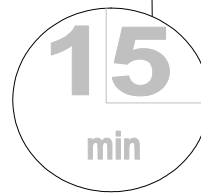


CLIP

15 minute Workshop



Psychological needs

3: Breaking difficult news

Intermediate level

Produced by
**Coleman Education
 Centre**
St. Oswald's Hospice
 Regent Avenue
 Gosforth
 Newcastle-upon-Tyne
 NE3 1EE

Tel: 0191 285 0063
 Fax: 0191 284 8004

This version written and edited by:
Claud Regnard
 Consultant in Palliative Medicine
 St. Oswald's Hospice, Newcastle
 Hospitals NHS Trust and
 Northgate&Prudhoe NHS Trust
Margaret Kindlen, Head of
 Education
 St. Oswald's Hospice

Tessa Nichol
 Social worker, St. Oswald's Hospice
 and Newcastle Social Services.

Aim of this worksheet

To offer a brief guide to breaking difficult news

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know

Case Study

John is a 46 year old man, married with two children. He initially complained of increasing weakness in his legs. Always an anxious man, at first this was put down to stress. When the weakness worsened, however, investigations and examination suggested motor neurone disease, and subsequent progression of the signs and symptoms has confirmed the diagnosis.

He has come to hear the results of the investigations.

Getting started

When you ask people with considerable experience in breaking difficult news, they will tell you the same thing (if they're being honest), it feels uncomfortable and it can be distressing.

Remember that difficult news is difficult, you can't make it less difficult!

- Introduce yourself - don't forget normal courtesies.
- Be warm and open - what does your body language convey?
- Let John remain in control of the situation- ask his permission if you can talk to him.
- Be prepared for silence - expect it, encourage it.
- Let John direct - follow behind, not in front.
- Avoid jargon - if some slips out, re-phrase it in John's words.

Three things to check

1. **Can John understand?** Make sure he can hear or that he's capable of understanding (confusion, anxiety and depression can all reduce concentration).
2. **What does John already know?** This is crucial to find out - never assume.
e.g. "What have you understood about the tests so far?"
3. **Does John want to know more and how much?** This is not so difficult as it sounds:
"Do you want me to explain the results of the tests so far?"

Three possible reactions

Nearly all patients have some advanced warning that something might be wrong e.g. they've had a biopsy of a suspicious lump. In most cases, therefore, you have the opportunity to ask them what more they want to know.

It is rare that patients have absolutely no idea that any difficult news is on the way

- finding an unsuspected cancer during a routine operation is such an example
- in this case it will be important to give a 'warning shot' (see below).

John could have one of three reactions:

1. He is clear he wants to know more ie communicates yes or says "I want to know the results".
2. He is clear he doesn't want to know: ie. communicates no, or says, "No, I don't want to know". or "Oh, I'll leave all that to you, doctor".
3. He isn't sure whether he wants to know or not: ie. he communicates uncertainty or "It's difficult to know, doctor".

If John's response is equivocal you can check this with him, "Do want to leave it for now?" or "Are you the sort of person who likes to know everything that is happening to them?" If he's still equivocal, then acknowledge this and make it clear you are open to further discussion: "I can see you're not sure. That's OK, you can ask me sometime in the future if you want".

Three steps: the warn/pause/check approach (WPC)

Remember that most patients are already worried that something might be seriously wrong.

1. **WARN:** You still need to provide a warning shot:
"I'm afraid the nerve tests were more serious than we thought".
 2. **PAUSE:** wait for response. The conversation might then continue like this: *Person:* "What do you mean more serious"? *You:* "The tests suggest a condition of the nervous system that will worsen in time, do you want me to explain"? *Pause:* wait for response *Person:* "Yes" *You:* "This is a condition called motor neurone disease, do you want me to explain more?"
 3. **CHECK** that John has understood the news, and check for his reaction.
- Many patients are clear that they want the information and only need to go through one warn/pause/check.
 - For other patients it may take several more warn / pause / checks before they decide if they all the facts they need and some may choose to do this in stages over several days
 - It is not the job of the professional to decide what to tell, but to find out what the person wants to know.
 - Like drugs, information needs to be titrated to the individual.

Handling the effects of difficult news

- Check the person's reaction ("How are you feeling"?)
- Acknowledge any distress (e.g. "I can see this is distressing for you".) This may seem superfluous, but it shows the patient that you have noticed the distress.
- Is the person accepting the difficult news? Even if they are, they should be monitored for anger, anxiety, depression.
- Is the person overwhelmingly distressed?
- Is the person denying or holding unrealistic expectations? If person is coping well with their present feelings do not persist in challenging the denial. If they are not coping with their feelings gently challenge the unrealistic expectations (eg. "Is the ever a moment, even for a second. when you think this may be more serious?").
- Is the person ambivalent? Acknowledge the uncertainty and offer the opportunity to talk further.
- Is the relative or partner colluding? (If so, see CLiP worksheet on *Collusion and Denial*)

Reflect

How do you start?
(think of the simple things you need to establish communication)

Write

Before giving any news,
write down three things that you need to check with John.

- 1.
- 2.
- 3.

Write

- How can find out whether John wants to know more?
- What three possible responses could he give?

How can you ask?

What 3 possible responses could there be?

	<ol style="list-style-type: none">1. .2. .3. .
--	--

John makes it clear he wants to know what's happening

Q What are the next steps?

Q How might John react to any difficult news?

FURTHER ACTIVITY: Breaking difficult news

Think back to when you were told difficult news, or observed difficult news being given:
-how could it have been done differently?

FURTHER READING: Breaking difficult news

Journal articles

Barnett MM. Effect of breaking bad news on patients' perceptions of doctors. *Journal of the Royal Society of Medicine*. 2002; **95**(7): 343-7.

Fallowfield L. Giving sad and bad news. *Lancet*, 1993; **341**: 476-478.

Fallowfield LJ, Jenkins VA, Beveridge HA. Truth may hurt but deceit hurts more: communication in palliative care. *Palliative Medicine*. 2002; **16**(4): 297-303.

Farrell M, Ryan S, Langrick B. 'Breaking bad news' within a paediatric setting: an evaluation report of a collaborative education workshop to support health professionals. *Journal of Advanced Nursing*. 2001; **36**(6): 765-75.

Higgins D. Breaking bad news in cancer care. Part 2: Practical skills. *Professional Nurse*. 2002; **17**(11): 670-1.

Pessagno RA. When bad news is delivered. *Clinical Journal of Oncology Nursing*. 1998; **2**(4): 146-7.

Radziewicz R, Baile WF. Communication skills: breaking bad news in the clinical setting. *Oncology Nursing Forum*. 2001; **28**(6): 951-3.

Resource books

Effective Interaction with Patients, 2nd ed [Faulkner A](#). New York : Churchill Livingstone, 1998.

Introducing Palliative Care 3rd ed. Twycross R. Abingdon : Radcliffe Medical Press, 1999.

Talking to Cancer Patients and their relatives. [Faulkner, A](#). Oxford: Oxford University Press, 1994.

A Guide to Symptom Relief in Palliative Care, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004

Oxford Textbook of Palliative Medicine 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.

CLIP

**Current
Learning
In
Palliative care**

**An accessible
learning programme
for health care
professionals**

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

© 2004

Helping the Patient with Advanced Disease: a Workbook
Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com