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RAP

Resident Assistance Program Newsletter
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Is There Ever a Good Way to Break Bad News?

It's the drama you dread: your role as doctor puts you in front of an audience that will never applaud what you have to say. Yet there are ways to deliver even the most serious news in a way that demonstrates both compassion and professionalism.

Delivery Style is Crucial

"Generally, when it comes to telling someone terrible news, the 'good' and 'bad' of it is based not on the news itself, but on the way in which it is delivered," says board-certified internist and writer Jan Gurley, MD, a physician with the San Francisco Department of Public Health. "There is no way to make a death, or a crushing diagnosis, sound better. But inappropriate or inconsiderate mannerisms that signal a lack of compassion, a sense of impatience, or disapproval of a person's reaction can make a devastating situation even worse."

"Truth has no special time of its own. Its hour is now—always."

- Dr. Albert Schweitzer
"Out of My Life and Thought" (1949)

Allow Time for Silence

Gurley recalled in a recent blog post the late Dr. Judah Folkman's lesson on breaking bad news. Folkman told second-year medical students that bad news should be delivered in a private setting, with everyone sitting down.

"Then, he told us—you wait," Gurley says. "You wait some more. Often, like a trickle before the flood, there will be tears, then sobbing. If there is no crying, you let the silence stretch, no matter what else you have to do."

That was one of the hardest bits of advice she ever learned, Gurley says. "Silence can be difficult, to the point where it feels like dead air on the radio and the urge to fill it becomes fierce."

"Once, a patient who was very reserved and always composed just sat after hearing his bad news, blinked once at me and then stared at his hands," Gurley says. The minutes stretched, and the silence felt more and more oppressive to me. Then, right as I began to think it was time to take a deep breath and say something, his shoulders shook and he began to weep. It took him a while to finally compose himself. His first words when he did were not about the news, or what would happen next, but instead about how grateful he was to have been given the time to 'let it begin to sink in.'"

Resist Distractions

Much of what Dr. Folkman taught is still every bit as pertinent today as it was 20 years ago, says Gurley. "What is profoundly different is how much the pressures on young doctors have increased. These pressures intrude on a moment when it is vital to be present, empathetic and uninterrupted. We are all torn in many directions, so much so that we can think it is normal to be doing four or more things at once. Those behaviors are becoming so ingrained that it can take conscious effort to restrain them, even for experiences as profound as delivering life-altering news to a person."

"It is difficult to not react to a text, to ignore the phone, to not glance at the clock," says Gurley. "Doing just those things, in this moment, however normal they might be, can be profoundly hurtful to the person receiving bad news."

Tune in to Family Dynamics

Chethan P. Venkatasubba Rao, MD, is an Assistant Professor,

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An awareness of how to best deliver serious messages can make a world of difference when you're face-to-face with a patient.

When you need help dealing with the challenges and stresses that accompany the residency experience, your Resident Assistance Program is here for you.

The caring professionals at RAP are a round-the-clock resource for guiding you through issues that may stand in the way of you becoming the best possible doctor you can be.

Contact RAP: **813-870-3344**

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A Format for Difficult Discussions

The 1992 book *How to Break Bad News: A Guide for Health Care Professionals* by Robert Buckman, MD is a good starting point, says Chethan P. Venkatasubba Rao, MD. "With experience, each individual physician will develop his or her own format." He offers these methods from his own practice:

1. Have the conversation privately.
2. Include friends and family if the patient desires (if the patient is comatose, rely on the next of kin to have all the required members included in the discussion).
3. Introduce yourself and your team first and ask them to introduce themselves and their relation to the patient.
4. Provide clear explanation of the medical facts in layman's terms. Explain the diagnosis, available treatment options and the limitations of care.
5. Be honest about the limitations of medical care and your expertise. Inform the family about the availability of referrals if you plan to refer.
6. Be prepared for emotional outbursts from the patient or their family members. Family members appreciate having you be the one to offer them a facial tissue.
7. Encourage the patient/family members to ask questions and allow adequate time to answer the questions.
8. Establish a spokesperson from your team (you) and from the patient's side (patient/ family member)
9. Set goals for care and steps to achieve those goals.
10. Acknowledge that it takes more than one discussion to set goals for treatment and assure the family that you will be available to help them throughout the process.

"At the end of discussions for hospitalized critically ill patients, I usually ask if they would like to see the hospital chaplain," Rao adds. "Family members appreciate the effort."

Your Resident Assistance Program

The RAP newsletter is provided as a benefit to medical residents at the USF Health Morsani College of Medicine.

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Breaking Bad News: Patience and Compassion Matter Most

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Department of Neurology, Division of Vascular Neurology and Neurocritical Care Baylor College of Medicine and neurologist at St. Luke's Episcopal Hospital, Houston. He once had to meet with the family of a patient admitted to the neurological ICU with a massive intracerebral hemorrhage.

"Family members were from different parts of the country, and many had not seen each other in a few years," he recalls. "There was obvious tension in the interaction. After I described the patient's condition, I wanted to address the further plan of care. Each family member had a different opinion, and the conversation turned into personal accounts of friction between the family members. I had to redirect the conversation by saying, 'I just wanted to let you know that we are here because all of us in this room care about [the patient] and everybody has shown up because they love him. It would be hurtful for him to know that his family would be this distraught due to his condition. We are all working as a team to determine what treatment the patient would have wanted if I had this discussion with him.'"

The family became very quiet and requested a few minutes of privacy, Rao says. "When I came back into the room later, everybody hugged me and thanked me for redirecting the conversation. The patient ended up passing. After a few months, I got a holiday card from the spokesperson of the patient's family, indicating that they were thankful for the provision of care and that my words to them changed the family dynamics and most of the members had resolved their differences. The card had a full family picture in the front."

Learn from Observation, Examples

"In training, it is best to follow your senior or attending physician to discussions to observe, and then later have the family discussions in their supervision," says Rao. "Ask for feedback and reassess your pitfalls."

"Weirdly, Hollywood and television tend to break bad news very well," adds Gurley. "Creators of fiction often portray the world as they wish it to be. Fictional doctors seem to be able to tune out the rest of the world and focus only on a person while radiating megawatts of professional compassion. On the flip side, if you'd like to see how *not* to break bad news, watch episodes of the television sitcom *Arrested Development.* There's a running gag in which a doctor blurts out appalling news—usually while standing in the hallway, clearly on his way to somewhere else."

"Delivering bad news can be challenging," Rao concludes. "Neither physicians nor families want to hear bad news. However, it is necessary to be truthful to patients and their families about the patient's medical status. Deliver bad news in a 'good' way, develop a rapport with the patient and family members, be compassionate during the process, provide medical facts in clear and understandable terms, acknowledge the limitation of medical care and respect the patient's prerogatives."

Resources

Doc Gurley blog by Jan Gurley, MD, http://www.docgurley.com
SPIKES: A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer, http://theoncologist.alphamedpress.org/content/5/4/302.full
Breaking bad news: Communication skills for difficult conversations, http://www.jaapa.com/breaking-bad-news-communication-skills-for-difficult-conversations/article/195335/
How should physicians give bad news to patients? Blog post by Michael Kirsch, MD, July 2012, http://www.kevinmd.com/blog/2012/07/physicians-give-bad-news-patients.html