“Breaking Bad News”

The Research evidences behind the BBN & Secure platform to BBN

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1. In the American society of clinical Oncology (ASCO) Survey, 67% of participants (physicians) rated their comfort in dealing with patient’s emotions as “not very comfortable” to “uncomfortable” at the Communications symposium at the 1998 annual meeting of ASCO.
• 42% of physicians reported that they have no formal training for breaking bad news! & 47% felt their ability to break bad news was fair to poor!!

• The stress of breaking bad news is greater when
  1. the clinician is inexperienced
  2. the patient is young
  3. the doctor & the patient have longstanding relationship
  4. strong optimism for a successful outcome had been previously expressed.
  5. the prospects for treatment are limited.

• Many practitioners feel guilty or to blame for the bad news.

• Doctors feel anticipatory stress prior to an ‘encounter’ & their stress peaks during the session.

• In a qualitative study, most of the clinicians were unable to identify patient’s distress while delivering the bad news. In the same study the clinicians did the self-assessment and they overestimated their skills of recognising the stress.

Some movie clips
Any thoughts about these clips?
Breaking Bad news - Facts

- Bad news is bad news
- You cannot soften the impact of the bad news (it may give false reassurance to patient/relatives)
- Key is to slow down the speed of transition from a perception of wellness to the realization of life-threatening disease
- Plan place and time if possible
- Involve significant other if possible
How to break bad news?
How to break bad news-1

1. **Preparation:**
   - Review the clinical records / patient’s background information
   - Quiet, Private & Comfortable location:
     The space should allow the physician and patient to sit face to face without physical barriers and should be large enough to accommodate the patient’s support network (appropriate family/friends)
   - Avoid interruptions: turn off cell phones/ hand-over bleeps
   - Schedule ample time
2. Find out who is who:
   It is important in establishing the rapport & identifying them

3. Find out what they know already:
   “What is your understanding of your illness?..”

4. Find out how much they want to know:
   “Are you the kind of person who likes to know all the details....? ”

Thought for participants:
Are we ask the patients about Q (4) while arranging the scans, biopsies.......?

5. Warning shot / ‘Forecasting’:
   “I am afraid .... I don’t have a good news....
How to break bad news-3

6. Explanation:

‘Transition speed’ of the information depends on ‘Patient’s pace’

Small amount of info ‘in simple language’ => Checking info => allowing emotions & inviting questions => then move on

7. Elicit concerns and allow ventilation:

Identify specific concerns, offer appropriate help by showing clinical empathy & transforming their overwhelming feeling into manageable targets.

8. Follow-up:

Summarise & check patient’s/ relative understanding, identify the supportive systems - ‘Safety net’
How do we improve from here……

Two simple steps!

1. Observe the good communicators
2. Implement the ‘good communication skills’
Take Home message of BBN

# Don’t soften the impact of the bad news

# How much they already know &
How much they want to know?

# Transition speed depends on the patient’s pace
Thank You