

Delivering Bad News

A leaflet for healthcare staff



Making conversations easier

Delivering Bad News

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1. Initiating the conversation
2. Providing information and planning
3. Closing the conversation



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Patients know you can't fix everything and don't expect it. But they'll never forgive you for not acknowledging that they are having a tough time.

Dame Lesley Fallowfield, 2006



Delivering Bad News

1. Initiating the conversation

Preparation

When?

As soon as practical

Set aside protected, adequate time for a face-to-face meeting

Where?

Make arrangements to ensure privacy during the conversation



Who?

Ask the patient who they would like to have present. Include clinicians involved in the immediate care of the patient.

Consider cultural background and language skills. Will a professionally trained interpreter be required?

Communication skills

- Prepare yourself
- Prepare the environment
- Prepare your information



Delivering Bad News

1. Initiating the conversation

What?

Review the healthcare record. Consult with other members of the team. Rehearse the beginning of the meeting, what words will you use?

Find out what the patient knows and has been told already.



TIP

Bad news should never be broken standing in a corridor. It is important to prepare for the conversation by choosing an appropriate environment (a comfortable confidential room where you will not be interrupted). Ensure that there are enough chairs for everyone to sit down and arrange the chairs if necessary (e.g. at approximately 45-degree angles to each other), avoiding physical barriers (e.g. a desk) between yourself and the patient.



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1. Initiating the conversation

Establishing initial rapport

Warm greeting

Greet the patient with a warm 'hello'

Consider nonverbal approaches like shaking hands.

Introduce yourself (name and role)

Hello, my name is Mike Geary and I am the consultant obstetrician



Communication skills

- Warm greeting
- Introduce yourself
- Check the patient's name
- Check how the patient likes to be addressed
- Use the patient's name, particularly when demonstrating empathy
- Check who is with the patient (name/relationship)



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1. Initiating the conversation

Check the patient's name and how they like to be addressed

It's Stephanie Murray, is it? And what do you like to be called... is it Stephanie or...?

Use the patient's name, particularly when demonstrating empathy

*That sounds like it was very tough for you **Stephanie***

Check who is with the patient (name/relationship)

And who is with you here today?

Check if the patient consents to that person being involved in conversations about their care.



TIP

Bad or distressing news is never easy to hear but having someone deliver the news with empathy and understanding can help the person receiving it feel supported and understood.



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1. Initiating the conversation

Nonverbal behaviour

Facial expression

Maintain a warm facial expression



Facial expressions are a common form of nonverbal communication. Examples include smiling, crying and grimacing.

Eye contact



Make and maintain appropriate eye contact with the patient

Our eyes convey how we feel and what we are thinking

Communication skills

- Facial expression
- Eye contact
- Open body language
- Pace, pitch and tone
- Touch
- Space
- Maintain focus on the patient



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1. Initiating the conversation

Open body language

How we sit, stand or walk can convey strong messages.



Leaning forward can demonstrate interest. A relaxed posture is important so the patient doesn't feel rushed.

Pace, pitch and tone

Use appropriate pitch, slow pace and a warm tone of voice.



It is often through our pace, pitch and tone that we reveal our feelings and attitudes.

Touch

Touch can be used to show support, care and empathy.



A hand on the arm or shoulder if the patient becomes upset.



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1. Initiating the conversation

Space

Give your patient space while staying connected with them.

Maintain focus on the patient

That's a really important point, I am just going to make a note of it now in your record...

Avoid taking notes unless essential.



TIP

Demonstrating relaxed and open nonverbal behaviour will help to build rapport and trust. Remember that nonverbals are 'two-way'. Observing and interpreting the patient's nonverbals helps us to understand how the patient is feeling or the extent to which they agree with or understand the information being shared with them.



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1. Initiating the conversation

Identify the reasons for the conversation

It can be helpful to begin by discussing the sequence of events leading up to this point (scans, biopsies and so on). Observe verbal and nonverbal cues to assess the patient's emotional state.

Establish the patients' understanding

You're worried... what have you been worrying about? What is your sense of how things are going..?

I can imagine that it has been a long 2 weeks for you...



Communication skills

- Establish the patient's understanding (starting point)
- Demonstrate empathy
- Explain the purpose of the conversation
- Ask for permission
- Provide structure



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1. Initiating the conversation

Establish what the patient knows or is expecting as the patient may or may not be aware of the possible 'bad news'.

Demonstrate empathy

*I can see that you look worried **Claire***

Explain the purpose of the conversation

So you know the purpose of today's appointment is to discuss the results of your biopsy?

Use verbal and nonverbal skills (nodding, leaning, summarising and so on) to show the patient that you are actively listening to them



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1. Initiating the conversation

Ask for permission

I have the results here. Would you like me to go through them with you now?



