

UPDATED EDITION

Breaking Bad News

A ten step approach

Peter Kaye

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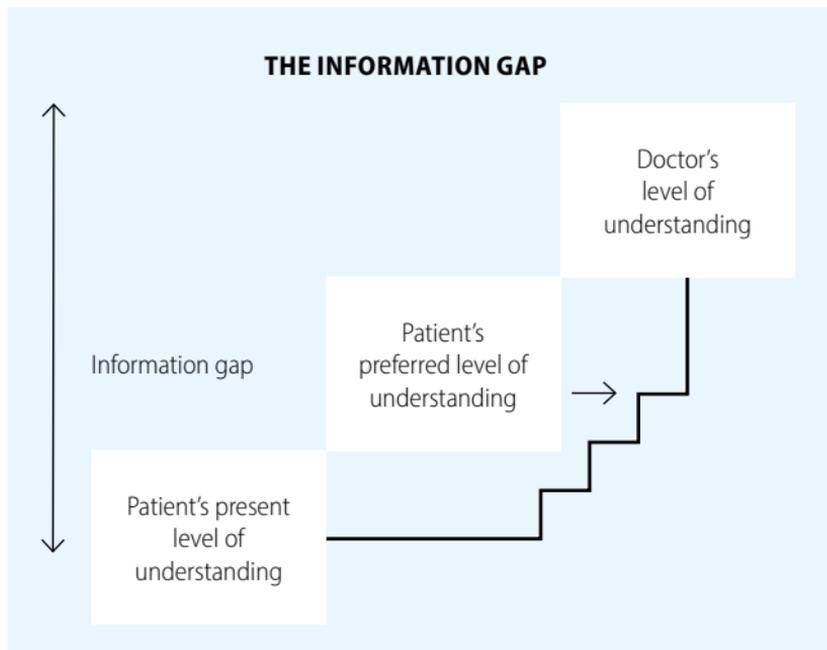
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Step 6: explain (if requested)

"Do you want me to go over anything?"

The aim is to narrow the information gap. The skill is finding the optimum level of information to reduce uncertainty, without causing fear by giving excessive information.



- Be clear and simple (detailed explanations come later).
- Use kind words. Avoid harsh statements.
- Give a narrative of events, guided by the patient's earlier narrative of events.
- Deal with concerns before explaining details, e.g. *"Do you have any thoughts so far about what we have just discussed"*.
- Avoid medical jargon (which is a distancing tactic).
- Check understanding (*"Is this making sense? Have I covered what you want to talk about?"*).
- Be as optimistic as possible, e.g. *"I feel very hopeful that the drugs you are taking are going to be helpful for you"*.

N.B. Know when to stop: changing the subject, looking out of the window, fidgeting hands all suggest the optimum level of information has been passed.

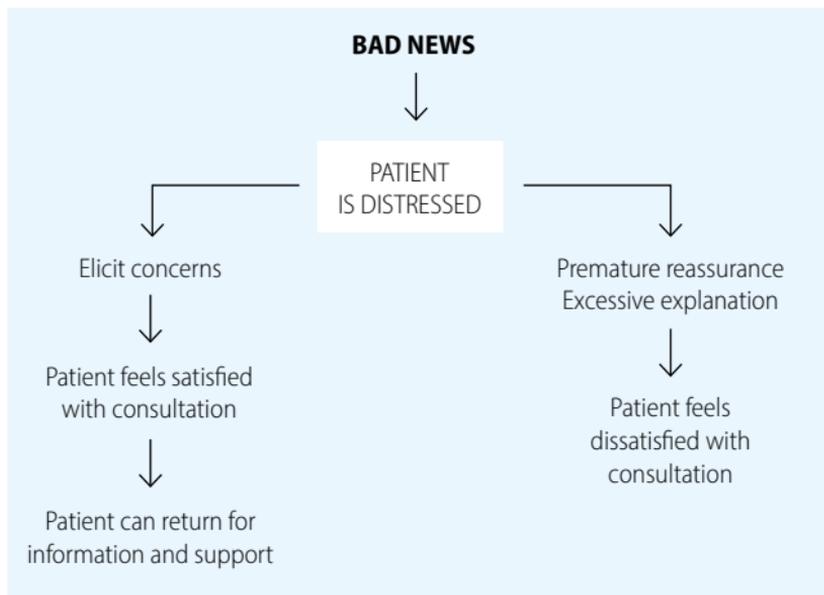
KEY POINT

The facts may not be remembered – the way they are given will be.

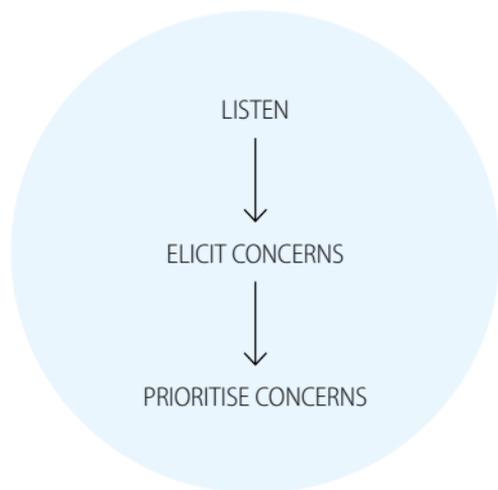
Step 7: elicit concerns

“What is worrying you the most?”

After explaining bad news, eliciting concerns is essential. Many patients are distressed, but they can be uncertain what the distress is mainly about. Giving permission to discuss concerns enables the patient to start clarifying the issues, and then prioritising the concerns. This feels like a positive process to the patient and is always helpful. It allows verbalisation of the distress into elements that can be discussed. Avoid premature reassurance or excessive explanations which can cause dissatisfaction and frustration.



The aim of the professional is to act like a 'midwife for worries', i.e. to facilitate the speedy delivery of painful concerns (and this can be prevented by excess 'social chit-chat'), and then to help the patient to set the concerns into an order of priority. This often evolves as the conversation proceeds.



KEY POINT

Painful concerns can remain invisible.