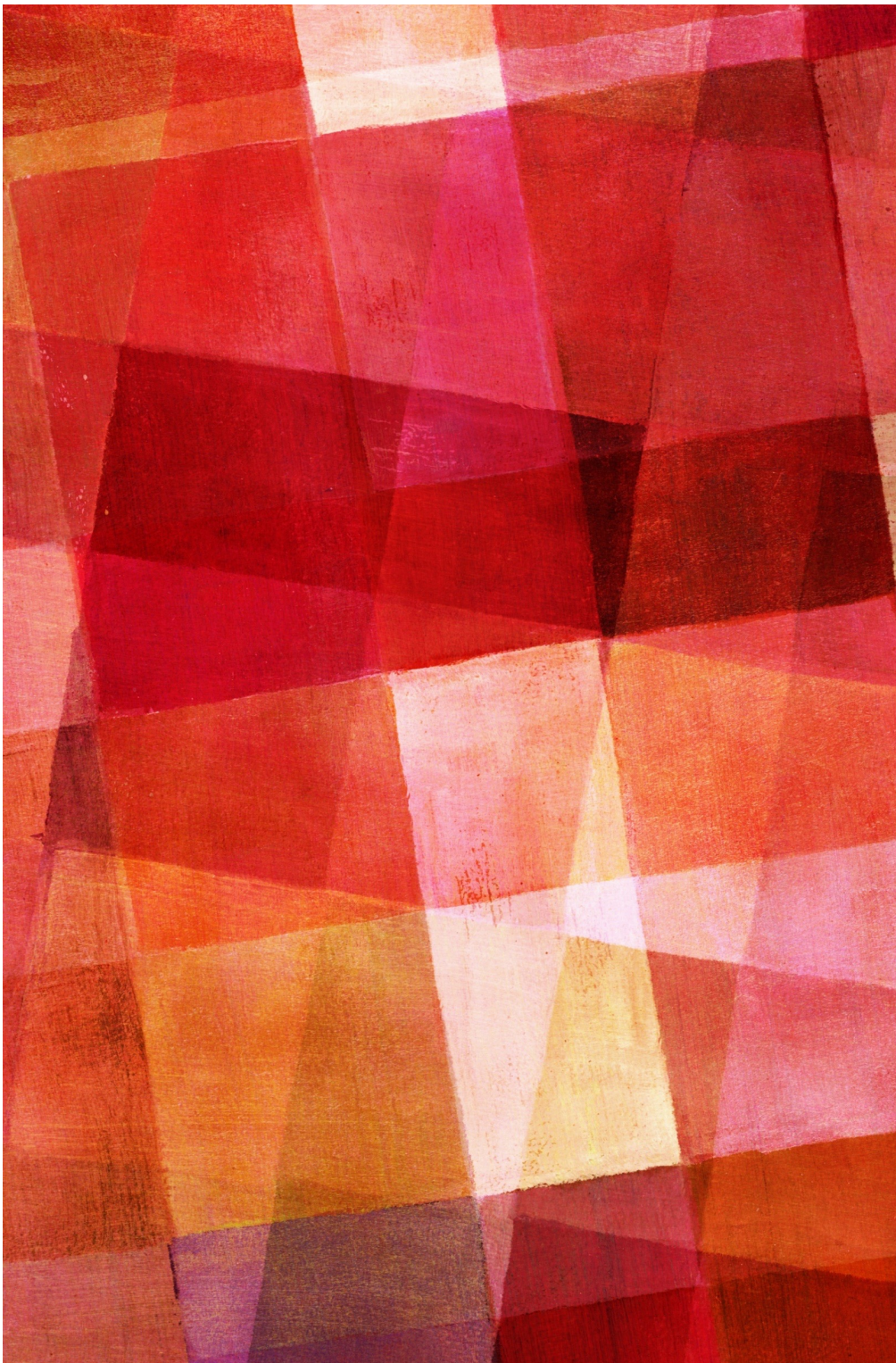


POSSIBLE CHALLENGES AND HOW TO NAVIGATE THEM

- ▶ SETTINGS- often difficult to have a separate counselling room- at least ensure there is a private room
- ▶ SILENCE- allow patient to be silent after breaking the news. If it becomes awkward reflect on the fact that they are quiet/ shocked
- ▶ Conveying information with sensitivity and honesty
- ▶ Deciding whether or not to encourage hope

POSSIBLE CHALLENGES AND HOW TO NAVIGATE THEM

- ▶ Meeting the needs of patients from various cultural backgrounds whose prognostic information needs may differ
- ▶ Allowing for and processing clinicians own responses to her/his involvement in the process.
- ▶ Meeting the special needs of vulnerable populations (chronically mentally ill, homeless patients etc)



ADDITIONAL TIPS

- ▶ GIVE A WARNING SHOT!
- ▶ LET THE PATIENT LEAD THE INTERVIEW
- ▶ RESPOND TO VERBAL AND NON VERBAL CUES
- ▶ REMEMBER- THIS IS A NORMAL DAY FOR YOU BUT COULD BE THE WORST DAY OF SOMEONE ELSE'S LIFE.

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