

# Breaking Bad News

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# **What Is Bad News?**

**“any news that drastically and negatively alters the patient’s view of her or his future”.**

- Bad news is stereotypically associated with a terminal diagnosis, but physicians encounter many situations that involve imparting bad news .**

# Breaking Bad News

- **Response to bad news can be influenced by the patient's psychosocial context:**
  - **a diagnosis that comes at an inappropriate time (such as unstable angina requiring angioplasty during the week of a daughter's wedding)**
  - **a diagnosis that is incompatible with one's employment (such as a coarse tremor developing in a cardiovascular surgeon)**

# **Breaking Bad News**

- patients generally desire frank and empathetic disclosure of a terminal diagnosis or other bad news.**
- Focused training in communication skills and techniques to facilitate breaking bad news has been demonstrated to improve patient satisfaction and physician comfort.**

# **Breaking Bad News Requires:**

- **Chose a proper time and setting to break news.**
- **Demonstrate real and active listening.**
- **Be honest. Tell the truth, even if it doesn't seem like it at the time. Say “I don't know the answer” to some enquiries or “I shall find out and get back” to you.**
- **Allow time and space for the person to respond.**
- **Show empathy and caring support**

# Doctor's Concerns

- **Fear of being blamed.**
- **Fear of person's emotional reactions.**
- **Concern about how best to do it.**
- **Doctor's personal experiences of loss and its consequences.**
- **Concern about how people will feel about you bringing such bad news to them.**
- **Fear of the implications of the news for the person.**

# **Doctor's Concerns**

- **Being unsure about what will be happening next and not having the answers to some likely questions.**
- **Doctor is not sure of what his role will be as the situation develops.**
- **Concerned because not knowing the person or people, their personalities, background, social support, resources and limitations, beliefs etc.**

# **How Bad News Delivered (ABCDE)**

**A. ADVANCE PREPARATION**

**B. BUILD A THERAPEUTIC ENVIRONMENT  
/RELATIONSHIP**

**C. COMMUNICATE WELL**

**D. DEAL WITH PATIENT AND FAMILY REACTIONS**

**E. ENCOURAGE AND VALIDATE EMOTIONS**



# **A-ADVANCE PREPARATION**

- **Familiarize yourself with the relevant clinical information.**
- **Ideally, have the patient's chart or pertinent laboratory data on hand.**
- **Be prepared to provide at least basic information about prognosis and treatment options.**

# **A-ADVANCE PREPARATION**

- **Rehearse how you will deliver the news.**  
[You may wish to practice out loud, as you would prepare for public speaking].
- **Script words and phrases to use or avoid.**
- **If you have limited experience delivering bad news, consider observing a more experienced colleague or role play a variety of scenarios with colleagues before actually being faced with the situation.**

# **A-ADVANCE PREPARATION**

- **Arrange for adequate time in a private, comfortable location.**
- **Instruct office or hospital staff that there should be no interruptions.**
- **Turn your pager to silent mode or leave it with a colleague.**
- **Prepare emotionally.**

## **B– BUILD A THERAPEUTIC ENVIRONMENT/RELATIONSHIP**

- **Determine the patient's preferences for what and how much they want to know.**
- **When possible, have family members or other supportive persons present.**  
**[This should be at the patient's discretion]**
- **If bad news is anticipated, ask in advance who they would like present and how they would like the others to be involved**

# **B– BUILD A THERAPEUTIC ENVIRONMENT/RELATIONSHIP**

- **Use touch where appropriate. Some patients or family members will prefer not to be touched.**
- **Be sensitive to cultural differences and personal preference.**
- **Avoid inappropriate humor or flippant comments; depending on your relationship with the patient, some discreet humor may be appropriate.**

