

Delivering Bad News: Overview and Skill Station

Surgeon's Guide to Surgical Palliative Care

Learning Objectives: Attitudes

- Reflect on prior experiences
- Value the physician's role
- Respect patient autonomy

Learning Objectives: Knowledge

- Physical setting
- Who should be involved
- First key steps
- Telephone and video-conference tips
- Follow up

Learning Objectives: Skills You Will Demonstrate

- How to open a discussion
- Deliver unexpected news with honesty and compassion
- Assess patient and family understanding and respond to their needs
- Respond appropriately to strong emotions
- Conclude a discussion of bad news

Overview

- Delivering unexpected news is an invasive procedure
- Requires thoughtfulness and skill

Create Appropriate Context

- Physical setting: quiet, comfortable room; silence pager/electronics; check your appearance; everyone sitting down
- Know the basic information about the patient's disease, prognosis, and treatment options

Who Should Be Present?

- Ask the patient whom they want to participate
- Decide if you want others present
- Security may be appropriate
- Obtain a skilled interpreter
- Establish your goals for the meeting and possible goals of the patient.
What is essential? What would be nice?

First Steps

- Determine if the patient and family can understand information
- Obtain an interpreter if needed
- Learn what the patient and family already knows
- Shape your discussion to the patient's and family's needs
- Provide a concise narrative overview of the patient's hospitalization, diagnostic procedures, and medical status
- Avoid using jargon

Next Steps

- Speak slowly, deliberately, and clearly. Provide information in small amounts
- Give fair warning: “I’m afraid I have some bad news for you,” then pause for a moment

Technique

- Present the bad news in a succinct manner
- Sit quietly and listen to the patient
- Allow time for the news to be absorbed; wait for the patient to respond
- Offer support: “I wish I had different news for you...”
- Avoid rushing forward and talking because you are anxious

Technique

- Anticipate common reactions, such as overwhelming emotion or denial
- Listen carefully and actively, pick up clues
- Recognize, acknowledge, and validate the patient's and family's emotions, reactions, and thoughts
- Give an early opportunity for questions and comments
- Present information at the patient's and family's pace. Do not overwhelm with detailed information

Technique

- Provide initial overview, then assess understanding and answer questions,
- Then provide next level of detail, assess understanding, etc.
- Be flexible and responsive: Allow patient and family concerns / needs to mold the discussion
- Be mindful of your own feelings, thoughts and reactions

Technique

- Ask: “How can I help?”
- Assess thoughts of self-harm
- Agree on a follow-up plan

Document Conference in Chart

- Who was present?
- What information was discussed?
- What actions need to be taken now?
- What follow-up is planned?

Assess your own Feelings and Needs

- Guilt: “This is my fault, I missed the early symptoms”; “I’m supposed to help, not make things worse...”
- Anger: “I wouldn’t be in this situation if she came for regular checkups...”
- Fear: “They are going to blame me for this..”
- Sadness: “How can this happen to this person?”
- Self-reflection and discussion with colleagues or trusted friends/partners is crucial

Giving News by Telemedicine: Telephone

- Make sure you have time to talk
- Clarify with whom you are speaking and the person's relationship to the patient
- Introduce yourself and your role in the patient's care
- Verify that the patient can talk now
- Give fair warning, "I am afraid that I have some unexpected news for you..."
- In closing, offer to contact others

Telemedicine: Video Tips

- Technical setup: be sure the equipment is working in advance
- Orient camera at eye-level or slightly above.
- Look into the camera to give illusion of making eye contact
- Try to orient the application window so that it is centered and close to the camera and video within your field of view.

Telemedicine: Video Tips

- When asking questions, use names so that people know who you are speaking to
- Minimize distractions
- If technical glitches are problematic at the start, consider converting to telephone
- Inform the patient that you are sitting down and that you have time to listen
- Audio transmission is delayed
- Pause after each question

Telemedicine: Video Tips

- Avoid long sentences
- Explicit assessment of understanding is essential
- Summarize and tell-retell

Videoconference Privacy: Patient, Platform, Provider

- Explain the setting that you are in, who is present/listening
- Ask the patient to describe their setting and whether they have adequate privacy and the time to talk
- Ask who they would want present, either in person or via electronic device

Telemedicine and Empathy

- Empathy can be expressed, and emotions should be acknowledged
- Identify, explore, and validate the emotion
- Acknowledge the difficulty of the task

Telemedicine

- Ask the patient to record information that would normally be provided in person: phone numbers, follow-up dates
- Provide handouts and summaries via email or secure electronic transfer