

Delivering Bad News

Some practical considerations

I. Advance Preparation

- A. Schedule a planned meeting (e.g., to review biopsy results).
- B. Choose a good setting.
 - At eye level and within reach of the patient.
 - Turn off beeper, if possible.
 - When you and patient are rested.
 - When significant others can be present, if desired.
 - With an interpreter, if necessary.
- C. Avoid delivering bad news over the phone, if at all possible.
- D. Know basic information about the disease (e.g., prognosis, treatment options).

II. Delivering the News

- A. Briefly prepare patient.
 - *"We have something serious to discuss ... Do you feel ready for this discussion?"*
- B. Be clear and direct.
 - *"I'm afraid I have some bad news for you. The biopsy showed that you have cancer."*

III. Initial Patient Reactions to Bad News

- A. Basic Physiologic Responses - patients tend to respond in one of two ways:
 - "Fight or flight" (i.e., sympathetic overdrive).
 - "Conservation-withdrawal" (i.e., feeling numb, "playing possum").
- B. Cognitive Responses/Coping Strategies
 - Denial
 - Blame
 - Intellectualization

- Disbelief
- Acceptance

C. Affective Responses

- Anger
- Helplessness/hopelessness
- Fear
- Shame
- Loneliness/isolation
- Relief
- Sadness
- Guilt
- Anxiety

IV. Initial Physician Response

A. Allow the news to sink in - give the patient space!

B. Listen, acknowledge, legitimize, explore and empathize.

C. Achieve shared understanding of situation.

- *"I'd like to make sure that I know where you're coming from.. There are many stories about HIV and AIDS in the news these days. What is your view of what it means to be infected with HIV?"*

D. Explore meaning that news has for patient.

- *"What is most troubling to you about having cancer?"*

V. Address Your Own Needs

A. Be aware of your own feelings.

- Guilt.....("If only I'd convinced him to get that screening colonoscopy").
- Impotence.....("There's nothing I can do for him...").
- Failure.....("I screwed up. I'm a bad doctor").
- Resentment.....("This is going to keep me in the hospital all night").
- Fear.....("I know they're gonna sue me").

B. Discuss these feelings with others, but no need to share with patient.

VI. Address Patients' Informational Needs

- A. Give simple, focused bits of information.
- B. Use non-vague language that patients can understand.
- C. Observe verbal and non-verbal reactions to information.
- D. AVOID INFORMATION-PACKED SPEECHES!

VII. Address Patients' Support Needs

- A. Address immediate medical risks, including suicide.
- B. Respond to immediate discomforts (e.g., pain, extreme anxiety).
- C. Minimize aloneness and isolation: Individualize referral to counseling, support groups, etc. Let them know you will not abandon them!
- D. Maintain hope - but remember, hope is not only time.
 - *"There's a lot we can do even though we don't have a cure for AIDS. We 'll keep our eyes open for new treatments and discuss them together."*
- E. Agree on a specific follow-up plan.
 - *"So this is our plan. I will have the support group nurse call you at home...I'd like to you to keep a list of questions so I can answer them for you on our next visit, which will be next Tuesday, and we'll talk about all your options again at that time...Okay? And please feel free to call me."*

VIII. Special Situations

- A. Telling the family the patient has died.

Do all of the above, plus:

- Inform family members of a relative's death as a group. An expression of sympathy is important, but you need not apologize when informing the family. A physician, nurse or chaplain should always accompany family members who wish to view the body. The physician should try to stay with the family until its members have had an opportunity to talk and ask all questions.

B. When you must deliver bad news by phone:

- Identify yourself and your relationship to the case. Know the relationship of the person on the phone to the patient. Speak slowly and deliberately. Offer to contact family members, clergy etc., especially if the person called is alone or doesn't understand the situation.