

# Breaking Bad News

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# What is bad news?

“News that is undesirable or not wanted.”

Oxford English Dictionary

“Significant information that alters negatively peoples expectations or perceptions of their present or future.

Fallowfield and Jenkins (2004)

# Why is it important?

- To maintain trust
- To reduce uncertainty
- To prevent inappropriate hope
- To allow appropriate adjustment
- To prevent a conspiracy of silence

# How do we feel about this?

- Unsure, vulnerable, what can I say to offer comfort?
- We may fear their reactions
- Wanting to protect the patient
- Lack of time
- Feeling powerless
- Fear of getting blamed

# 10 steps to Breaking Bad News

- Preparation

Know all the facts before the meeting. Find out who the patient wants present and ensure privacy and chairs to sit on

- What does the patient know?

Ask for a narrative of events from the patient (eg “How did it all start?”, “What have you been told so far?”)

- Is more information wanted?

Test the waters, but be aware that it can be very frightening to ask for more information (eg “Would you like me to explain a bit more?”)

- Give a warning shot

eg “I’m afraid it looks rather serious” – then allow a pause for the patient to respond

# 10 steps

- Allow denial

Denial is a defence mechanism and a way of coping. Allow the patient to control the amount of information they receive.

- Explain (if requested)

Increase the patient's information to match the professional's to the appropriate level. Details of this information may not be remembered, the way you offer the information will.

- Listen to concerns

Ask "What are your main concerns at the moment?" and then allow space for expression of feelings.

# 10 steps

- Encourage ventilation of feelings  
This is the KEY phase in terms of patient satisfaction with the interview, because it conveys empathy
- Summary and plan  
Summarise concerns, plan treatment, foster appropriate hope
- Offer availability  
Most patients need further explanation (the details will not have been remembered) and support (adjustment takes weeks or months) and may benefit greatly from a family meeting

# SPIKES – The 6 step protocol for delivering bad news.

- **Setting** up the interview.
- Assessing the patients **Perception**
- Obtaining the patients **Invitation**
- Giving **Knowledge** and information to the patient
- Addressing the patients **Emotions** with empathetic responses.
- **Strategy** and **Summary**

Baile *et al* (2000)



# Coping with anger and complaint.

- Allow the patient and family time to vent their feelings, to explain what happened and how it made them feel
- Do not interrupt
- If you made a mistake – apologise
- If someone else was at fault do not criticise the individual
- Acknowledge how they are feeling – “I can see that made you angry”
- Do not be defensive

# Communicating

- All communications with patients and their relatives should be delivered sensitively and in a manner and at a time that fits with their needs.

(Breaking Bad News Guidelines, Calderdale & Huddersfield NHS Foundation Trust)

