

**COMMUNICATION
AND
BREAKING BAD NEWS**

**DR. FIRUZA D. PATEL
PROFESSOR
DEPARTMENT OF RADIOTHERAPY
P.G.I.M.E.R., CHANDIGARH-160 012**

COMMUNICATION

- **Communication is an essential component of medical management.**

Most medical teaching is by

See one ; Do one ; Teach one.

We avoid doing a procedure if we are uncertain of our expertise at it.

COMMUNICATION

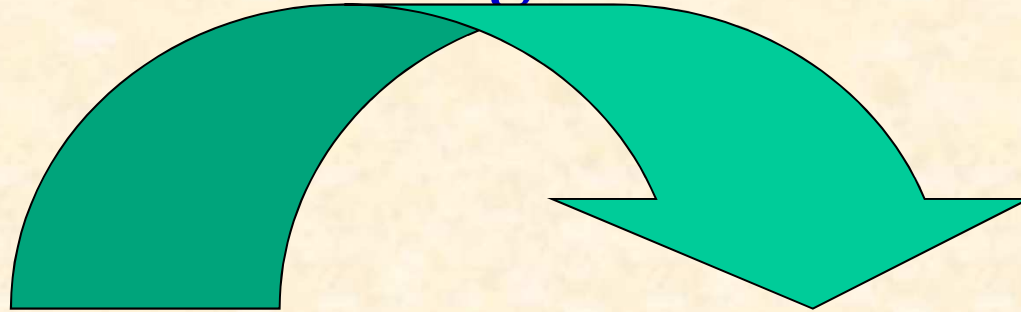
Definition :-

1. The use of a common system of symbols, signs and behaviours for exchange of information.
2. Techniques for the effective transmission of ideas, thoughts, feelings.

COMMUNICATION IS SHARING

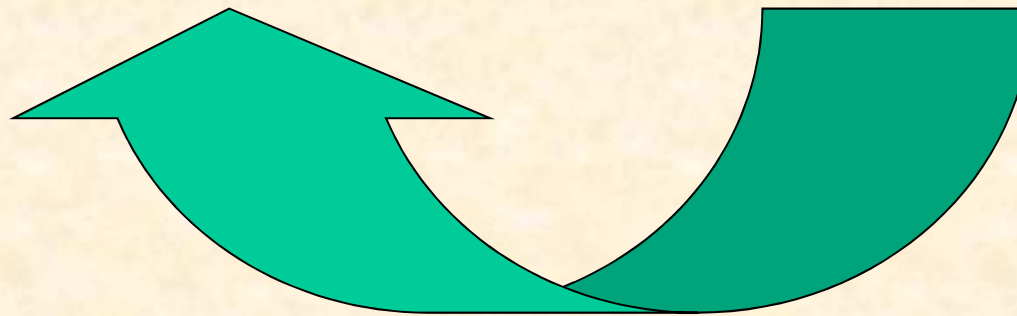
COMMUNICATION

message



SENDER

RECEIVER



feedback

COMMUNICATION

Problem with the message

- Difficult to understand
- Contain too much information
- Includes contradictory messages
- Be distorted, sometimes by being passed through too many people

COMMUNICATION

Problems with the way the message is given

- Language barrier
- Use of medical jargon
- Messages not given appropriately, e.g. aggressively

COMMUNICATION

Problems with the way the message is received

- Discomfort or pain
- Noisy environment
- Anxiety
- Loss of hearing

COMMUNICATION

Includes :-

- 1. Basic listening skills.**
- 2. Specific communication tasks**
 - a) Breaking Bad News**
 - b) Therapeutic dialogue**
- 3. Communicating with the family and other professionals.**

LISTENING SKILLS

- 1. Remember that listening can be more helpful than talking - allow space**
- 2. Notice non-verbal message and be aware of your own**
- 3. Use open questions**
- 4. Listen for the feelings behind the words**
- 5. Examine your listening blocks from time to time**
- 6. Paraphrase - People need to know that you have heard and understood**

DISTANCING TACTICS

- **Premature reassurance**
- **Normalising**
- **Passing the buck**
- **'Turning a deaf ear'**
- **Concentrating on a physical task**
- **Disappearing from the stressful situation**

EFFECTIVE LISTENING

- 1. Eye contact.**
- 2. Head nodding.**
- 3. Small encouraging noises.**
- 4. Facial expressions.**
- 5. Lack of physical barrier.**
- 6. Open body posture.**

COMMUNICATIONS

Professional's Agenda

Has carcinoma recurred?

Is treatment working ?

Are there any side effects?

Is there another disease?

Is there anything I'm missing? Will my family catch it?

Have I involved every one?

Patient's Agenda

Am I all right?

Why am I feeling tired & sick?

Does it matter what I eat?

Can I make love?

Can I go to a faith-healer?

BREAKING BAD NEWS

“Bad News” can be defined as any information that drastically alters a patient’s view of their future for the worse.

