



Breaking Bad News

Recommendations summary*

S - Get the SETTING right	
1.	<p>Facilitate privacy.</p> <ul style="list-style-type: none"> Give the person the bad news in a place that is quiet and private. If in a hospital and it is not possible to find a private room, at least pull the curtains around the bed.
2.	<p>Sit down and maintain eye contact (in cultures where this is appropriate).</p> <ul style="list-style-type: none"> Ensure that the person is clothed, and sit at eye level with her/him when you are talking.
3.	<p>Avoid physical barriers, such as a desk between you and the person.</p>
4.	<p>Manage time constraints and interruptions.</p> <ul style="list-style-type: none"> Allow enough uninterrupted time during the initial meeting for the person to think about what you are telling her/him so that s/he can discuss it with you and ask you questions. Ensure that interruptions (including from beepers and telephone calls) do not occur. If the first consultation needs to be short due to time constraints, be certain to arrange a second consultation as soon as possible to follow up on the information given.
5.	<p>Encourage a second person to be present if appropriate.</p> <ul style="list-style-type: none"> Being confronted with bad news is a potentially stressful experience for people and they may recall little of what they have been told. Having a family member or friend with them may be a great support, but it is the patient's choice.
6.	<p>Arrange to provide other methods to convey the information.</p> <ul style="list-style-type: none"> People may recall little of what they have been told in a bad news consultation. Providing them with written materials, video tapes, tapes of consultations, etc, will assist them to recall and understand the information, as well as share it with others as they wish.
P - Find out what the patient knows or PERCEIVES	
7.	<p>Before you tell, ask.</p> <ul style="list-style-type: none"> Assess the person's understanding of the situation, using a simple question like <i>"what have you been told about your situation so far?"</i> The person may already be quite aware that the prognosis is likely to be bad, or s/he may have very little awareness of this. Her/his response will be a good indicator of how much information you will need to give, including correcting any misinformation or addressing potential denial.
I - Get an INVITATION from the patient to share the information	
8.	<p>Assess how much the person wants to know.</p> <ul style="list-style-type: none"> It is important that you give each person a choice about how much information s/he receives. <p><i>"When all the results are available, some patients want to know in detail what the results are and what they might expect in the short and long term. Other patients prefer not to be given this information unless it is really necessary. How do you feel?"</i></p> <p><i>"At this stage, do you want to know all the information or just the basic information? I can elaborate on it at a later stage if you don't want all of the information now".....</i></p> <p><i>"I can tell you about a range of things at the moment, such as the different treatment options, the success rates of these options, the side effects of different treatments....."</i></p> <ul style="list-style-type: none"> Accept the person's right not to know, but you still need to be give sufficient information to allow her/him to give informed consent.
9.	<p>People's desire for amount of information changes, so ask again next time you see the patient.</p>



K - Give the KNOWLEDGE and medical facts	
10.	Warn the person that bad news is coming <i>"I'm sorry to tell you that ..."</i>
11.	Give the information honestly and in simple language, though not bluntly. <ul style="list-style-type: none"> Avoid technical jargon or euphemisms – such as 'tumour', 'growth', 'metastasis', 'illness' – which obscure the truth. If the person has cancer, then use this word.
12.	Tailor the amount of information to the person's request. <ul style="list-style-type: none"> The starting point should be compatible with the person's current understanding of the situation and her/his vocabulary. As the person may still be adjusting to the news, the facts may need to be repeated or revised several times and on different occasions. Where relevant, write the information down, use pamphlets and diagrams, offer relevant leaflets or booklets or audiotape the consultation.
13.	Give information in small chunks and check understanding.
14.	Avoid giving a prognosis with a definite time scale. <ul style="list-style-type: none"> If possible, give the person a broad, realistic time frame that will allow the person to sort out her/his personal affairs while s/he is still well enough.
15.	Avoid the notion that "nothing more can be done". <ul style="list-style-type: none"> Even if the disease is too far advanced for curative treatment, try to reassure the person that you will provide support (medical and non-medical) for as long as is needed to make her/his remaining life as comfortable as possible. Where the treatment is palliative, do not pretend that it is likely to cure the disease.
E - Address the patient's EMOTIONS with empathic responses	
16.	Respond to the person's feelings with empathy. <i>"I can tell you weren't expecting to hear this news"</i> <i>"I wish the news were better"</i> <i>"I was also hoping for a better result"</i> <i>"I can see how upsetting this is for you"</i> <ul style="list-style-type: none"> Touch can be used to convey warmth, sympathy, encouragement or reassurance. Periods of silence can help the person "absorb" the news, gather their thoughts and express their emotions. Have tissues available for the person and her/his friends/relatives.
17.	Provide information about appropriate support services. <ul style="list-style-type: none"> Depending on the person's needs or emotional state, give the person information about the availability of various support services – eg chaplains, cancer support groups, palliative care services and bereavement counselling for families of patients, financial, transport or childcare assistance – and suggest referral to these if that is what the person wants. Reinforce the fact that the general practitioner will also be an important source of support.



S - STRATEGY & SUMMARY	
18.	Summarise the main points of the consultation and assess the person's understanding.
19.	Address any further questions.
20.	<p>Offer assistance to tell others the bad news.</p> <ul style="list-style-type: none"> • Ask the person who s/he would like to tell about the situation and then offer assistance and support in telling these people – including children, other family members or employees – if that is what the person wants. • Encourage family meetings to discuss issues which arise over time, and answer questions honestly. • If the person receiving the bad news has children, ask about the confidence of the parent in talking with the children about the diagnosis. • Provide relevant information which guides parents in how to approach this task. Indicate that, in general, more open communication within the family, rather than keeping secrets, helps all members to cope. Be prepared to check about children's adjustment at follow-up consultations.
21.	<p>Make firm plans for next contact and provide interim contact details.</p> <ul style="list-style-type: none"> • Arrange a further appointment to review the situation within a stated time period (eg within 24 hours to two weeks). • Indicate your availability for contact to address any questions or concerns in the meantime, or if you are not available, provide the name and contact details of an alternative person.
22.	<p>Document and share information given to the person and family members.</p> <ul style="list-style-type: none"> • Document what the person has been told, which family members or other people have been told, who is permitted to know about the situation, and the person's reaction to the news. • Be concise and include this information on the person's medical record. This will help ensure the consistency of information available to all health care providers involved in the person's care. • Include this information on the discharge summary which goes to the person's general practitioner and to any other relevant health care professionals when she leaves your clinic.

Source: National Breast Cancer Centre. *Breaking Bad News – Evidence from the literature*.
2007 National Breast Cancer Centre, Camperdown, NSW.