Check if the patient wants to receive their results at this time. Some may recognise that the news is not what they had hoped for and may want to wait until family members are present.



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1. Initiating the conversation

Provide structure (summarise a shared agenda)

So I am going to tell you what the results are, answer your questions and then move on to discussing next steps...



TIP

We meet patients every day and for us the conversation or consultation can be routine. For the patient, however, the visit can be worrying and distressing. Pay attention to the patient's nonverbals (body language, eye contact, pace, pitch and tone). If the patient appears stressed or worried, using good communication skills carefully at the start of the conversation helps to build trust and puts the patient at the centre of the conversation.



Delivering Bad News

2. Providing information and planning

Providing information and planning

Delivering bad news is a complex communication task. It requires responding to the patient's emotional reactions, managing patient expectations and involving the patient in shared decision-making.

Communication skills

- Warning shot
- Use easy to understand language and avoid jargon
- Chunk and check
- Provide structure
- Check understanding
- Ask what other information would help the patient
- Demonstrate empathy
- Share your thinking
- Explore options
- Negotiate the plan
- Check with the patient



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2. Providing information and planning

Provide correct amount and type of information

Use a warning shot to indicate that you have to deliver bad news.

Warning shot

As you know we took a biopsy/did a scan, and I am sorry to say that the results were not as we hoped...

Aid patient recall and understanding

Use easy to understand language and avoid jargon

I'm sorry to tell you this Claire, but the results from the investigations show you have cancer



Avoid giving too much information too early as this may overwhelm the patient.



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2. Providing information and planning

Chunk and check

Your father has had a stroke (pause), he is very seriously ill (pause)

Pause often to give the patient time to process the information.

Provide structure (signposting)

Ok, now that I know what you are worried about, let's talk about what we can do to help you

Move from one part of the conversation to the next using signposting.



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2. Providing information and planning

Check understanding

*I know this is a lot to take in **Claire**. To make sure that I have explained things clearly to you, can you tell me what you know about the next steps for you?*

Ask what other information would help the patient

*Many people also want to know...?
Would that be helpful for you?*



This can be done by watching the patient's nonverbal responses (when they have had enough) or asking them to restate key messages in their own words.



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2. Providing information and planning

Incorporate the patient's perspective

Demonstrate empathy

*I can see that this is a shock for you **Claire**. This is really tough...*

Shared decision-making

Share your thinking

So what we think would be best to do now...? How does that sound?

Use 'we' and make suggestions. Check with the patient.



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2. Providing information and planning

Explore options

*What do you think? Tell me about...?
What is important to you...?*

Instead of listing treatment options, use open questions to understand the patient's goals, views and wishes.

Negotiate the plan

How do you feel about?

Signpost your own preference and determine the patient's preference.



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2. Providing information and planning

Check with the patient

What questions do you have for me now?



TIP

After giving the diagnosis, wait for the patient to re-initiate the conversation. Clinicians often find it uncomfortable watching patients like this in silence, but it is important to give the patient space to react. If there are nonverbal cues, describe what you see. Use language that mirrors or reflects the patient's language... *it looks like you have something on your mind.*



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3. Closing the conversation

The aim when closing the conversation is to agree the next steps and check the patient's understanding of the bad news that you have delivered.

Forward planning

Outline next steps

I will make arrangements for your treatment... We will be in touch with your GP.



Offer ongoing support (e.g. contact details) as the patient may think of questions after the conversation. You could also offer assistance to tell others (e.g. family members) the bad news.

Communication skills

- Outline next steps
- Safety netting
- Summarise the conversation (briefly)
- Check with the patient



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3. Closing the conversation

Safety netting

If you are worried about anything in the meantime you can contact your GP or one of the breast care nurses.

Ensuring appropriate point of closure

Summarise the conversation (briefly)

So the team are recommending that removing the lump and a course of radiation is the best treatment for you.



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3. Closing the conversation

Check with the patient

*Before you go, can I check that you are comfortable with the plan?...
What questions do you have for me now?*

Final check that the patient agrees with and is comfortable with the plan.

Document fully what you told the patient and their relatives and their reactions to the news. This will help to facilitate co-ordination of care.



TIP

Delivering bad news can be difficult. It may be helpful to debrief with a colleague or take a short break before seeing your next patient.

www.hse.ie/nhcprogramme



@NHCProgramme

This Skills Card is the work of Paul Kinnersley (EACH & Cardiff University), Peter Gillen & Eva Doherty (RCSI) & Winifred Ryan (HSE) with the help and support of Jonathan Silverman, Marcy Rosenbaum and many others in EACH.

