NCC Pediatrics Continuity Clinic Curriculum

Breaking Bad News

Goals and Objectives:

To discuss strategies for breaking bad news

- Review the SPIKES mnemonic and method for preparing to give bad news to patients and families.
- Discuss with peers and staff what qualifies as "bad news."
- Share experiences of breaking bad news and lessons learned.

Pre-Meeting Preparation:

- **SPIKES paper** – Review this paper discussing the SPIKES protocol for delivering bad news.
- *"A Little Warrior's Journey"* (video by Dr. Eberly)- Please watch the first 6:15 to hear one family's testimony on receiving bad news about their child.
- Please reflect on experiences where you have been a part of the delivery of bad news (including medical errors) and consider sharing with the group.

Meeting Agenda

- Watch video How Should Providers Deliver Bad News? and discuss.
- Review SPIKES paper
- Case Discussions

References *(If you would like to read the full articles for the excerpts in the module)*

- Excerpt 1: From "Breaking Bad News: What poetry has to say about it."
- Excerpt 2: From "Breaking Bad News: A Patient's Perspective."
- Excerpt 3: From "Breaking Bad News to Patients."

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The definition of "bad news" is in the eye of the beholder. One commonly accepted definition is any information which adversely alters one's expectations for the future. This runs the range of "You have the flu" to "You have cancer", and includes everything in between. As physicians, it is highly likely that we will have the very important job of delivering bad news to our patients and their families. For many, this can be a very anxiety provoking proposition. Studies have shown that very few physicians have received formal or informal instruction or training on this skill. As the deliverers of bad news, it is natural to expect patients to react negatively, and this can lead to suboptimal communication techniques being used. Some examples can include delivering the news bluntly in a detached manner, creating false hopes with undue optimism, or withholding certain untoward aspects of the news. These techniques can lead to decreased patient satisfaction and unnecessary anxiety added to an already stressful situation.

One way to deal with this stressful situation is to view it as a medical procedure. All medical procedures require a logical strategy to increase likelihood of success. The most commonly used method for physicians to deliver bad news is the SPIKES method.

S	Setting up the interview, obtaining privacy, including appropriate family members and necessary support staff, and minimizing interruptions (ie turning off pagers/cell phones)
P	Assess the patient's **P**erception of the situation. It is important to know the patient's level of understanding so that new information can be added in a logical way
I	Invitation- obtaining patient's invitation to discuss the topic at hand, and determine how much the patient wants to know about their condition.
K	Knowledge- Disclose the information in a way that the patient can understand, avoiding medical jargon as much as possible. This is an ideal time to use a preparatory phrase ("I have some serious news to discuss with you") to allow the patient to psychologically prepare for the news.
E	Empathize- Allow the patient to react to the news, and use empathic statements to acknowledge their emotions. If a patient is crying, do not feel pressure to fill the silence with words. Resist the urge to unnecessarily or falsely reassure the patient.
S	Summarize and strategize: Summarize the medical information, and illicit the patient's input on the plan moving forward. Also, a good time to check in with patient and ensure that they understand what has been discussed.

During this module, we ask for the small groups to reflect on their clinical practice and share with the group instances where they have had to deliver bad news personally, been a part of delivering bad news, or (if you feel comfortable) have received bad news about yourself or family member. Topics for discussion include:

- How did the patient (or you) react to the news?
- If delivering the news, what were your emotions like prior to the session?
- How did it go? What could have been done better?

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Discussion Questions

Excerpt 1: Poem by Raymond Carver:

He said it doesn't look good
he said it looks bad in fact real bad
he said I counted thirty-two of them on one lung before
I quit counting them
I said I'm glad I wouldn't want to know
about any more being there than that
he said are you a religious man do you kneel down
in forest groves and let yourself ask for help
when you come to a waterfall
mist blowing against your face and arms
do you stop and ask for understanding at those moments
I said not yet but I intend to start today
he said I'm real sorry he said
I wish I had some other kind of news to give you
I said Amen and he said something else
I didn't catch and not knowing what else to do
and not wanting him to have to repeat it
and me to have to fully digest it
I just looked at him
for a minute and he looked back it was then
I jumped up and shook hands with this man who'd just given
me
something no one else on earth had ever given me
I may have even thanked him habit being so strong[6]

1. How did this interaction go?

2. What techniques were used by the physician?

3. How did the patient react?

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Excerpt 2: From "Breaking Bad News: A Patient's Perspective"

fight ahead of t
better be on the s

Patient: When I sit around with my cancer friends and we compare notes, what becomes very apparent is that patients are very different. I like to be hugged by my oncologist. Some people don't want that. A friend of mine was hugged by her oncologist and she felt she was going to die the following week. She said, "Why would he have hugged me if he didn't think that I was about to die?" It broke my heart. I said, "If my doctor doesn't hug me I am insulted." Patients are very different. A lot of us don't like to hear statistics. When I was first diagnosed, I said to the first doctor who gave me my diagnosis, "What are the chances for my living 5 years?" and he said, "They don't mean anything, so I won't even give them to you." That afternoon my husband went to the library and spent the afternoon researching my disease and in his head decided that I wasn't going to live 5 years, according to the statistics. He didn't tell me that until 10 years later, which was excellent. Even if my chances of surviving 5 years are only one in 100, well why couldn't I be that one?

1. How did this make you feel when thinking about breaking bad news?

2. Does this perspective make you more or less comfortable with the idea of breaking bad news?

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Excerpt 3: From "Breaking Bad News to Patients"

> These conversations are never easy, as we try to communicate a flood of information about the cancer itself, and the risks and benefits of chemotherapy, often within hours of a patient's arrival in the hospital. It is particularly challenging to do so with someone who may not understand why he has even been admitted to the hospital, never mind the severity of his illness or why it necessitates treatment with drugs that could make him feel even sicker, or hasten his death.

1. As pediatricians, we have the unique circumstance of explaining often very difficult diagnoses to our patients who may not be capable of fully understanding.
    a. How does the age of your patient change what you say?
    b. Do you have strategies for how to explain things to small children?

2. How do you approach cases where parents do not want children to know their diagnosis?