



Communication: Breaking Bad News

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Communication

- Deliver a clear message
- Consider the receiver: tailor it appropriately
- Use appropriate non-verbal gestures/tones of voice etc
- Respond sensitively & reflectively

Communication skills training for health professionals:

- “We have failed to teach our students the interpersonal skills which will enable them to effectively communicate with the patient, to consider the patient’s needs and wishes, to encourage the patient to appropriately participate in their care, and to treat the patient with respect & dignity”
Numann (1988, quoted in Dickson et al, 1997, p.10)

Communication

- Frequently assumed that good communication skills are a natural gift
- Little training resulting in difficulties between patients & health professionals
- Majority of research indicates that most patient dissatisfaction has some aspect of poor communication at its root
- Lalor et al (2007)

Communication Skills

- Face-to-face communication involves verbal & non-verbal
- Verbal: conscious control i.e. we choose the words
- Non-verbal elements of speech i.e. tone of voice gives the listener info about the emotional content of the message
- Body Language: facial expression, gestures, posture, eye contact, bodily contact

Introduction

- Breaking bad news is a very important skill
- Any information that changes a person’s view of the future in a negative way
- Aim is to set out the principles of how to approach the problem

Why is it important?

- To maintain trust
- To reduce uncertainty
- To prevent inappropriate hope
- To allow appropriate adjustment (practical and emotional) so as to make informed decisions about the future

Why is it difficult?

- Feeling incompetent in communication skills
- Wanting to 'shield the client from distress
- Feeling awkward about showing sympathy as a professional
- Being powerless, feeling embarrassed
- "Not enough time"
- Being reminded of human vulnerability

1. Preparation

- Know all the facts
- Who should be there? Relative/colleague
- Set time aside, avoid interruptions, quiet private room, comfortable chairs, tissues, introduce yourself/others
- Set boundaries!
- Put aside own personal feelings

2. What is known?

- Level of understanding
- Words and phrases
- Main concerns
- Beliefs
- Expectations for the future

3. Is more information wanted?

- Test the waters!
- Frightened of more information
- Never impose information
- Conflict: Uncertainty > need for information
- Fear > need for denial
- Basic, Simple & Honest, Repetition

4. Give a warning shot

- "I'm afraid it looks rather serious"....then allow a pause for a response
- Allows time to consider their own reactions
- Whether they feel able to ask more questions
- Start by repeating the words used
- Go gently and slowly

5. Allow denial

- It is a way of coping with fear
- Should be respected as a coping strategy
- Due to fear and lack of confidence
- Challenge denial: "How do you feel..." if you need to, or you feel the person wants an opportunity to overcome their fears

6. Explain (If requested)

- Be clear and simple
- Use kind words
- Avoid medical jargon
- Check understanding
- Be as optimistic as possible
- Deal with concerns before details
- Facts may not be remembered-the way they were given will be!

7. Listen to concerns

- Give permission to discuss
- Enables clarification
- Enables prioritizing
- Painful concerns can remain invisible

8. Ventilation of feelings

- Conveys empathy
- Acknowledging and verbalizing feelings
- Stay calm and allow time for the person to think about their feelings
- It is a healing in its own right, provided the feelings are acknowledged

9. Summary and plan

- Supportive, shows leadership
- Re-enforces individuality/reduce uncertainty
- Avoids unrealistic promises
- Prepares for the worst (reduces unrealistic fears)
- Hopes for the best
- End with "We have 5 min left is there anything else we should discuss now?"

10. Offer availability

- Further explanation>too shocked
- Emotional adjustment>takes time
- Meet relatives>affects the whole family
- Meet specialist

Important principles

- Ask questions first-what is known? What is wanted? Should relatives be involved?
- Elicit concerns-and encourage the ventilation of feelings

Common situations

- Miscarriage
- Ectopic/Molar pregnancy
- Fetal abnormality
- Pre-natal diagnosis
- Intrauterine death
- IUGR
- Polyhydramnios
- Anhydramnios
- Prematurity

Diagnostic setting

- Never have met the patient before
- Limited knowledge on which to base a judgement on how best to communicate
- Patient may be completely unsuspecting
- Approach tailored to our immediate impression of the patient and the situation
- Experience will teach us appropriate behavior responses
- Learn to know which approach works best

Beginning

- Introduction
- First impressions
- Respect / Courtesy
- Use name
- Begin with a question
- Response to assess current emotional state and their use of vocabulary
- Listen to the words
- Enables you to assess ability to articulate, you adjust accordingly
- Observe body language
- How much do they know/ want to know

The setting

- Quiet room, counseling room
- No disturbances
- Ensure both eye level and sitting if possible
- If patient lying ensure covered
- Comfortable distance
- Touch or hold a hand
- Offer a drink
- Tissues / Phone
- Involve partner
- Be guided by patients wishes
- Verbal/Non verbal
- Time alone

Giving the information

- Be honest and sincere
- Seek opinion if unsure
- Avoid confusing messages
- Be professional & in control
- Body language
- Reinforce what has been said
- Give info gradually/ use diagram
- Observe responses
- Give TIME
- Check understanding without appearing patronizing

Factors that hinder effective communication

- Lack of understanding
- Communication will be inadequate, inaccurate, confusing
- Not assessing level of understanding
- Explanations involve common language an interpreter may be required
- Lack of time to fully explain
- Lack of private quiet place
- Don't make assumptions

Other considerations

- Extremely distressed
- Difficulty retaining
- Repeating the information
- Our own fears of loss
- Allow patient to express their sorrow
- Various reactions
- Arrange F/U Spiritual
- Refer to appropriate specialist / inform GP
- Support groups
- Contact name/number

Staff Issues

- Ethics and personal choice
- Training / Resources
- Support and supervision
- Record keeping
- Liaise with multidisciplinary team
- Know your limits
- Seek help and advice when necessary

General Issues

- Preparation for the birth
- Expectations and procedures
- Give and discuss options and choices
- Seeing, holding, memories, photos
- Religious needs
- Bereavement liaison personnel
- Clinical needs
- Inform relevant staff in OPD and wards
- Ensure own room
- F/U relevant clinic
- Co-ordinate results
- Communicate with GP

Conclusion

- Most healthcare professionals find it the most difficult aspect of their jobs
- Few of us had specific training
- Possible to put into practice certain guidelines
- Remember that each situation is individual
- Responses from them and us will vary
- Never be afraid to seek help and advice
- We are human too

Remember!

- As Hind (1992) says: " Those of us involved with patients need to have the ability to give bad news gently and honestly, but with the compassion of a fellow human being"

References

- Buckman R. (1994) *How to break bad news: a guide for health care professionals*. Papermac, London
- Maguire P., Faulkner A. (1998) *Improve the counselling skills of doctors & nurses in cancer care* BMJ 297, 847-849

THANK YOU!

