



## Toolkit Stage 1- Arrest

# A FRAMEWORK FOR BREAKING BAD NEWS

### Preparation:

- Set up appointment as soon as possible
- Allow enough uninterrupted time; ensure no interruptions
- Use a comfortable, familiar environment
- Invite spouse, relative, and friend, as appropriate
- Be adequately prepared re leaflets for support, records, person background, potential risks, and triggers
- Practitioner to put aside own “baggage” and personal feelings wherever possible

### Beginning the session / setting the scene

- Summarise where things have to date, check with the person this is correct. Try to stay focused but note any key, important points to come back to later
- Discover what has happened since last seen
- Observe how the patient is thinking / feeling
- Negotiate agenda what we are here to discuss.

### Sharing the information

- Assess the persons understanding first: what he/she already knows is thinking or has been told
- Gauge how much the person wishes to know
- Give warning first that difficult information coming e.g. "I' need to share some difficult information with you, have some work to do...."
- "I'm sorry it looks more serious than we had hoped...."
- Give basic information, simply and honestly; repeat important points
- Relate your explanation to how it will affect the person.
- Do not give too much information too early; do not pussyfoot but do not overwhelm
- Give information in small “chunks”; categorise information giving
- Watch the pace, check repeatedly for understanding and feelings as you proceed
- Use language carefully with regard given to the person’s intelligence, reactions, emotions: avoid jargon

### Being sensitive to the person

- Read the non-verbal clues; face/body language, silences, tears
- Allow for “shut down” (when person turns off and stops listening) and then give time and space: allow possible denial
- Keep pausing to give person opportunity to ask questions
- Gauge person’s need for further information as you go and give more information as requested, i.e. listen to the their wishes as people vary greatly in their needs
- Encourage expression of feelings, give early permission for them to be expressed: i.e. “how does that news leave you feeling”, “I’m sorry that was difficult for you”, “you seem upset by that”
- Respond to feelings and predicament with acceptance, empathy, and concern
- Check previous knowledge about information given
- Specifically elicit all the person’s concerns. How will this affect the person directly?
- Check understanding of information given (“would you like to run through what are you going to tell your wife/children?”)
- Be aware of unshared meanings (i.e. what the news means for the person compared with what it means for the professional’s)
- Do not be afraid to show some emotion or distress



### **Planning and support**

- Having identified all the person's specific concerns, offer specific help by breaking down overwhelming feelings into manageable concerns, prioritising and distinguishing the fixable from the unfixable
- Identify a plan for what is to happen next
- Give a broad period for what may lie ahead
- Give hope tempered with realism ("preparing for the worst and hoping for the best")
- Briefly explain there is support available and who may be able to offer support on the next stage
- Emphasise the quality of life
- Safety net identify protective factors; recognise the person may see some positives

### **Follow up and closing**

- Summarise and check with person what they have heard
- Do not rush the person into action
- Set up early further appointment, offer telephone calls etc.
- Identify support systems; involve relatives and friends
- Make written materials available

This framework for "breaking bad news" is based on a number of people's work:

[www.skillscascade.com/badnews.htm](http://www.skillscascade.com/badnews.htm)

BeginningBrod et al, 1986; Maguire and Faulkner, 1988; Sanson-Fisher, 1992, Buckman, 1994; Cushing and Jones 1995). From Silverman J., Kurtz S.M., Draper J. (1998) Skills for Communicating with Patients.

Radcliffe Medical Press Oxford Brod T.M., Cohen M.M., Weinstock E. (1986) Cancer disclosure: communicating the diagnosis to patients - a videotape. Medcom, Inc. Garden Grove CA. Buckman R. (1994) How to break bad news: a guide for health care professionals. Papermac, London Cushing A.M., Jones A. (1995) Evaluation of a breaking bad news course for medical students. Medical Education. 29: 430-35

Maguire P., Faulkner A. (1988) Improve the counselling skills of doctors and nurses in cancer care BMJ 297, 847-849

Sanson Fisher (1992) How to break bad news to cancer patients. An interactional skills manual for interns. The Professional Education and Training Committee of the New South Wales Cancer Council and the Postgraduate Medical Council of NSW Australia, Kings Cross, NSW Australia