



National Healthcare
Communication
Programme

DELIVERING BAD NEWS

CALGARY-CAMBRIDGE GUIDE



Making conversations easier

DELIVERING BAD NEWS

Delivering bad news to patients and their families requires the same skills as in other consultations, however these skills must be used more deliberately and with greater intensity. In particular it is important to provide the patient with a supportive clinician-patient relationship and to make empathic responses to the patient's expression of fear and distress. Remember that different patients will respond differently and how they view the news will also vary. Avoid pre-judging how '*bad*' the news is.

Initiating the session

Preparation

Where?

- Make arrangements to ensure privacy and that you will not be interrupted during the conversation.

When?

- As soon as practical.
- Set aside protected, adequate time for a face-to-face meeting.

Who?

- Ask the patient who they would like to have present. Consider cultural background and language skills. Include a professionally trained interpreter as needed.
- Include clinicians involved with immediate care of the patient.

What do you need to know?

- Review the healthcare record and consult with others.
- What has the patient been told already/what do they know already?
- Rehearse the beginning of the meeting, what words will you use.

How am I feeling?

- **Reflect** on your own feelings.
- **Expect emotions** (your own and theirs) to come your way.
- Know when **NOT to have conversation** (when emotions are too intense).

- **Monitor** what you think and feel (awareness of your communication can make you more effective).

Establishing initial rapport

- **Greet the patient** and ask how they wish to be addressed.
- **Introductions** (name and role).
- **Sit down at eye level** with the patient.
- **Avoid interruptions** and distractions.

Identifying the reason for the consultation

- **Establish the patient's understanding** of what has happened since the patient was last seen and how they are now feeling.
- **Indicate that you have important information** that now needs to be discussed.

The warning shot (examples)

- *'As we discussed we have been performing further tests and we have the results of those now. We need to discuss them carefully together.'*
- *'I'm afraid the last test results do show a change which we need to discuss. They are more serious than we had hoped.'*
- *'As you say you seem to be getting weaker and we need to discuss the reasons why that is happening.'*

Providing information and planning

Providing the correct amount & type of information

- **Assess the patient's starting point:** ask for prior knowledge and extent of wish for information.
- **Chunk and check:** give information in manageable chunks using the patient's response as a guide for how to respond.
- **Allow pauses** so the patient can process information: avoid giving too much information too early; don't overwhelm.
- Ask **what other information** would help the patient.
- **Give information at an appropriate time:** avoid giving advice, information or reassurance prematurely.

Aiding accurate recall and understanding

- **Organise explanation:** the main information; what this means for the patient; the immediate future; the longer term future.
- **Categorise and signpost:** for example *'there are three things we need to discuss.'*
- **Use repetition and summarising** to reinforce key information.
- Use concise, easily understood language; avoid or **explain jargon**.
- Use **visual methods** to support information: diagrams, leaflets.
- **Check the patient's understanding of information:** watch patient's non-verbal responses throughout; watch for when the patient has had enough: ask the patient to restate key messages in own words.

Achieving a shared understanding

- **Provide opportunities** and encourage the patient to contribute: to ask questions; seek clarification or express doubts; respond appropriately.
- Pick up **non-verbal** and covert **verbal cues**: for example the patient's wish to contribute information or ask questions; information overload, distress.
- **Elicit the patient's beliefs**, reactions and feelings regarding the information given, terms used; acknowledge and address as necessary.

Planning: shared decision making

- **Share own thinking** as appropriate: ideas, thoughts, dilemmas.
- **Involve the patient:** offer suggestions and choices.
- **Encourage** the patient's own ideas and suggestions.
- **Explore** management options.
- Ascertain **level of involvement** the patient wishes.
- **Negotiate** a mutually acceptable plan.
- **Check** with the patient that plans have been accepted and concerns addressed.

Closing the session

Forward planning

- Outline again main **next steps** in process of care.
- Provide continuing **support** and maintain realistic hope.

Ensuring appropriate point of closure

- **Summarise** conversation briefly.
- Final **check** that the patient agrees and is comfortable with the plan.

Debrief and record keeping

- **Document** fully what you told the patient and relatives and their reactions to facilitate coordination of care.
- **Debrief** – look after yourself and your colleagues.

Building the relationship

Greetings and introductions

- **Greet** patient.
- **Introduce** self, role and nature of consultation.

Non-verbal behaviour

- Throughout consider **eye contact; facial expression; posture; vocal cues** (pace, pitch, volume, tone).
- **Consider touch if appropriate** and comfortable to self and patient.
- **Avoid writing notes** unless essential.
- **Avoid physical barriers** like desks.

Involving the patient

- Identify patient **priorities**: *'What is most important to you now?'*

Empathy

- Accept patient's **views** and **feelings** non judgmentally.
- Use empathy to clearly **acknowledge** patient's feelings, concerns and predicament.

Providing structure

Making organisation overt

- **Summarise** at the end of a specific line of inquiry to confirm understanding before moving on to the next section.
- Progress from one section to another using **signposting**, transitional statements; include rationale for next section.

Attending to flow

- **Structure** consultation in logical sequence.
- **Attend to timing** and keep consultation on task.