

LEARNING GUIDE COMMUNICATION SKILLS: BREAKING BAD NEWS

Introduction:

The breaking of bad news suggests that someone has been given a terminal or very serious diagnosis e.g. cancer or that someone is dying or has died. Bad news for patients frequently implies drastic changes in the quality of their life or the ending of their hope for improvement in their condition in the future.

- Breaking bad news to patients or their relatives is never easy; it can be daunting and demanding for the health care professional but it is a skill that can be learnt and it is an essential part of the treatment and care which clinical staff offer to patients and their relatives.
- Breaking bad news cannot be a one off intervention. It should be viewed as a process, which accommodates the understanding of patients and their relatives and is conducted in a way that allows them to absorb and deal with the news being given to them.
- The communication of bad news may involve a number of clinical staff across different teams and across different organisations. It is important that all staff who care for the patient are aware of the information that has been given to a patient, and that channels of communication facilitate staff to offer support to them and their relatives.
- These learning guide are written to help student practise about deliver bad news to patients in order that patients and their families will receive information from staff in a skilled, compassionate, sensitive and professional manner. This applies to all potentially life threatening/life shortening diagnoses whether due to malignant or non-malignant processes.

The SPIKES protocol for breaking bad news

Learning 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.

Strategy for breaking bad news

Meeting the above goals can be accomplished by completing six tasks, each of which is associated with specific skills.

Six Steps of SPIKES:

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 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 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: 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 e.g.: 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 - Explore emotions and sympathize

- Prepare to give an empathetic response:
 - Identify emotion expressed by the patient (sadness, silence, shock etc.)
 - Identify cause/source of emotion
 - 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 – Strategy and summary

- 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.

Scenario:

Mr. Hasan, 55 years old came today to your office for the result of his Biopsy and tumor marker. Please talk to him for next 10 minutes. Biopsy result is Hepatocellular Carcinoma

Ceklis Breaking Bad News:

	Breaking Bad News	SCORE		
		1	2	3
A	Setting Up The Interview			
1	Make sure you have checked all the available information and have test result (including getting the right patient)			
2	Arrange for some privacy			
3	Involved significant others (should other staff be there or significant others)			
4	Introduce your self confidently, softly, friendly, comfortably			
5	Ask the patient to sit down: Don't move the chair closer to or away from the patient. Ideally about a meter far and in a narrow angle			
B	Perception of condition/ Seriousness			
6	<p>Determine what the patient knows about the medical condition or what he suspects:</p> <p>I understand you are here today for your biopsy and tumor marker result.</p> <ul style="list-style-type: none"> • Current Knowledge: "What do you know about HCC? Or What is your get in answered to day?" "So, you want to know..... • Need: "Have you had any experience with HCC in the past?" • Worry: ""Is there something youre're worried about concerning the HCC? • Searched: "Have you talked to someone about HCC or read some information or searched the net? • Why: "Why know?...What triggered this issue? What did you want to be test?" 			

7	Listen to the patient's level of comprehension			
8	Accept denial but do not confront at this stage			
C	Invitation			
9	<p>Ask the patient if s/he wishes to know the details of the medical condition and/ or treatment</p> <p>"How would you like me to handle the information about what is going on?... Are you the person who wants to know everything in detail?"</p> <p>.." Is there a family member or a friend that you want me to tell?"</p> <p>If he replied: "Don't tell me"</p> <p>That's okay:.....Whenever you have a question, call me, okay."</p>			
10	Accept patient's right not to know			
11	Offer to answer question later if s/he wishes			
D	Knowledge: Giving medical Facts			
12	<p>First decide on your objectives for the consultation, don't ignore the patient's responses.</p> <p>The four crucial headings are: Diagnosis, Treatment Plan, Prognosis and Support.</p> <p>Check whether your objectives are legitimate.</p>			
12	Use language intelligible to patient			
13	Consider educational level, socio cultural background, current emotional state			
14	Give information in small chunks			
15	<p>Warning Shot (pause the patient response);</p> <p>E.g. "I'm afraid it looks rather serious". Allow a pause for patient to respond. Allow the patient time to consider their own reactions and whether they wish for further information.</p> <p>Even if the patient asks for full information, it is best to disclose this in a gradual step-by-step way such that the</p>			

	patient or relative can let you know if they do not wish to go further.			
16	<p>Check Reception Often and Clarify:</p> <p>“Am I making sense?</p> <p>“this might be a bit bewildering, do you follow roughly what I’m saying?</p>			
17	<p>Reinforce Information Often & Clarify:</p> <p>““Could you just tell me the general drift of what I have been saying, to check I’ve explained it clearly?</p>			
18	Repeat important points			
19	Check your level: try to simplify without being patronising			
20	<p>Listen to Patient’s agenda:</p> <ul style="list-style-type: none"> • What are their concern • Listen to the buried question and invite question 			
E	Addressing the patient’s Emotions with Empathic response			
21	<p>Responding the patient’s feeling:</p> <p>This is difficult challenge in breaking bad news. Patient’s response can vary from silence to distress, denial or anger. Observe the patient and give the time.</p> <p>Allow silence. Empathy allows the patient to express their feeling and worries and provide support.</p> <p>Do not argue. Allow expression of emotion without criticism.</p>			
F	Strategy and Summary			
22	<p>Planning and follow-through:</p> <p>“Okay, Mr/Ms....is there anything else you’d like to tell me or ask me?</p> <p>That negotiate with her/ him an agreed upon Plan OF Action. A Contract. Clarify his/ her and your responsibilities.</p>			
23	Offer agenda to the next meeting			
24	Close the interview			