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# Breaking Bad News to Patients: What

Every physician faces it—the moment when there's no choice but to deliver bad news to a patient. But there are some techniques that can make that communication go more smoothly.

"Your compassion precedes everything," says Robert Shannon, M.D., a consultant in family medicine at the Mayo Clinic in Jacksonville, Florida. "I come into the discussion with the perspective that I'm going to show empathy, more than sympathy. While I may not have experienced the exact pain or suffering my patient is feeling, none of us are strangers to pain. The challenge to physicians or physicians in training is to draw from your own experience, and let the patient know you have walked in similar steps."

But remember, Shannon continues, "it's about their pain, not your own, so stay focused on their needs and make yourself available to them." Shannon says he is guided by *The Oath of Maimonides*, which states in part, "May I never see in the patient anything but a fellow creature in pain."

"To me, the key in delivering bad news is time," says David Johnston, M.D., a general surgeon at St. Vincent's Medical Center in Jacksonville. "Nobody wants to hear news that's not good, but at least then you know what the reality is, and you can deal with it. Not knowing is agony. I never want my patients and the people who care about them to wait any longer than they have to. If I'm in surgery with a patient who's awake, I tell the patient immediately what I know. I tell their families immediately. I think waiting is perhaps the most difficult part, and asking patients and the people who care about them to wait longer than they have to would be cruel. I won't do that."

Besides timing, truthfulness is essential for effective communication. "When the news you're delivering is not good, there are two key words: absolute honesty," says Julian Allen, M.D. Allen is also a general surgeon at St. Vincent's Medical Center. "Patients and their families always know when you're not telling them everything. Sometimes patients' families will say, 'Please don't tell Mom. She doesn't need to know.' When I hear that, I explain my obligation is to the patient, and she *does* need to know. I explain that Mom will know anyway when she sees the looks on their faces and watches their mannerisms. She needs to know, has the right to know and needs to know she can believe everything I tell her."

Allen says he follows a pattern for communicating bad news. "First, I share the truth about what we've found. Patients always remember what you say first, and they often stop listening well after that. After I share the absolute truth, I soften it if possible with any positives. Then, I repeat the finding and emphasize the positives that give us something to work with."

Linda Emanuel M.D., Ph.D., uses techniques adapted from *How*

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## CONFIDENTIAL

When you are concerned about how to deal with highly-charged emotional situations at work or at home, it can help to talk things out with a professional. We understand what you're going through and we are trained to help you work through life's challenges. The free, confidential Residents Assistance Program Hotline, **(813) 870-3344**, offered by Wood & Associates is as close as your phone.

## $$$ Money

**Q:** What are the advantages of saving early in my career?

**A:** Most people have good intentions about saving for retirement. But few know when to start or how much is enough. Far too many people use credit cards as an additional income source and sink further into debt. This leaves too few dollars to put aside for savings and retirement. Plus, interest paid out on credit cards builds up much faster than interest can accumulate on a savings account.

Of all workers, almost one-fourth have saved less than $10,000 for retirement, reports the Employee Benefit Research Institute.

Not only does it pay to save, but if you start sooner, you can take advantage of the power of compounding, letting your money work for you. Your deposits earn interest and so does your reinvested interest. Simply put, the sooner you start saving for retirement, the more you'll have, and the sooner you'll be able to retire.

If you have trouble saving money on a regular basis, you may try strategies that force you to save, such as whole life insurance, employer-sponsored retirement plans and direct payroll deductions. Some of these may also have deferred tax advantages that further increase the advantages of saving early.

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# Doctors Offer Tips for Delivering Bad News

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*to Break Bad News: A Guide for Health Care Professionals* by Robert Buckman in her work with the Education for Physicians in End-of-Life Care (EPEC) Project. She is the founder and principal of EPEC and director of the Buehler Center on Aging and Professor of Medicine at Northwestern University Medical School.

Buckman's six-step protocol provides detailed guidelines to help physicians prepare for the session with the patient, deliver the news, respond and follow up.

Step 1 recommends planning so that all needed information is available. "For example," says Emanuel, "for a pathological diagnosis, have the frozen section for immediate diagnosis, plus the final readout, to make sure you have as much information as you are going to have, and know the limits of that information."

It's also important to have the right setting, says Emanuel. "Pick an environment that is conducive to listening. Try to find a place where you can sit down and have a conversation in private or semi-private, so people can receive the information with few distractions, and not be embarrassed if they have an emotional reaction."

In Step 2, physicians should learn how much the patient knows already. Emanuel suggests using phrases or questions such as, "Tell me what you have been thinking and expecting," "What have other doctors already told you?" and "What do you remember from our last conversation?"

Step 3 seeks to establish what, and how much information, the patient wants to know. People have different ways of handling information, depending on their race, ethnicity, culture, religion and socioeconomic class. Again, questions are helpful to guide this part of the conversation. Suggested questions include: "Would you like me to tell you the full details of your condition? If not, is there somebody else you would like me to talk to?" This step also addresses ways of handling situations in which family members ask the doctor not to tell the patient about their condition.

In Step 4, the information should be delivered in a sensitive but straightforward manner. "Sometimes it's helpful to give patients a bit of a warning, so they can steel themselves," says Emanuel. "Preface your statement by saying something like, 'the news today is not what we had hoped for…' Then say it straight: 'I'm sorry to tell you that you have AIDS,' for example."

Step 5 offers tips for responding to patients' reactions. "Be prepared for the reaction," says Emanuel. "Understand the range of reactions and be prepared to help the person understand these are normal."

Step 6 covers the next course of action that will take place, including further tests, describing treatment, making referrals to counselors or support groups, home health agencies, hospice or other resources. "It's important to have a follow-up plan, so patients don't feel abandoned," says Emanuel.

Physicians and their patients will always benefit when there is clear, timely, truthful and compassionate communication, and this is never more important than when bad news must be delivered and understood.

***Sources:***

EPEC Project, 1999, Module 2: Communicating Bad News, www.ama-assn.org/ethic/epec/download/module_2.pdf

Oath of Maimonides: www.jgh.mcgill.ca/rec/research_info/maimonides.shtml