Breaking Bad News

Prepared by :
Dr. latifa mari’e
After undergoing a routine colonoscopy, the 50-year-old patient learned that his doctor found a tumor. Immediately after delivering the news, the doctor and nurse left the room. Confused by the sudden departure—and the office staff who avoided his gaze—the patient got the impression that the doctor and staff were angry with him !!!
What is Bad News?

"any information which adversely and seriously affects an individual's view of his or her future"
Why is it Important?

- A Frequent but Stressful Task

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

By the late 1970s most physicians were open about telling cancer patients their diagnosis.

In 1982 of 1,251 Americans indicated that 96% wished to be told if they had a diagnosis of cancer.

85% wished, in cases of a grave prognosis, to be given a realistic estimate of how long they had to live.
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 affect the patient's comprehension of information, satisfaction with medical care, level of hopefulness, and subsequent psychological adjustment.
Barriers to Breaking Bad News

- Emotion – anxiety
- Burden of responsibility
- Fear of negative evaluation
Models for Breaking Bad News

- SPIKES model
  - Robert Buckman
  - Professor of Oncology – Toronto
  - Trained in Cambridge
  - Used world wide

- KAYES model
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**
S – **Setting up the interview**

- Privacy
- Involve others
- Look attentive and calm
- Listening mode
- Availability
• What? Make sure you have checked all the available information and have test results (including getting the right patient!) Decide general terminology to be used
• * Where? Arrange for some privacy,
• * Who? Should break the news, should other staff be there or significant others?
• * Starting off? Introductions and appropriate opening
P - Perception

- Ask before you tell
- Find out what the patient knows
* What have you made of the illness so far? * What did doctor X tell you when he sent you here?

This helps you gauge how close to the medical reality the patient’s understanding is and will tell you about pacing. Also whether the patient is in denial.
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
K – Knowledge

• Warning shot:
  “Well, the situation does appear to be more serious than that”

• Avoid jargon

• Small chunks

• Use of silence

• Allow time for emotions
• Repeat Important Points – patients who are upset or shocked don’t hear or remember well.

• Use diagrams, written messages as an aide memoir, audiotapes or leaflets.

• Check your level – try to simplify without being patronising
The four crucial headings are: Diagnosis, Treatment Plan, Prognosis and Support

Listen to Patient’s Agenda:
- what are their concerns e.g. Patients may be more worried about hair loss from chemotherapy than potential risk of the disease.
- listen to the buried questions & invite questions
E – Emotions

- Recognise

- Listen for and identify the emotion

- Identify the cause of the emotion

- Show the patient you have identified both the emotion and its origin
S – Strategy and Summary

- Understanding reduces fear
- Summarise the discussion
- Strategy for future care
- Schedule next meeting
- Allow time for questions
- Leaflets
Kaye’s Model

- 10 steps
- Logical sequence
- Not based on rigorous research
- Can be used for any serious illness
- Mixes facts with questions about feelings
1 - Preparation

- Know all the facts
- Ensure privacy
- Find out who the patient would like present
- Introduce yourself
2 – What does the patient know?

- Open ended questions
- Statements may make the best questions
- “How did it all start?”
3 – Is more information wanted?

- Not forced on them

- “Would you like me to explain a bit more?”
4 – Warning Shots

- Not straight out with it!
- “I’m afraid it looks rather serious
5 – Allow Denial

- Allow the patient to control the amount of information they receive.
6 – Explain if Requested

• Step by step.

• Detail will not be remembered but the way you explain it will be.
7 – Listen to concerns

- “What are your concerns at the moment?”
- Allow time and space for answers.
8 – Encourage Feelings

- Acknowledge the feelings.
- Non-judgmental.
- Vital step for patient satisfaction.
9 – Summarise

- Concerns.
- Plans for treatment.
- Foster hope.
- ? Written information.
10 – Offer Further

- Availability.
- Information.
- Future needs will change.
1. Preparation
2. What does the patient know?
3. Is more information wanted?
4. Give a warning shot
5. Allow denial
6. Explain (if requested)
7. Listen to concerns
8. Encourage ventilation of feelings
9. Summary and plan
10. Offer availability
Thank you