WHAT IS ‘BAD’ NEWS?

This might seem like an obvious question, but the answer depends on the recipient of the news: what is bad news to one person (for example, a diagnosis of a life-limiting condition like diabetes) might be perceived as good news to another (‘thank God it’s not worse!’). Bad news is “any information which adversely and seriously affects an individual’s view of his or her future.” (Robert Buckman, 1992)

1 — PREPARE YOURSELF

Set time aside (avoid the ‘on-the-fly conversation’). Find a quiet private room where you can avoid interruptions (from people as well as from phones / bleeps). Never give sensitive news in places such as corridors.

Know all the facts, make sure you have the right patient, confirm test results. Have options or treatment plans prepared to discuss with the patient as appropriate. If you can only set aside a few minutes, make sure there are other staff with you who can stay longer with the person. Have tissues handy (discreetly).

2 — MAKE GOOD PERSON-TO-PERSON CONNECTION

Start by sitting down with the person (at a 45 degree angle, if possible). Introduce yourself.

Before launching into the news, find out what the person knows and wants to know ("how were you feeling coming in here today?" or "How have you been since I saw you last?" or "I haven’t met you before today… maybe we could start off with you telling me a bit about your illness and how you come to be here today?"). Do they want all of the details? ("I have your results — are you the sort of person who likes to know a lot or a little?"). Would they like their family/ friends present? Do they have any particular cultural/religious beliefs/needs?

3 — WARN THEM, THEN TELL THEM (GENTLY)

Give a ‘warning shot’ (give the person a chance to ‘emotionally brace themselves’). For example, “Your test results are back and, unfortunately, the news isn’t as good as we’d like” or “it looks like your disease might have moved to another stage...”. Remember to pause—let the person take this in before moving on.

Carefully break the news gently, slowly and clearly. Break the news into chunks and check the person’s understanding of each chunk. Don’t overload the person with information. Avoid jargon and euphemisms — use simple language. Drawings can help too. Track (keep an eye on) the person’s reactions and acknowledge their emotional reactions (“I can see this is a shock for you...").

RECEIVING BAD NEWS CAN BE TRAUMATIC. DON’T MAKE IT WORSE BY THE WAY YOU GIVE IT.

KEY MESSAGES

Prepare, mentally and emotionally - think about yourself, the other person, the news itself, etc. Think too about when and where you give the news.

Give yourself privacy and enough time (don’t do a ‘hit and run’) and, if you can’t stay around while the person processes the news, make sure there is someone who can be with them.

Deal with the person’s concerns before you deal with questions of detail.

Give the news in bite-sized pieces and make periodic checks for understanding (chunk the news and check for understanding of each chunk).

Never deliver bad news alone — it’s better for you and for the recipient if you’re with someone who can help you and help the person.

A version of this leaflet is part of a larger collection of good practice resource leaflets (TOOLBOX TALKS) available from the HSE:
http://www.hse.ie/eng/about/Who/qualityandpatientsafety/LocalQualityandPatientSafetyOffices/QPSDNE/ToolboxTalks/
4 — DEAL WITH THEIR CONCERNS—SUPPORT

Deal with the person’s concerns before adding further details - facts may not be remembered, but the way they were communicated will be. Allow for silence and tears, and avoid false reassurances. Let them respond. The person may not be able to take everything in, so prepare to repeat as necessary and use diagrams/written

5 — PLAN AND FOLLOW UP

Give the patient (and the family, if the patient has consented to this) a clear plan as to what will happen next. Have options or treatment plans prepared to discuss with the patient as appropriate and based on patient’s response to the news. Avoid phrases like “there’s nothing more we can do” - a better way is to say something like “There isn’t any specific treatment to make your illness go away, but there is a lot we can offer to help you to cope.”

Offer to meet relatives or others with the patient. Seek the patient’s permission before giving information to others. Provide a contact name and number to patient if they have further questions or require support. Find out if there is anyone in particular the patient would like to talk to (e.g. pastoral care).

Share information with the healthcare team including the GP/PHN and, in the patient’s notes, document (1) the details of the discussion (using the same language you used with the patient) and (2) the follow up plan. Check back with the patient later in the day when they have had a chance to process the news a bit more—they may have questions and concerns at this point.

SOME TIPS AND HANDY PHRASES

Start by finding out what the person already knows – there’s a good chance they will already have some insight into their wellness/illness, and you can build on this (for example, “how have you been since we last spoke?” or “what’s your sense of what might be wrong with you?” or “what do you already know about your illness?”)

Give the person a warning shot – it allows them to prepare for what is coming next. For example, “I wish I had better news to give you today” or “I’m sorry, but the news isn’t as good as we’d hoped it might be”.

Think of breaking bad news as a process, not as a single event. It may take the person a while and several conversations before they are able to fully grasp all that you are saying, especially if it’s complex (such as details of a diagnosis or of treatment).

Check with the person how much they want to know – they have a right to know and to NOT know.

Don’t quash all their hope – leave the person with some sense of what can be done to help them deal with whatever they have to deal with.

THE 5 STEPS

1. Prepare yourself
2. Make good connection
3. Warning shot — then break the news in clear terms
4. Acknowledge the shock. Let them respond. Deal with their concerns
5. Plan and follow-up

BREAKING BAD NEWS TO A RELATIVE OVER THE PHONE

- Find a quiet room and mentally prepare before you start dialling.
- Confirm the relative’s identity and their relationship to the patient. Tell them who you are and what your role is.
- Invite the relative to sit down and sit down with them.
- Give a warning shot and pause before breaking the news gently, using simple language. Sample phrase: “I’m afraid I am calling with bad news”.
- If there is someone with them, offer to speak to this other person too. Offer to phone another family member or friend. Repeat what you said to the first person to confirm the message.
- Stay on the phone until the person indicates they are ready to end the conversation.
- Ensure the relative has a contact name and direct line number for you or for one of your colleagues.
- Contact the hospital reception/security desk and inform them that family members will be arriving. If possible, make it easier for the family by arranging for parking near the entrance to the hospital. Consider sending a taxi for them if appropriate.

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