

Breaking Bad News: A Challenge for Doctors

“Any news that drastically and negatively alters the patient’s view of her or his future” is bad news. Breaking bad news is an essential skill for all doctors¹. Poor communication, particularly with cancer patients, has been shown to be associated with worse clinical and psychosocial outcomes, including worse pain control, worse adherence to treatment, confusion over prognosis and dissatisfaction at not being involved in decision making².

Breaking bad news is a complex skill as, in addition to the verbal component, it also requires the ability to recognize and respond to the patient’s emotions, dealing with the stress that the bad news creates and yet still being able to involve the patient in any decisions and maintaining hope where there may be little³.

Breaking bad news is one of a physician’s most difficult duties, yet medical education typically offers little formal preparation for this daunting task. Without proper training, the discomfort and uncertainty associated with breaking bad news may lead physicians to emotionally disengage from patients. There are many reasons why physicians have difficulty breaking bad news. A common concern is how the news will affect the patient, and this is often used to justify withholding bad news⁴.

In 1847, the American Medical Association’s first code of medical ethics stated, “The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.”

Breaking bad news is a multifaceted task that can be managed successfully if it is done correctly. Using a template or communication protocol while conveying bad news will help to instill and assure quality and empathy into this difficult communication process⁵. Several professional groups have published consensus guidelines on how to discuss bad news; however, few of those guidelines are evidence-based.

Rabow and McPhee⁶ developed a practical and comprehensive model for delivering bad news, synthesized from multiple sources, that uses the simple mnemonic **ABCDE**. The following recommendations are patterned:

A—Advance Preparation

- Familiarize yourself with the relevant clinical information. Be prepared to provide at least basic information about prognosis and treatment options.

B—Build a Therapeutic Environment/Relationship

- Determine the patient’s preferences for what and how much they want to know.
- Foreshadow the bad news, “I’m sorry, but I have bad news.”
- Assure the patient you will be available.

C—Communicate Well

- Ask what the patient or family already knows.
- Speak frankly but compassionately. Avoid euphemism and medical jargon.

D—Deal with Patient and Family Reactions.

- Assess and respond to emotional reactions.
- Be empathetic.

E—Encourage and Validate Emotions.

- Offer realistic hope. Even if a cure is not realistic, offer hope and encouragement about what options are available.
- Explore what the news means to the patient.

Breaking bad news demands a great deal of professionalism, patience, and energy. The SPIKES⁷ protocol is a common template for breaking bad news that doctors can utilize as a starting place if they are unsure of how to proceed. This approach is designed to help healthcare professionals to accomplish the following while breaking bad news.

Setting Up:

- Think about what you want to say in advance.
- Choose a time and place that allows for privacy and quiet, considered discussion. Make sure there is enough seating in the room, and turn off or mute mobiles.

Perception:

- Use open-ended questions to determine the patient’s understanding of their condition.
- Check the patient is able and willing to hear what you’re going to say.

Invitation:

- Determine the amount of information known or how much information is desired.

Knowledge:

- Warning the patient that you have bad news may reduce the shock of disclosure.

- The sharing of bad news must be presented based on the assessed level of patient's understanding, compliance, and wishes for disclosure.

Empathy:

- Patients will have a wide range of emotional reactions as they respond to the bad news delivered to them.
- An appropriate and kind response to the emotion demonstrated when the patient hears bad news.

Strategy and Summary:

- Make sure that the patient has understood by asking them to briefly, summarize the main points of the conversation.
- At the conclusion of the discussion, both the doctors and the patient should leave with a clear plan of the steps that need to be taken.

The **BREAKS** protocol is an alternate process for sharing difficult news. Doctors Narayanan, Bista and Koshy from India and Nepal developed the BREAKS method in 2010⁸. They designed the BREAKS method to ensure the best outcome for the patient while supporting the doctor through a difficult situation. Here's breakdown of the six parts of BREAKS protocol.

Background:

- An effective therapeutic communication is dependent on the in-depth knowledge of the patient's problem. The physician should make sure they know the patient's situation- not only their diagnosis and outlook, but also their socio-economic and educational status as well as their support system.

Rapport:

- The physician should establish a good rapport with the patient.
- He needs to have an unconditional positive regard. A hostile attitude has disastrous outcome.

Exploring:

- Whenever attempting to break the bad news, it is easier for the physician to start from what the patient knows about his/her illness.
- Try to involve the significant other people of the patient in the decision-making process, if allowed by the patient.
- The prognosis can be explained in detail; with all available data.

Announce

- A warning shot is desirable.
- The body language the physician is very important.
- Announcement of the bad news must be in straight-forward terms, avoiding the medical jargon completely.

Kindling

- People listen to their diagnosis differently. They may break down in tears. Some may remain completely

silent, some of them try to get up and pace round the room.

- Adequate space for the free flow of emotions has to be given.
- While trying to kindle the emotions, care has to be taken not to utter any unrealistic treatment options.

Summarize

- The physician has to summarize the session.
- Treatment/care plans for the future has to be put in nutshell.
- The review date also has to be fixed before concluding the session.
- Patient should be assured that the physician will be actively participating in all ongoing care plans.

Breaking bad news is part of the art of medicine. A bad news is always a bad news, however well it is said. But the manner in which it is conveyed can have a profound effect on both the recipient (the patient) and the giver (the physician)⁹. It is a skill that has to be learnt by the physicians and other caregivers and effective methods of communication skills training are available.

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