# Communicating Bad News at the End of Life

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# Overview

- Preview of case study
- Didactic
- Role-playing exercise
- Discussion

# Preview of case study

- You (doctor) are caring for Mr. Miller
- 89M presents with pathologic hip fracture, severe pain
- Weight loss 25 lbs this year
- PMH: adv dementia with dysphagia
- Metastatic lung cancer
- Wife of 40 years full time caregiver is waiting to hear the news

# Benefits of Clear Communication of Bad News

- Greater satisfaction
- Clearer goals
- Better decisions
- Fewer lawsuits

# Barriers to Good Communication

- Collusion by both doctor & patient
- Don't ask, don't tell that:
  - Illness is incurable
  - Regimen is palliative
  - Treatment has side effects

# Barriers to Good Communication (2)

- By doctors:
  - Fail to acknowledge anxiety
  - Choose wrong time/place
  - Be overly blunt
  - Fail to deliver enough information
  - Deliver premature reassurance
  - Be unable to balance realism with hope

# Barriers to Good Communication (3)

- By the patient:
  - Denial
  - Depression
  - Refuse decision-making role

# Breaking Bad News

- Key elements:
  - Be prepared
  - Ask
  - Break the bad news
  - Listen
  - Respond
  - Summarize and plan

# Be prepared

- Clinical information
  - Prognosis
  - Curative versus palliative plan
- Arrange for privacy
- Consider involving significant others
- Sit down

# Ask

- Ask about patient's understanding
  - "What have you been told about your medical situation so far?"
- Elicit patient's goals of care
  - "What is your understanding of why you had radiation therapy today?"

# Ask (2)

- Gauge for
  - Misinformation
  - Denial
  - Wishful thinking
  - Hope
  - Unrealistic expectations of treatment
  - Whether the patient is inviting you to tell bad news

# Ask (3)

- Some patients may not immediately ask about the bad news
- "Would you like me to give information about the test results?"
  - If no, you may need to reschedule
  - Offer to discuss with relative or friend

# Break the Bad News

- Warning shot
  - Unfortunately…
  - I'm sorry to tell you that…
- Use simple language (*no jargon*)
- Avoid bluntness
- Maintain compassion/connection
- Avoid pitying

# Break the Bad News (2)

- Small increments
  - Gauge again for response/invitation
  - May need to stop/reschedule
- No lecturing
  - No more than 3 pieces of information
  - Pause for response in between

# Break the Bad News (3)

- Full information is desired by nearly all patients
  - Prognosis (I would not be surprised if…)
  - Treatment options
- Preserve hope
  - Pain can be controlled
  - Symptoms can be relieved
  - Decisions can be shared

# Break the Bad News (4)

- Language
- When the family doesn't want the patient to know

# Listen

- PAUSE (10-15 seconds!)
- Gauge for
  - Emotional response
  - Understanding

# Respond

- NURSE approach:
- N = Naming
  - Suggest what they are feeling
  - “Many in this situation would be angry”
  - (Not: “I see you are angry”)
- U = Understand
  - “My understanding of what you are saying is….”
  - “I *cannot* imagine what you are going through…”

# Respond (2)

- R = Respecting
  - Non-verbal response (touch, tissues)
  - “I am impressed with how well you’ve continued to care for your children through this long illness”
- S = Supporting
  - Willingness to help
  - Acknowledge efforts to cope
  - “I’ll be with you during this illness, no matter what happens”

# Respond (3)

- E = Explore
  - Where is the patient is at
    - “Could you tell me what information you need at this point?”
  - Consider emotions
    - “How are you feeling so far about what we have discussed?”
  - Consider need to deal with big picture
    - “Could you tell me what this means for you?”

# Summarize & Plan

- Summarize discussion points
  - Especially values & goals of care
  - "So I understand that Mr. Smith would have wanted us to focus on comfort…"

# Summarize & Plan (2)

- Try to avoid:
  - Aggressive care = “doing everything possible”
  - Palliative care = “discontinuing care”
  - “I’m going to make it so he won’t suffer.”

# Summarize & Plan (3)

- Better:
  - “Let’s discuss how you can have your father die at home”
  - “Your quality of life and comfort will be our top priority”
  - “We’ll do everything possible to maintain.. (independence, consciousness, good pain control, etc)”
  - “We will ensure that your father receives the kind of care that he wants”

# Summarize & Plan (4)

- Strategize
  - Follow-up
  - Callback numbers
- End of life issues:
  - Do they need to hire caregivers
  - Hospice agencies
  - Spiritual support

# Role playing exercise

- You (doctor) are caring for Mr. Miller
- 89M presents with pathologic hip fracture, severe pain
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- PMH: dementia, dysphagia
- Metastatic lung cancer
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# Ground rules for role playing

- Roles (groups of 3):
  - Doctor: break bad news that Mr. Miller has lung cancer, poor prognosis
  - Mrs. Miller: react to news, ask about what to do next
  - Mrs. Miller's mute daughter: silent observer (fly on the wall)
- You can opt out

# Discussion

- Mrs. Millers
  - How did you feel (emotionally)
  - What communication skills were used
  - What do you think could be done better
- Doctors
  - How did you feel (emotionally)
  - Did it affect how you delivered bad news
- Daughters
  - Any observer comments