- Must act with honesty and integrity at all times

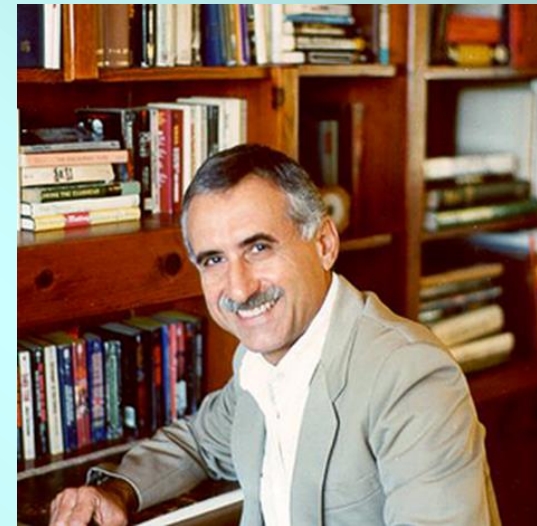
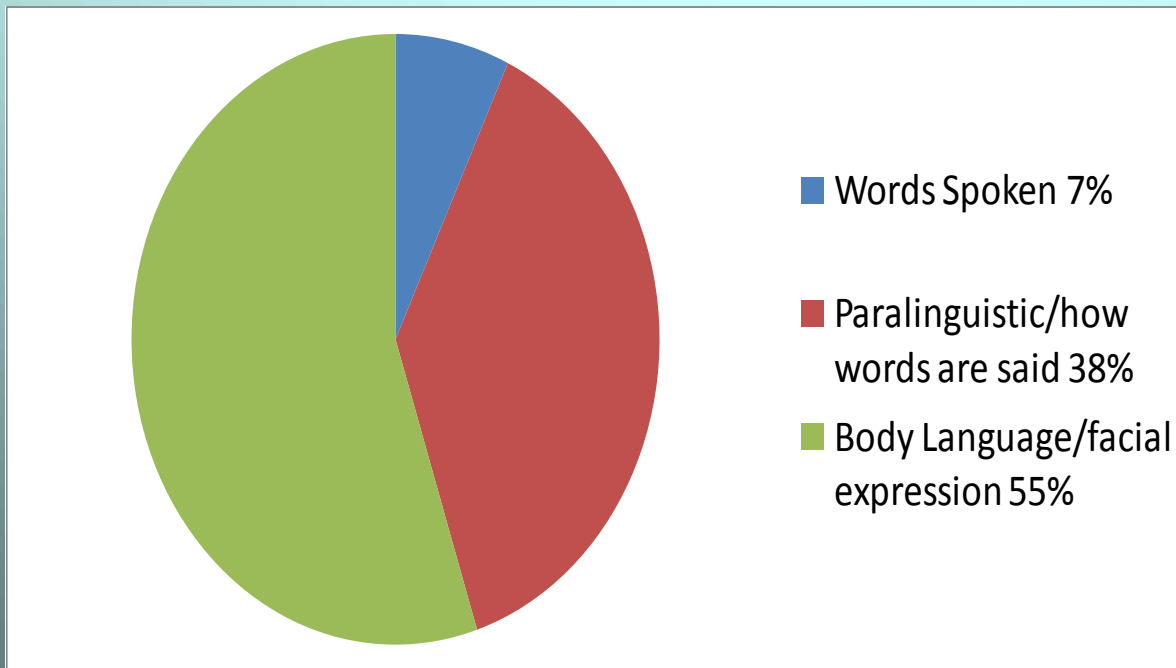
(NMC, 2015)

# Key points

- It is not possible or necessary to remember all 10 steps when talking to a patient
- It is important to know that there are two important rules when breaking bad news which can and should be remembered:
- Ask questions first: what is known? What is wanted? Should relatives be involved?
- Elicit concerns and encourage ventilation of feelings

# Mehrahbians Rule ( Prof Albert Mehrabhien)

- Adapted from Mehrabhian 1981



# Tips n Tactics.

- Posture: be relaxed, sit down, get settled.
- Positioning: sit next to the person, remove physical obstacles if possible.
- Eye Level.
- Maintain eye contact.
- Proximity.
- Touch.
- **BIG FAT CLUE!!**  
We have 2 ears and 1 mouth..... we should be listening twice as much as we speak.  
It is tempting to try too hard, we cannot have all the answers. Try not to feel pressured into trying to “fix” everything.

# Remember ...”The Human Factor!”

- It can be difficult, and “difficult will always be difficult.”
- Bad news **is** bad news
- The manner can have a profound effect upon the recipient and the giver

# Caring for you

- Be gentle with yourself!
- Use reflection
- Know your own limitations
- Use your peer group for support and talk over concerns
- Share the care of difficult situations

# Reference List

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Advance Care Planning  
&  
Advance Decision to Refuse  
Treatment.

# Advance Care Planning

- **Aspects of Advance Care Planning**
  - Identifying wishes and preferences
  - Appointing someone to make decisions using a Lasting Power of Attorney
  - Refusing specific treatments (ADRT)
  - Informing the appropriate health professionals

# Advance Care Planning

- The opportunity to make a written statement of wishes and preferences about future care
- Wishes expressed are not legally binding but should be taken into account in any decision making process relating to patient care.

# **Advance Decision to Refuse Treatment**

# Advance Decision to Refuse Treatment

- ADRT
- The opportunity to refuse specific treatments
- Used when person is unable to make wishes known
- E.g. ventilation, “tube” feeding, antibiotics
- Has to be documented “Even if my life is at risk”

# Advance Decision to Refuse Treatment

## ADRT

- Has to be signed, dated and witnessed
- It is a legal document
- Treatments cannot be requested, only declined

# Thank-you for listening

- Any Questions?

