

# Breaking of Bad News Guidance for Staff to Patients and their Relatives

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## **1 Introduction**

The breaking of bad news suggests that someone has been given a terminal or very serious diagnosis e.g. cancer or that someone is dying or has died. Bad news for patients frequently implies drastic changes in the quality of their life or the ending of their hope for improvement in their condition in the future.

- 1.1 Breaking bad news to patients or their relatives is never easy; it can be daunting and demanding for the health care professional but it is a skill that can be learnt and it is an essential part of the treatment and care which clinical staff offer to patients and their relatives.
- 1.2 Breaking bad news cannot be a one off intervention. It should be viewed as a process, which accommodates the understanding of patients and their relatives and is conducted in a way that allows them to absorb and deal with the news being given to them.
- 1.3 The communication of bad news may involve a number of clinical staff across different teams and across different organisations. It is important that all staff who care for the patient are aware of the information that has been given to a patient, and that channels of communication facilitate staff to offer support to them and their relatives.
- 1.4 These guidelines are written to help staff to deliver bad news to patients in order that patients and their families will receive information from staff in a skilled, compassionate, sensitive and professional manner. This applies to all potentially life threatening/life shortening diagnoses whether due to malignant or non-malignant processes.

## **2 Overall practice statement**

- 2.1 Patients and carers will experience effective communication sensitive to their individual needs and preferences such that high quality care is promoted. Staff are supported and educated in best practice for breaking bad news.

## **3 Preparation**

- 3.1 The sharing of bad news must be a planned and organised arrangement rather than delivered ad hoc. The structure of the delivery must be thought through beforehand.

### 3.2 The environment should be planned so that: -

- The patient feels they have the sole attention of the health care professional and that their needs take primacy over other aspects of work for the duration of the session e.g. telephones are switched off
- The interview is conducted with the maximum privacy available.
- Clinical areas should have a designated private room which can be isolated from the normal activity of the area.
- A box of tissues is available.
- The do not disturb sign is placed on the door (Trust Breaking Bad News Sign p-10)
- All bad news should be given to the patient/family by a healthcare professional with the appropriate training in communication and clinical skills. Ideally this is a member of the multi-disciplinary team involved, supported by other skilled professionals such as a trained nurse or a clinical nurse specialist.
- The patient, whenever possible, should be given the opportunity to have someone of their choosing present at the time.
- The communication needs of the patient/ relatives are assessed. If advice needed consider referral or discussion with speech and language therapists.

## 4 The delivery

### 4.1 The professional imparting the information needs to be sensitive to the patient's understanding and their needs when delivering life-changing news.

- If the patient wishes s/he is given the opportunity to receive the information prior to relatives. Collusion with relatives is avoided as this can erode the professional/patient relationship and trust e.g. families asking not to inform patients regarding their diagnosis without offering the patient opportunity to consider if they would wish to be informed.
- Pay attention to the rate of delivery and the understanding of the patient. The use of pauses during a conversation and checking of understanding can facilitate this. Patients or relatives may decline or deny all or some of the information offered; it is important to support this decision. Further opportunities for discussion should however be offered. The decision is documented.
- The approach to breaking bad news needs to be adapted to be sensitive to cultural and language differences to the psychological state and the experience of the patient and or carer. Consideration should be given to:
  - Using interpreters where needed
  - Individual developmental needs and disabilities
  - Using aids, appliances
  - Speech and language therapists

- Warning shots, E.g. “I’m afraid it looks rather serious” – then allow a pause for the patient to respond. Allow the patient time to consider their own reactions and whether they wish for further information. Even if the patient asks for full information, it is best to disclose this in a gradual step-by-step way such that the patient or relative can let you know if they do not wish to go further.
- Time is given to allow the patient to understand and accept the information being given to them at their own speed.
- The patient or family is given the opportunity to ask questions and for information to be delivered on more than one occasion
- The bad news is balanced by an explanation of what services are available and how they can access them e.g. contact details for appropriate professionals, support and information access, plans for follow up
- Where possible the patient is given written information about their condition / treatment to which they can refer later.
- A record of the dialogue and the people involved in the interview is written in the medical notes, or in clinic letter. Annotation of exact terminology used is considered good practice.
- The relevant professionals are contacted regarding the information that has been given to the patient and family, e.g. GP, Health and Social Care team, Specialist Palliative Care nurse, community hospital team etc.

