

ESHRE Campus Workshop

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Breaking bad news on the telephone

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Breaking bad news

Background

- No one likes breaking bad news
- The increase in chronic illness and the issues related to quality of life, heighten the importance of understanding how the **delivery of bad news affects**
 - **patients**
 - their **families**
 - **doctors** / other **health professionals**

Taylor SE. (1995) Health Psychology. 3rd Ed. New York. NY: McGraw-Hill Book Company

What is bad news?

- Bad news can mean **different things** to **different people**
- There have been **numerous definitions** of bad news
 - ➔ "any information, which adversely and seriously affects an individuals view of his or her future"
 - ➔ situations where there is either
 - a feeling of no hope,
 - a threat to a person's mental or physical well-being
 - a risk of upsetting an established lifestyle
 - ➔ a message which conveys to an individual fewer choices in his or her life'

Buckman R. (1992) Breaking Bad News: A Guide for Health Care Professionals. Baltimore: Johns Hopkins University Press.

What is bad news?

Examples

- A patient who is told he / she is HIV positive.
- The man who is told his partner has Alzheimer's disease.
- The patient who is told the lump has been diagnosed as cancer.
- **The couple who are told they cannot have children.**

The common denominator is that bad news is a message, which has the potential to **shatter hopes and dreams** leading to **very different lifestyles and futures**.

Bor R, Miller R, Goldman E, Scher I. (1993) The Meaning of Bad News in HIV Disease: counselling about dreaded issues revisited. *Counsel Psychol Q.* 6:69-80

What do patients want?

- The evidence indicates that patients increasingly want additional **information** regarding their diagnosis, their chances of cure and the side effects of therapy.
- Patients want their doctor to be **honest, compassionate, caring, hopeful** and **informative**.
- They want to be told **in person**, in a **private setting**, at **their pace**, with time for **discussion** and if they wish, with a **supportive person** present.

Meredith et al. (1996) British Medical Journal 313: 724-72618

Ley P (1982) Social Psychology and Behavioural Science. New York. John Wiley.

Sutherland et al. (1989). Journal Royal Society of Medicine 82: 260-263.

Peteet et al. (1991) Journal of Family Practice. 32:577-581

Patients' reaction on bad news

How a person reacts on bad news depends on **his / her reality**, i.e. on his / her:

- **Subjectivity**
- Individual **life experience**
- **Personality**
- **Spirituality / beliefs**
- **Philosophical attitude**
- Perceived **social support**
- Emotional **hardiness**



