

Breaking bad news

- communicating with the cancer patient

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Breaking bad news



Problems

- The "cancer stigma" a diagnosis perceived as a death sentence
- More bad news than good news
- Emotional difficulty
- Pressure of time
- Constraints to meet targets and contain costs
- Lack of training

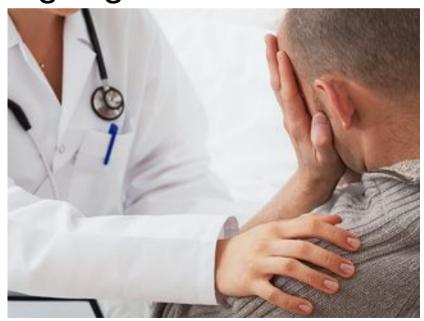


Breaking bad news



Tools

- medical knowledge, confidence
- psychological knowledge, experience
- communication skills, body language
- acknowledging own constraints
- own emotional well-being
- practice, practice





The inexperienced messenger

- lack of experience
- lack of knowledge of the specific and serious medical, psychological or social situation of the patient



 feeling that the doctor had been sent by the more experienced senior doctors to deliver the serious message



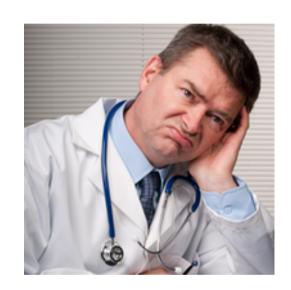
The emotionally burdened expert

- emotionally burdened
- strong personal feelings of their own
- almost too emotionally involved, sometimes with tearful eyes or even crying with the patients
- patients often interprete these feelings as a sign of help
- lessness when cure was no longer possible



The rough and ready expert

- rough and hardhearted
- little or no knowledge of psychology
- information delivery in a short, explicit, concentrated way, and fast, preferably with medical facts



 wrong setting, wrong words, without regard for timing, with incongruous or rejecting body language



The benevolent but tactless expert

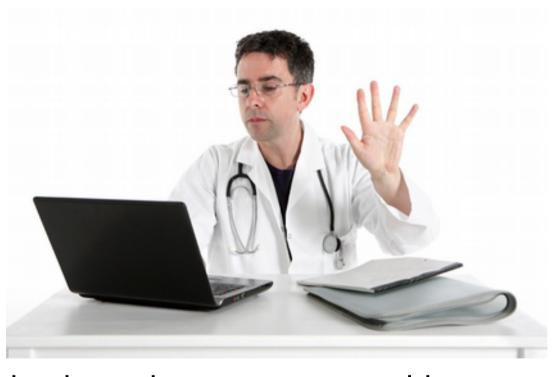
- friendly and sympathetic attitude
- without the capacity to communicate in a good manner
- uses emotionally distressing words
- wounds the patient, but without that intention





The "distanced" expert

- formal character
- good theoretical knowledge of patients' reaction
- behaving in a way that kept them at a distance
- objectivity and dominance
- manipulating the communication in such a way as to avoid deeper discussions





The empathic professional

- balancing medical competence and empathy for the patient
- interested in both physical and psychological concerns
- capacity to read the emotional state of the patient
- acceptance of the patient's feelings



- active use of his own security and experience
- adoption of a educative/pedagogic role



The **SPIKES** protocol for breaking bad news has four objectives:

- Gathering information from the patient
- Transmitting the medical information
- Providing support to the patient
- Eliciting patient's collaboration in developing a strategy or treatment for the future.



SPIKES protocol for breaking bad news

- S Setting
- P Perception of condition/seriousness
- I Invitation from the patient to give information
- K Knowledge: giving medical facts
- E Explore
- S Strategy and summary, emotions and sympathize



Setting

- Arrange for some privacy
- Involve significant others
- Sit down
- Make connection and establish rapport with the patient
- Manage time constraints and interruptions.



Setting

- What?
 - Make sure you have checked all the available information and have test results (including getting the right patient!)
 - Decide general terminology to be used
- Where?
 - Arrange for some privacy,
- Who?
 - Should break the news, should other staff be there or significant others?
- Starting off?
 - Introductions and appropriate opening



Perception of condition/seriousness

- Determine what the patient knows about the medical condition or what he suspects.
- Listen to the patient's level of comprehension
- Accept denial but do not confront at this stage.

"What have you made of the illness so far?"

"What did doctor X tell you when he sent you here?"



Invitation from the patient to give information

- Ask patient if s/he wishes to know the details of the medical condition and/or treatment
- Accept patient's right not to know
- Offer to answer questions later if s/he wishes.

"If this turns out to be something serious are you the kind of person who likes to know exactly what's going on?"



Knowledge: giving medical facts

- Use language intelligible to patient
- Consider educational level, socio-cultural background, current emotional state
- Give information in small chunks
- Check whether the patient understood what you said
- Respond to the patient's reactions as they occur
- Give any positive aspects first e.g.: Cancer has not spread to lymph nodes, highly responsive to therapy, treatment available locally etc.
- Give facts accurately about treatment options, prognosis, costs etc.



Explore emotions and sympathize

- Prepare to give an empathetic response:
 - 1. Identify emotion expressed by the patient (sadness, silence, shock etc.)
 - Identify cause/source of emotion
 - 3. Give the patient time express his or her feelings, then respond in a way that demonstrates you have recognized connection between 1 and 2.



Strategy and summary

- Close the interview
- Ask whether they want to clarify something else
- Offer agenda for the next meeting eg: I will speak to you again when we have the opinion of cancer specialist.



The additional "S" – self care

- Admit you are affected
- Check on your own feelings
- Take a minute to vent if necessary
- Take care to deal with the next patient sensitively
- Prevent and treat burnout



Thank You

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