



The Palliative Response

Sharing Bad News

First Step in Planning Care

- Helps develop therapeutic relationship
- Discuss agenda of patient/family first
- Let physician priorities flow naturally from the patient/family (e.g., discussion of resuscitation and other advance directives)

Discussion Agenda

- Physical care—Setting and level of residential care
- Social care—Family and financial issues (e.g. dependence/disability)
- Emotional care—Sources of support
- Spiritual care—Sources of meaning

Physician Role

- DO NOT DELEGATE sharing bad news
- Sharing bad news is physician's role
- Patients often accept bad news only from MD
- MD best prepared to interpret news and to offer advice

Physician Preparation

- Confirm medical facts; plan presentation
- Make only one or two main points; use simple, lay language

Setting the Stage

- Choose appropriate, private environment (Neither hallway nor curtain provide privacy)
- Have tissue available
- Allot enough time (20–30 minutes minimum with documentation)
- Determine who should be present
- Turn beeper to vibrate (avoids interruptions, demonstrates full attention)
- Shake hands with the patient first
- Introduce yourself to everyone in the room
- Always sit at eye level with patient at a distance of 50–75 cm
- Ask permission before sitting on edge of bed
- Arrange seating for everyone present if possible (Helps put patient at ease, prevents patient from hurrying)

Starting the Conversation

ASK: How do patient and family understand what is happening?
What have others told them?

WAIT 15–30 seconds to give opportunity for response

LISTEN: Response may vary from “I think I am dying” to “I don’t understand what is happening.”

- How much does patient want to know?
- Ask patient if he/she wants to know prognosis
- Patient may decline conversation and designate a spokesperson

Sharing Bad News: Side One



When Family Wants to “Protect” Patient

- Honor patient’s autonomy
- Meet legal obligation for consent
- Promote family alliance and support for the patient
- Ask what family is afraid will happen
- Offer to have family present when you speak to the patient (so they can hear patient’s wishes about knowing status/prognosis)

Sharing Bad News

- Give a warning to allow people to prepare
- Briefly state only one or two key points
- Use simple language

STOP:

- Ask questions to assess understanding
- Recommended statement for terminal illness:
“This is an illness that man cannot cure.”
- Humble statement
- Leaves open the possibility of the miraculous
- Helps change the focus from “cure” to palliation and support

Do not minimize severity of news

Response to Emotions of Patient, Family, and Staff

- Be prepared for a range of emotions
- Allow time for response
- Communicate nonverbally as well as verbally (Usually acceptable to touch patient’s arm)

Suggest a Brief Plan

- Medical plan (e.g., control dyspnea, home assistance to help deal with weakness)
- Ancillary support (e.g., social work visits, pastoral care visits)
- Introduce advance care planning (“Sometimes when people die, doctors try to bring them back to life... Have you considered whether you would want this or not?”)
- Discuss timeline

Offer Follow-up Meeting

- When? Usually within 24 hours
- Who? For current and additional family members
- Why? To repeat portions of the news
- How? Offer to contact absent family members
Get permission to share news if necessary
- Next meeting, upcoming decisions, suggest flexible timeline

Ending the Meeting

- ASK: “Do you have any questions?”
- WAIT
- ANSWER
- STAND—An effective way to end the conversation

Sharing Bad News: Side Two