Transmission of bad news

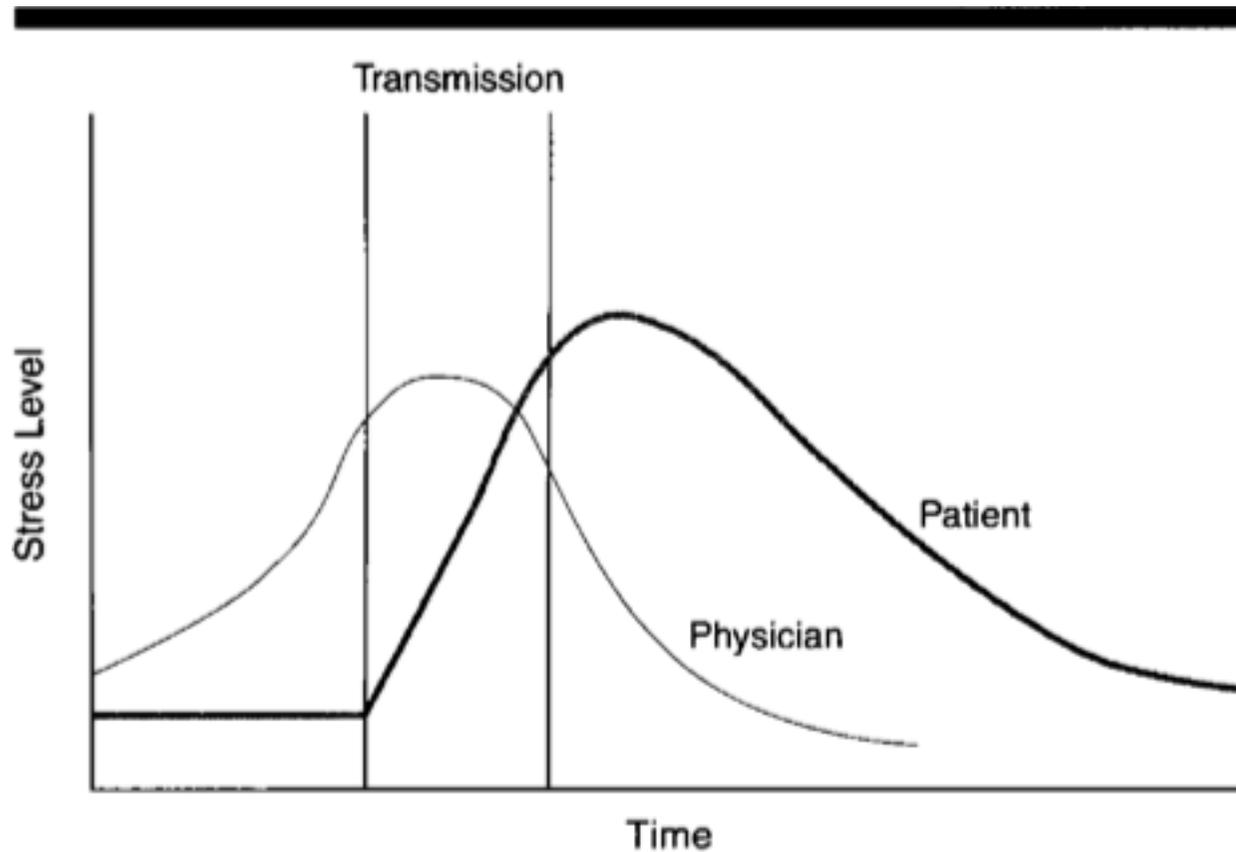


The transmission of bad news from one person to another may be **potentially stressful for either the giver or the receiver**



- It is relatively easy to envision that the bad news process is stressful for the recipient
- the discomfort for the giver may be less obvious

Transmission of bad news



Model of the stress associated with bad news.

Breaking Bad News. A Review of the Literature
J. T. Ptacek, PhD; Tara L. Eberhardt *JAMA*. 1996;276(6):496-502.

Transmission of bad news



- Physicians often experience **anticipatory stress, fear or anxiety**.
- Medical students have concerns not only about how to communicate the news but also about how they themselves will **cope with patients' reactions**.
- The transactional model of stress and coping would specify that the amount of **discomfort** experienced by physicians should vary with
 - their **experience** giving bad news
 - the **perceived severity** of the news itself
 - their perceptions that they are partly **responsible** for the occurrence of the news

The impact on health care professionals



Breaking bad news can be **extremely stressful** for the doctor or professional involved.

The evidence suggests that the bearer of bad news experiences strong emotions such as **anxiety**, a **burden of responsibility** for the news and **fear of a negative response**.

This stress can result in a **reluctance** to deliver bad news.

When staff are **uncomfortable** breaking bad news they can **avoid** discussing distressing information, such as poor prognosis or **convey unwarranted optimism** to the patient that may predispose to depression.

Skills required for breaking bad news

- Breaking bad news is a **complex communication task** that requires expert **verbal** and **non-verbal skills**.
- This complexity can create **serious miscommunications**, such as the patient misunderstanding the prognosis of the illness or purpose of care.
- When bad news is **delivered poorly** the experience may stay in a patient's or family's mind long after the initial shock of the news has been dealt with.
- Where English is not a first language staff should avail of **interpreting services**. When patients have other special needs such as sensory impairment, learning or physical disabilities staff should ensure that the **appropriate support mechanisms** are available.

General aspects of communication

Patient-centred communication

→ active listening

- waiting
- repeating
- mirroring (reflecting an emotion)
- summarizing

Patient-centred approach

Principles of reflective listening (Rogers, 1979)

More **listening** than talking

Responding to what is **personal** rather than to what is impersonal, distant, or abstract.

Restating and **clarifying** what the other has said, not asking questions or telling what the listener feels, believes, or wants.

Trying to **understand the feelings** contained in what the other is saying, not just the facts or ideas.

Working to develop the best possible **sense of the other's frame of reference** while avoiding the temptation to respond from the listener's frame of reference.

Responding with **acceptance and empathy**, not with indifference, pure objectivity, or fake concern.

Information exchange

Basic principles (Miller and Rollnick, 2002)

Elicit:	Patient's pre-existing knowledge and questions.
Provide:	Give information in small units and short sentences.
Elicit:	Patient's understanding and evaluation of the information. "What does this information mean to you?"