## Appendix 1

### Peter Kaye: A 10-step approach to breaking bad news

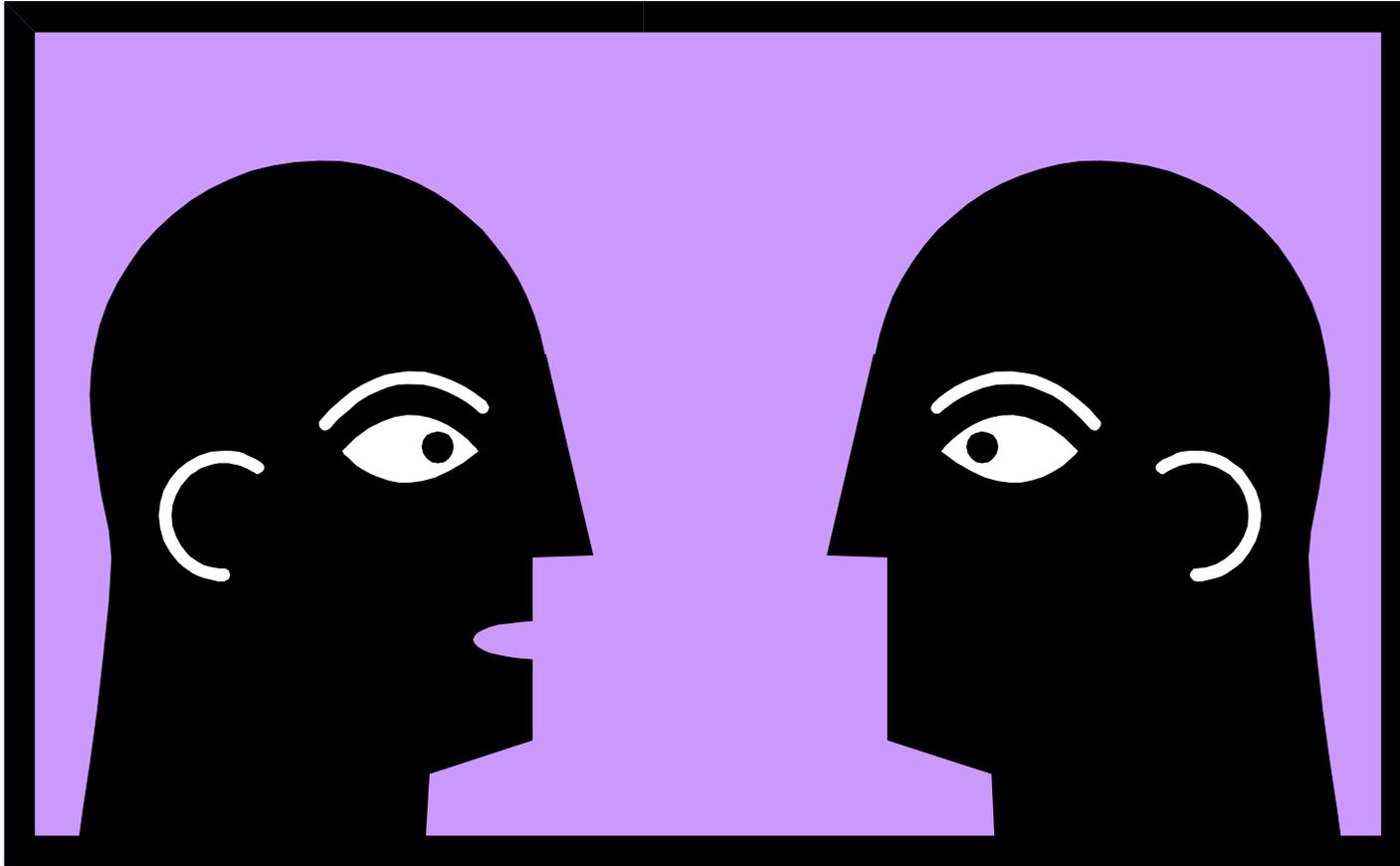
- Preparation  
Know all the facts before the meeting, find out whom the patient wants present, and ensure privacy and chairs to sit on.
- What does the patient know?  
Ask for a narrative of events by the patient (e.g. “How did it all start?”).
- Is more information wanted?  
Test the waters, but be aware that it can be very frightening to ask for more information (e. g “Would you like me to explain a bit more?”)
- Give a warning shot  
E.g. “I’m afraid it looks rather serious” – then allow a pause for the patient to respond.
- Allow denial  
Denial is a defence, and a way of coping. Allow the patient to control the amount of information.
- Explain (if requested)  
Narrow the information gap, step by step. Detail will not be remembered, but the way you explain will be.
- Listen to concerns  
Ask “What are your main concerns at the moment?” and then allow space for expression of feelings.
- Encourage ventilation of feelings  
This is the KEY phase in terms of patient satisfaction with the interview, because it conveys empathy.
- Summary-and-plan, Summarize concerns, plan treatment, and foster hope.
- Offer availability.

Most patients need further explanation (the details will not have been remembered) and support (adjustment takes weeks or months) and benefit greatly from a family meeting.

**BREAKING BAD NEWS CHECK LIST**

Patients Name

ITEM	TICK	SIGN/DATE/COMMENTS
Arrange person to break news.		
Arrange when to hold meeting		
Arrange who to be present Staff/patient/relatives		
Inform all of date/time/place		
Book a room/office for meeting		
Prepare room - Chairs/water/tissues/tea/coffee etc		
Ensure notes/information/results Ready		
Divert phone / put sign on door		
Inform all staff/personnel meeting Taking place		
Give mobile phone to someone else to answer		
Prepare written information leaflets ready for patient to take away		
Arrange follow up meeting and appointments		
Document meeting in notes		
Remove sign from door /switch phone on.		
Inform staff/personnel that meeting has ended		



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