

CLINICAL SKILLS LAB 5

SHEET



SUBJECT: BREAKING BAD NEWS –Data

Breaking Bad News

*What is bad news?

- “Any news that drastically and negatively alters the patient's view of her or his future.”
- examples: terminal illness, fatal congenital anomaly of a new born baby, etc.
- Not just terminal diagnoses → can be something relatively mundane and common like telling someone they have DM
- As a doctor, you need to empathize with what the pt. will be experiencing when delivering the news even if it is not a terminal diagnosis
- Lance Armstrong, on being diagnosed with metastatic testicular cancer, “I left my house on October 2, 1996, as one person and came home another.”

*Assumptions regarding breaking bad news

- The patient will get worse → Hippocrates believed that if you give bad news to the patient, it will actually shorten their life
- We rob the patient of hope
- The patient or the family will react badly
- It is unpleasant/depressing
- I don't know how to do it/I will do it the wrong way
- I have failed the patient

*Facts regarding breaking bad news

- Every human life is important
- Every human being gets sick
- Every human being dies (doctors are not able to save everyone)
- Every doctor must deliver bad news (especially cancers)
- Bad news need not cancel hope
- There is no right way to do it, only principles to follow → every situation will differ from patient to patient, for example if you want to tell a pt. he has DM, it will be different if they saw a relative die from DM or not.
- It can be a great experience → it can be a special moment between the doctor, the pt and his family as they believe there is hope in the afterlife
- Most patients want full disclosure → most want to know even if the news is really bad while a minority don't.

*Challenges is delivering bad news

- Poor training (in terms of communication skills)
- No training
- Clinical setting → clinics are usually busy, not comfortable and crowded so it's not the best place to break bad news
- Pace of practice → there is no enough time in medical practice to break bad news
- Important themes but need to individualize approach → there should be a different method for each pt. / you have to know what the patient wants and thinks (Don't think instead of them!)

*Framework For Breaking Bad News →

SPIKES (Setting-Perception-Invitation-Knowledge-Empathy-Summary and Strategy) → probably the most imp thing you need to know for the data exam.

S: Setting

- Privacy and confidentiality → you don't deliver such news anywhere
- People → some patients want people to be with them when they hear bad news, others don't so you ask the pt before breaking the bad news who they want to be with them.
- You, be calm and attentive → be calm, pay attention to details, don't panic
- It's better to be sitting down when delivering the bad news.

P: Perception

Don't assume anything, always ask the pt what they already know

I: Invitation

Always ask the pt what they need to know beyond what they already know so you give them an invitation to express their wishing's and desires

K: Knowledge

warn the pt that you have bad news coming taking in account how much info they want to know.

E: Empathy

- All change is perceived as loss/bad thing so you have to give the pt time to express themselves and to know how they are feeling.
- Sometimes you can offer a counselor or be the counselor yourself.
- You might not have answers to everything they will ask and that's okay.

S : Summary and Strategy

-Summarize and agree with your pt what the next steps are → this makes the patient's final days more comfortable.

→ The SPIKES framework doesn't work in all situations, that's why you need to sit with the pt and know what they know and what they want to know and decide what the next step is.

→ The news itself is not that important as you can't heal someone who is dying and that is why the attitude of the doctor and how he delivers the news is very important.