Breaking bad news emphasises that it is a process that resembles holding a negotiation more than giving a sermon.

A patient has a right, but not a duty, to hear bad news.

BREAKING BAD NEWS

Most patients want 2 things :-

- 1. A certain amount of information (the right amount)**
- 2. The opportunity to talk and think about their situation - therapeutic dialogue.**

It is possible to explain the same facts in a way that causes anger and fear, or optimism and trust.

Specialist counsellors are not the answer - skills are needed by all doctors and are easily taught and understood.

BREAKING BAD NEWS

Why is it Important ?

Helps to maintain trust.

**Reduce uncertainty, (and anxiety
blocks understanding).**

Prevents inappropriate hope.

**Allows adjustment to the situation to
take place.**

Helps prevent collusion.

BREAKING BAD NEWS

What can improve the experience ?

Preparation and honesty (gentle).

Use clear language.

Give positive messages whenever possible.

Say what treatment may be available.

**Give time for information to 'sink in' and
choice to be made.**

STEPS TO BREAKING BAD NEWS

STEP 1 : PREPARATION

*“It would be best to arrange a time to explain things-
would you like anyone else to be with you?”*

Do I have all the facts?

Who should be there?

When ?

Quiet, private room (no phone)

Comfortable chairs

Tissues

Set boundaries

Switch into listening mode :

a) Silence b) Repetition c) Nod, hmm

STEPS TO BREAKING BAD NEWS

STEP 2 : WHAT IS KNOWN?

“It would help me to know what you understand about your illness - how did it all start?”

Narrative of events by patient

Level of understanding

Words and phrases

Main concerns and beliefs (about drugs)

Expectations for the future.

“Before you tell you ask”.

Note denial but do not confront it.

STEPS TO BREAKING BAD NEWS

STEP 3 : WHAT DOES THE PATIENT WANT TO KNOW?

“Would you like me to tell you anything else about your illness?”

Conflict between the discomfort of uncertainty (reduced by information) and the discomfort of fear (reduced by need for denial).

Acknowledge fear of knowing more.
If patient does not even want to know the diagnosis respect that.

NB never impose information.

Keep options open for future.

STEPS TO BREAKING BAD NEWS

STEP 4 : ALLOW DENIAL

Denial is a way of coping with fear & due to lack of confidence.

It should be respected as a coping strategy.

Never give unrequested information which can cause anxiety or anger.

Challenge denial : does not mean “disagreeing with”

How do you feel things are going?

What have you been thinking about your illness?

Have you considered it might be serious?

Changing the subject, looking out of the window, fidgeting hands.

STEPS TO BREAKING BAD NEWS

STEP 5 : THE WARNING SHOT

Start by repeating the words used by the patient.

Warning shot allows the patient time to consider their own reactions, and if they want more information.

Problem - shadow - lump - tumour - cancer

WARNING SHOT



PAUSE



MORE INFORMATION

Go gently, even if patient wants full information.

STEPS TO BREAKING BAD NEWS

STEP 6 : NARROW THE INFORMATION GAP

*The facts may not be remembered -
the way they are given will be.*

Avoid medical jargon (a distancing tactic).

Give information in small chunks.

Avoid too many facts and figures.

Be as optimistic as possible.

Check understanding.

Acknowledge emotions and respond to them.

“SAY WHAT YOU SEE”

STEPS TO BREAKING BAD NEWS

STEP 7 : ELICIT CONCERNS

“What is worrying you the most?”

BAD NEWS



PATIENT IS DISTRESSED



Elicit concerns



Patient satisfied



Patient can return
for information & support



Premature reassurance
Excessive explanation



Patient feels dissatisfied

Painful concerns can remain invisible.

STEPS TO BREAKING BAD NEWS

STEP 8 : VENTILATION OF FEELINGS (KEY PHASE)

“How does this leave you feeling at the moment?”

NAMING THE EMOTION

Acknowledge feelings



Verbalise the feelings



Hear own words



Name the emotion



Sense of Control

“Conveys empathy”

STEPS TO BREAKING BAD NEWS

STEP 9 : SUMMARY - AND-PLAN

“Your main concerns at the moment seem to be...”

Patient's
Concerns



Support
available



Doctor's knowledge
of options



SUMMARY-AND-PLAN

Offers leadership

Re-inforces individuality

Avoids unrealistic promises

Prepares for the worst

Hopes for the best.

STEPS TO BREAKING BAD NEWS

STEP 10 : OFFER AVAILABILITY

“I suggest we meet again next Thursday, does that sound about right for you?”

Further explanation as details are not remembered at first.

Emotional adjustment takes time.

To meet relatives.

*Adjustment to bad news takes time,
and is similar to the process of grief.*

BREAKING BAD NEWS

BBN is like breaking an **EGG**

“A certain amount of skill is required or else you will make a mess of it”.

“ If breaking of bad news is done badly, then patients or their family members (or often their lawyers) may never forgive us ; if it is done well, they will never forget us.”

THANK YOU