

ESHRE Campus Workshop

SIG "Psychology and Counselling" / Amsterdam, 4th December 2010



S. Tschudin
Department of Ob&Gyn
University Hospital
Basel Switzerland

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

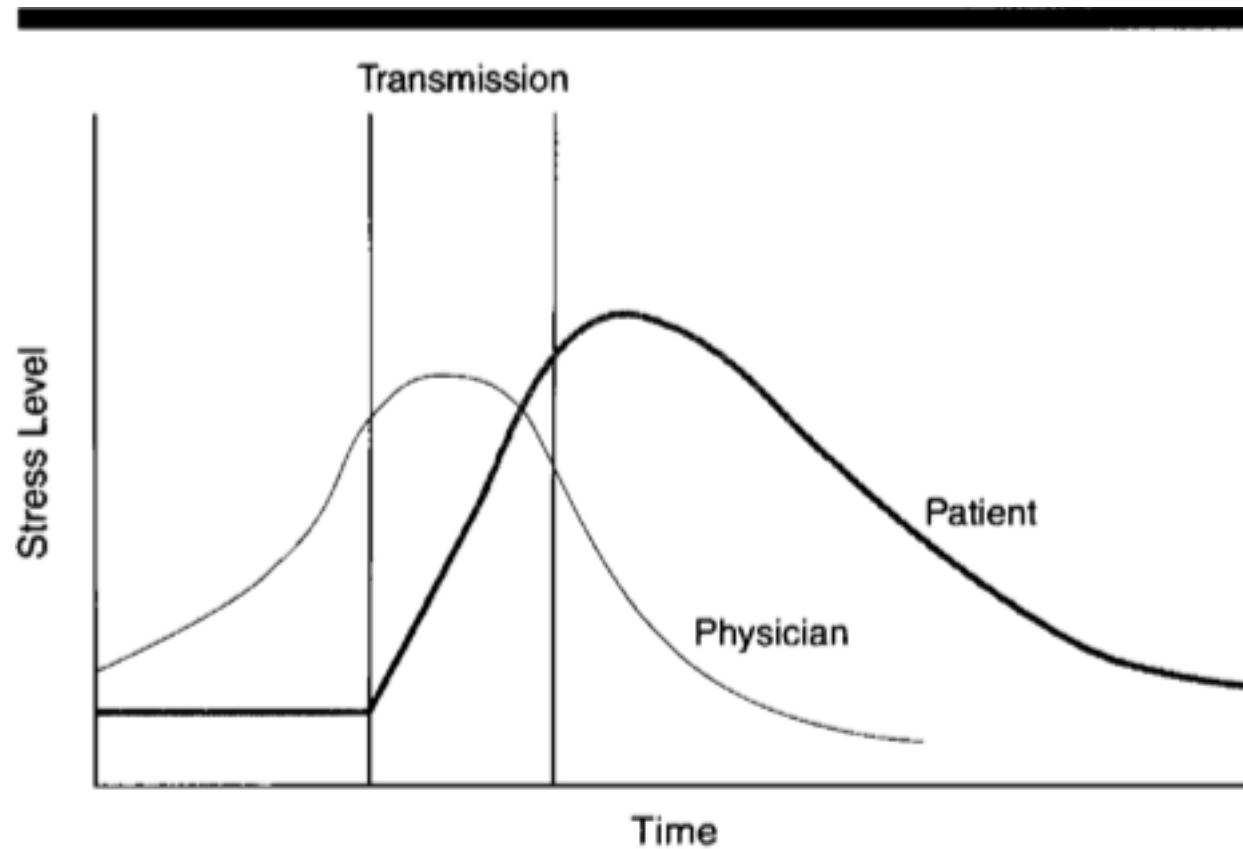


The transmission of bad news from one person to another may be **potentially stressful for either the giver or the receiver**



- 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

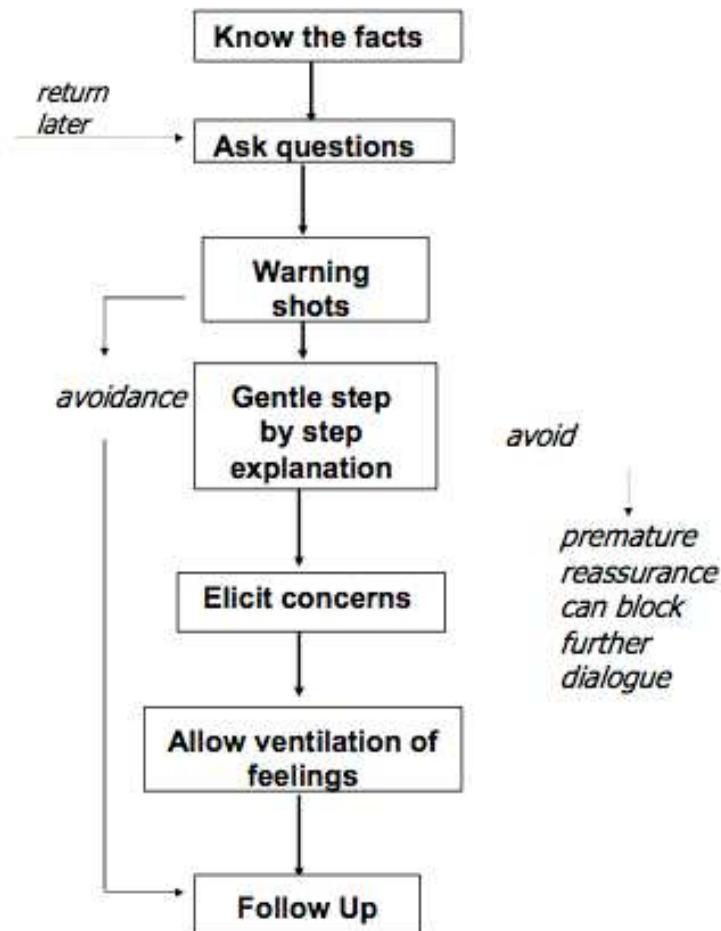
Based on Peter Kay (1996) Breaking Bad News (Pocket Book)
A Ten Step Approach EPL Publications, Northampton

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