



Breaking Bad News

STEPS

A. Before Interview

1. Be ready to make interview with the patient
It is natural for the bearer of bad news to be anxious about the interview with the patient or carer. It is helpful to mentally rehearse the interview, the likely questions you will be asked, the patient's emotional and potential responses.
2. Get detailed information about the patient
Familiarise yourself with the patient's background, medical history and test results. You will also need to have some knowledge of the choices in the future management of the patient's condition.
3. Provide necessary environment by planning conversation before
It is helpful to mentally rehearse the interview, the likely questions you will be asked, the patient's emotional and potential responses. Arrange some privacy. Ideally an interview room or where a patient is confined to bed, pull the curtains around the bed.
4. Identify whom to break bad news
The patient may want a member of their family with them, however this must be established prior to the interview. The clinician must be guided by the wishes of the patient. It can be helpful to suggest to the patient, when investigations are being carried out, that they may wish a family member or friend to accompany them for support, when results are discussed with them.

B. During Interview

5. Provide uninterrupted interview
It is important that you balance the time available with the needs of the patient and that you conduct the interview accordingly. You may need to switch off your pager or get a colleague to answer calls on your behalf. If the interview is rushed the doctor/other professional may be perceived as uninterested.
6. Use a body language compatible with the interview
Do not stand over the patient. Sit down, as this is less intimidating and shows that you are not going to be rushed. It is important to have no barriers (gestures, mimics, vocaltone, eye contact etc.) between you and the patient. If you have recently examined the patient allow him/her to dress before the discussion.
7. Meet the patient and/or his relatives in an appropriate manner
8. Introduce yourself
9. Ask the patient's and/or his relatives's name and degree of consanguinity
10. Try to understand how much information the patient and /or relatives may demand

It is important to assess the patients' understanding of their condition before you begin breaking bad news. At this stage you can correct any misunderstandings and it will enable you to assess if the patient is engaging in either denial, wishful thinking or unrealistic expectations of treatment.

11. Use a language understood by the patient

Start at the level of comprehension and vocabulary of the patient. Use non-technical words such as 'spread' instead of 'metastases'. Remember patients may not understand the words 'malignancy' or 'tumour' to mean 'cancer'. Provide information simply and honestly, avoiding excessive bluntness, as it is likely to leave the patient isolated and angry, with a tendency to blame the messenger.

12. Give the main information step by step while using careful phrases

There is no easy way to give a patient bad news. Warning a patient that bad news is coming may help lessen the shock and may help the patient to go on to process the information they receive. Examples include terms such as, "Unfortunately I've got some bad news to tell you" or "I am sorry to tell you". Give the information in small chunks and stop periodically to check the patient's understanding. One helpful approach is to provide information in steps, introducing more specific language at each step. For example this allows the patient with cancer to introduce the word 'cancer' themselves.

13. Show empathy for the emotion/feelings of the patient

Observe for emotions such as tearfulness, silence or shock. Acknowledge and identify with the emotion experienced by the patient. When a patient is silent use open questions, asking them how they are feeling or thinking. This will help them articulate what their emotions are. Allow time for silence and tears. Encourage and allow the patient time to express their emotions and let the patient know you understand and acknowledge their emotions. This reduces the patient's isolation, expresses solidarity and validates their feelings or thoughts as normal and to be expected.

14. Ask whether the patient has any question

Remember it is likely that the patient may not be able to recall all of the conversation you have had. You may need to return and repeat the process at a later stage.

15. Abide by ethical and professional issues

Do not blame other professionals who interacted with the patient if any. Also do not comment on any treatment or diagnostic procedure.

16. Discuss the management of the patient/disease

Patients who have a clear plan for the future are less likely to feel anxious and uncertain. An important part of this is providing treatment and care options to the patient. For example in chronic illnesses such as diabetes, a clear management plan or when malignant disease is confirmed, the options for treatment and if appropriate ongoing support and palliative care. It may be helpful if the patient has the option to speak to the professional delivering the bad news at a later stage.

17. Explain the support to be given to the patient and/or his relatives

Discuss and offer relevant further support (e.g. Psycho oncology, counselling, information resources, best practice, support groups) that the patient and relatives/carers might find helpful.

18. Inform the patient for the next steps

19. Farewell the patient and/or his relatives gently after finishing the interview