Breaking Bad News

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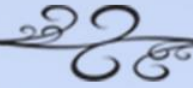# What is bad news?

"any information which adversely and seriously effects an individual's view of his or her future"

Example of medical bad news

Example of medical bad news

- Informing patients that they have cancer.

- Inform the patient that he/she or her child is HIV positive.

- In form the first degree relative that the patient has brain death.

- Inform the mother that the child has Down syndrome.

- Inform the patient or relative that he/she need to amputate.

Why is it important?

- A frequent and stressful task

- Breaking bed news can be particularly stressful when the doctor is inexperienced, the patient is young or there are limited prospects for successful treatment

Buckman R. Breaking bad news: why is it so difficult?. BMJ. 1984;288:1597-9

The patients want the truth

- By the late 1970s most physicians were open about telling cancer patient their diagnosis

- In 1982 of 1,251 American indicated that 96% wished to be told if they had diagnosis of cancer

- 85% wished, in case of grave prognosis, to be giver a realistic estimate of how long they had to be live

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Ethical and legal imperatives

- Clear ethical and legal obligations to provide patients with as much information as they desire about their illness and its treatment

- Physicians may not withhold medical information even if they suspect it will have a negative effect on the patient

Clinical outcomes

- How bad news is discussed can effect the patient's comprehension of information, satisfaction with medical care, level of hopefulness, and subsequent psychological adjustment

Barriers to breaking bad news

- Emotional-anxiety

- Burden of responsibility

- Fear of negative evaluation

Principle of breaking bad news

D	Doctor	Compression. Loving-kindness, empathy
P	Patient	Anxiety, fear, Worries
I	Information	Step-by-step approach depending on the patient's capacity to assimilate it
H	Hope	Always commit to be on the patient's side, find a way to help especially psychological well-being

Models of Breaking bad news

- SPIKES model
  - Robert Buckman
  - Professor of oncology-Toronto
  - Trained in Cambridge
  - Used world wide
- KAYES model
- ABCDE model

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SPIKES Model

Six steps

- S-Setting up the interview

- P-assessing the patients Perception

- I-obtaining the patients Invitation

- K-giving Knowledge

- E-addressing Emotions

- S-Strategy and Summary

Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer. Oncologist 2000;5:302-11.

S-Setting up the interview

- Privacy

- Involve others

- Look attentive and calm

- Listening mode

- Availability

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P-Perception

- Ask before you tell

- Find out what the patient know

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I-Invitation

- While a majority of patients express a desire for full information about their diagnosis, prognosis, and details of their illness, some patients do not

- How much information would the patient like to know

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K-Knowledge

- Warming first

- Mirror language

- Avoid jargon

- Small chunks

- Use of silence

- Allow time for emotions

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E-Emotions

- Recognize

- Listen for and identify the emotion

- Identify cause of emotion

- Show the patient you have identified both the emotion and its origin

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E-Emotions

- Crying

- Anger

- Denial

- Bargaining

- Shock/silence

S-Strategy and Summary

- Understanding reduces fear

- Summarizes the discussion

- Strategy foe future care

- Schedule next meeting

- Allow time for questions

- Leaflets

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KAYE's model

- 10 steps

- Logical sequence

- Not based on rigorous research

- Can be used for any serious illness

Peter Kaye, 1996

1. Preparation

- Know all the facts

- Ensure privacy

- Find out who the patient would like present

- Introduce yourself

Peter Kaye, 1996

2. What dose the patient know?

- Open end questions

- Statements may make the best questions

- "How did it all start?"

Peter Kaye, 1996

3. Is more information wanted?

- Not forced on them

- "Would you like me to explain a bit more?"

Peter Kaye, 1996

4. Warning shots

- Not straight out with it

- "I'm afraid it looks rather serious"

Peter Kaye, 1996

5. Allow denial

- Allow the patient to control the amount of information they receive

Peter Kaye, 1996

6. Explain if requested

- Step by step

- Detail will not be remembered but the way you explain it will be

Peter Kaye, 1996

7. Listen to concerns

- "What are your concerns at the moment?"

- Allow time and space for answers

Peter Kaye, 1996

8. Encourage feelings

- Acknowledge the feelings

- Non-judgmental

- Vital step for patient satisfaction

Peter Kaye, 1996

9. Summarizes

- Concerns

- Plans for treatment

- Foster hope

- ? Written information

Peter Kaye, 1996

10.

- Availability

- Information

- Future needs will change

Peter Kaye, 1996

ABCDE technique

- A-Advance preparation

- B-Build a therapeutic environment or relationship

- C-Communicate well

- D-Deal with patient and family reactions

- E-Encourage and validate emotions

GREGG K. VANDEKIEFT. Breaking Bad News. Fam Physician. 2001;64(12):1975-79.

A-Advance preparation

- Arrange for adequate time, privacy and no interruptions (turn off or silent mode of mobile phone)

- Review relevant clinical information

- Mental rehearse, identify words or phrase to use and avoid

- Prepare yourself emotionally

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B-Build a therapeutic environment or relationship

- Determine what and how much the patient wants to know

- Have family or support persons present

- Introduce yourself to everyone

- Warm the patient that bad news is coming

- Use touch when appropriate

- Schedule follow-up appointments

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C-Communicate well

- Ask what the patient or family already knows

- Be frank but compassionate; avoid euphemisms and medical jargon

- Allow for silence and tears; proceed at the patient's pace

- Have the patient describe his or her understanding of the news; repeat this information at subsequent visits

- Allow time to answer questions; write things down and provide written information

- Conclude each visit with a summary and follow-up plan

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D-Deal with patient and family reactions

- Assess and response to the patient and the family's emotional reaction; repeat at each visit

- Be empathetic

- Do not argue with or criticize colleagues

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E-Encourage and validate emotions

- Explore what the news means to the patient

- Offer realistic hope according to the patient's goals

- Use interdisciplinary resources

- Take care of your own needs; be attuned to the needs of involved house staff and officer or hospital personnel

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Case study

เด็กหญิงอายุ 10 ปี ได้รับการวินิจฉัยว่าเป็น มะเร็งกระดูก (Osteosarcoma) โดยมีก้อนที่ เข่าด้านซ้าย และ มีอาการปวดขาบริเวณก้อน จนเดินไม่ไหว มา 6 เดือน

- วันนี้ แพทย์นัดมารดามาแจ้งผลการรักษา หลังจากได้รับยาเคมีบำบัด และ ทำ MRI เพื่อประเมินก่อนการผ่าตัด

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