## **B– BUILD A THERAPEUTIC ENVIRONMENT/RELATIONSHIP**

- **Introduce yourself to everyone present and ask for names and relationships to the patient.**
- **Foreshadow the bad news, “I’m sorry, but I have bad news.”**
- **Assure the patient you will be available.**
- **Schedule follow-up meetings and make appropriate arrangements with your office.**
- **Advise appropriate staff and colleagues of the situation.**

# **C–COMMUNICATE WELL**

- **Ask what the patient or family already know.**
- **Find out patient's expectations before you give the information.**
- **Speak frankly but compassionately.**
- **Avoid euphemisms and medical jargon.**
- **Allow silence and tears.**
- **Avoid the urge to talk to overcome your own discomfort. Proceed at the patient's pace.**

# **C-COMMUNICATE WELL**

- **Have the patient tell you his or her understanding of what you have said.**
- **Encourage questions.**
- **At subsequent visits, ask the patient understanding, and use repetition and corrections as needed.**
- **Be aware that the patient will not retain much of what is said after the initial bad news.**
- **Write things down, use sketches or diagrams, and repeat key information.**
- **At the conclusion of each visit, summarize and make follow-up plans.**



# **D–DEAL WITH PATIENT AND FAMILY REACTIONS**

- **Assess and respond to emotional reactions.**
- **Be aware of cognitive coping strategies (e.g., denial, blame, intellectualization, disbelief, acceptance).**
- **Be attuned to body language.**
- **With subsequent visits, monitor the patient's emotional status, assessing for despondency or suicidal ideations.**

# **D–DEAL WITH PATIENT AND FAMILY REACTIONS**

- **Be empathetic; it is appropriate to say “I’m sorry” or “I don’t know.”**
- **Crying may be appropriate, but be reflective**
- **Do not criticize colleagues; avoid defensiveness regarding your, or a colleague’s, medical care.**

# **E-ENCOURAGE AND VALIDATE EMOTIONS**

- Offer realistic hope even if a cure is not realistic, offer hope and encouragement about what options are available.**
- Discuss treatment options at the outset, and arrange follow-up meetings for decision making.**
- Explore what the news means to the patient. Inquire about the patient's emotional needs and what support systems they have in place. Offer referrals as needed.**
- Use interdisciplinary services to enhance patient care (e.g., hospice).**

# **Breaking Bad News to Children and Teens**

- **Break bad news to children or teens gently.**
- **Never avoid an issue for so long. Kids might hear the bad news from somebody else.**
- **Anticipate that there may be awkward questions and be ready to answer them if you can.**
- **Choose a quiet place. Avoid interruptions.**
- **Perhaps have favorite things nearby, E.g. comfort toys.**

# **Breaking Bad News to Children and Teens**

- **Turn off cell phone and take the phone off the hook!**
- **Be honest with them. Stick to making statements you believe yourself.**
- **Keep explanations simple. If you don't know or cannot explain something, admit that you don't know.**
- **Use words they understand. Be honest and avoid saying things in such a way that the young person might be left confused about what you're really saying.**

# **Breaking Bad News to Children and Teens**

- **Reassure them they can talk to you or ask you questions whenever they need to.**
- **Understand that they might want to ask unrelated questions (What's for dinner) or begin to play (picking up Lego blocks) or start a distraction activity.**
- **Repeat key information at different times.**
- **Repeatedly and regularly reassure.**

# **Breaking Bad News to Children and Teens**

- **Touch can really help. Make eye contact often. This can be very reassuring.**
- **Don't push it. Having told them whatever it is you need to tell them, wait for them to come back to you when they're ready to hear.**
- **Remain as calm and loving as possible.**
- **If a particular issue upsets you too, that's okay. It's good for kids to learn that all of us have different sorts of reactions when tough things happen.**

# **Breaking Bad News to Children and Teens**

- **Look for kids and teen books that cover similar issues to those you need to raise.**
- **Consult someone else about the topic if you feel you need to.**
- **Telling bad news is never an easy task. You may find it helpful to talk with someone close to you after you've spoken to the child or teen, to unload a bit.**



*THANK YOU*