Communications skills

NURSE (Back et al. 2007)

N aming	name emotions
U nderstanding	express that you understand the emotions
R especting	demonstrate respect for the patient
S upporting	offer support
E xploring	explore for further emotional aspects

General attitude when breaking bad news

- **To hold** rather than to interpret
- **To demonstrate different perspectives** of a disease
- **To pay attention** to the **patient's individuality**

General principles when breaking bad news

- **Give hope** (supports coping)
- **Patient-centred communication** (congruence, empathy, respect)
- **Adapt communication to the patient's needs**
- **Psycho-social support**

➔ **Breaking bad news relies on good communication skills, experience and practice.**

Ten step guide to breaking bad news

- 1 Ensure you are **adequately prepared** – privacy, time and facts
- 2 Establish what the patient **already knows**, and understands
- 3 Establish what the patient wants to know; **what news** do they expect to hear today
- 4 Give a **warning shot** – this can be a helpful lead into breaking the news, for example, ‘The tests have come back today, and unfortunately the results are not as good as we would have hoped’
- 5 Break bad news **gently**, this will involve giving accurate information
- 6 **Acknowledge distress** and support ventilation of feelings
- 7 **Identify, prioritise and address concerns** by encouraging questions
- 8 Check if there are any **further information needs**
- 9 Identify patient **support**
- 10 Make clear what **help** is available and what will happen next

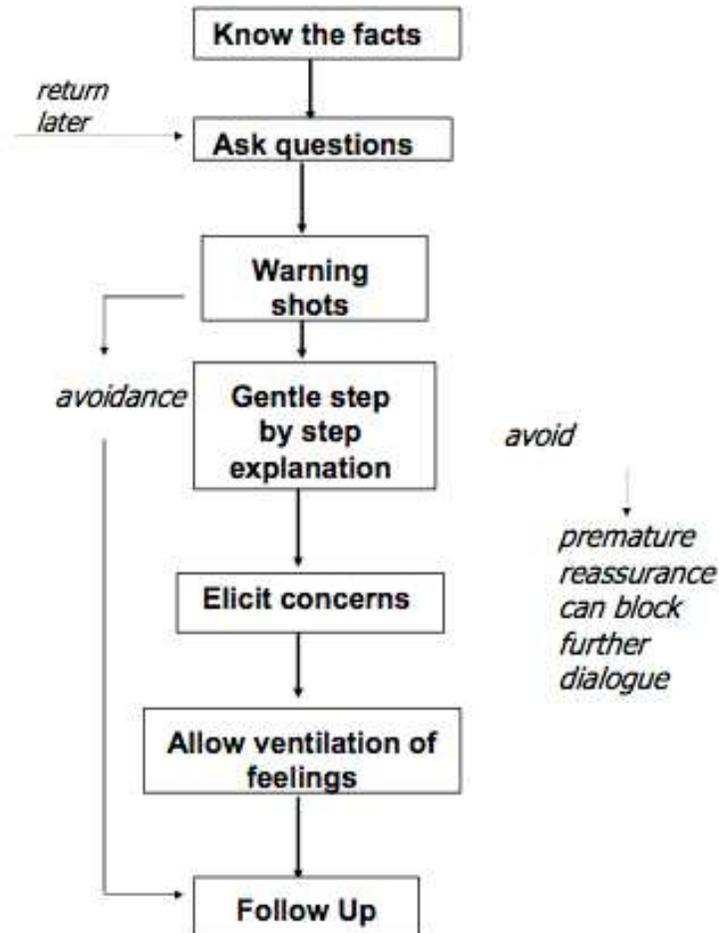
Based on Peter Kay (1996) Breaking Bad News (Pocket Book)
A Ten Step Approach EPL Publications, Northampton

SPIKES

A mnemonic for breaking bad news to patients by Baile et al.

S	etting up
P	erception
I	nvitation
K	nowledge
E	motions
S	trategy and summary

Breaking bad news – A summary



Developed by 3 Counties Cancer Centre Psychosocial Implementation Group, September 2007

Checklist after breaking bad news

- Was the setting well prepared?
- How was the atmosphere?
- Has been established what the patient already knew?
- Has been established what the patient wanted to know?
- Which were the patient's verbal and nonverbal reactions revealing emotions such as anxiety, anger etc.?
- How could the emotional reactions be handled?
- Has the patient been encouraged to bring with him / her a trustful person?
- Was the patient supported in dealing with the bad news? Which personal resources will he / she be able to use?

Checklist after breaking bad news

- Were the chosen terms, such as cancer, miscarriage etc. comprehensible for the patient?
- Was repeatedly checked whether the patient understood the given information?
- Was information given in small chunks and with intermediary pauses?
- Was it possible to respond empathetically on the patient's reactions?
- Were there moments when the approach towards the patient was difficult?
- What was particularly bothersome during conversation?
- Which emotions were predominant?
- What went well and what should be made differently next time?

Breaking bad news on the telephone

Special situation!



Breaking bad news on the telephone



Professional task



Individual fate