Staff involved in working with patients and their families often find themselves in the position of having to communicate complex and distressing information. It is probably impossible to communicate such news without this having some impact on the individual and their family, however if this aspect of care is done well it can help a patient and family manage their situation more positively and reduce the potential additional burden or upset that poor communication may cause.

Each patient is an individual and the information given should be tailored to their needs, and those of their family. By careful assessment staff can ensure the individual's needs for information are met.

Whilst good communication is best practice at all times, there are several distinct times when imparting significant news in a sensitive and clear way is essential. These are often the transition points within the illness journey and include times such as initial diagnosis, or recurrence, the description of treatment options, discussion of prognosis and the decision to cease active treatment, or when telling a patient they are dying. Honest information communicated clearly along the illness journey may help facilitate adjustment and help people cope as the situation unfolds.

These guidelines are written to encourage and support good practice in communication between staff and patients and their families. We acknowledge that it is not always possible to follow any set of guidelines in full as circumstances may prevent this, for example, when there is no private setting available. However, any steps you take to communicate information well will minimise the impact on the patient and family, and facilitate positive coping.

These guidelines were developed by a multi disciplinary professional group, in consultation with service users and their families.

Breaking Bad News

What constitutes bad news?
Bad news may be seen by the patient and family as anything that might not be happening as planned. This can be as simple as delays in tests, medication to take home on discharge not being available on time, delays in service provision. More commonly bad news relates to information about response to treatment and prognosis. For the purposes of these guidelines bad news relates to information about diagnosis, treatment, recurrence and prognosis.

Before meeting the patient
It is always important to ascertain with the patient what their requirements are in terms of information. Individuals may differ in their need for or desire to be told news, particularly in relation to their prognosis.

People often want information to help them make sense of what is happening, for this reason the information given needs to be well communicated. Before meeting the patient and their family it is important to find a suitable venue, that is quiet and free of interruptions, and to clear some time to be able to dedicate to the person.
Most patients benefit from knowing when information will be available, for example about test results, and a convenient time scheduled with them to communicate this information. Patients should be asked if they wish to have another member of their family or a friend present at these meetings.

Where the patient is a child, special consideration will need to be given as to how information is shared with the parent(s) and the child; which may be dependent on the age of the child, communication style within the family and the child’s desire to know.

Prior to the meeting make sure you have the facts so you are able to answer questions. If you do not know the answer to certain questions, establish how this information can be obtained, and when it will be given.

Where patients do not wish to be told bad news, we need to respect this decision, and gain their consent if we are to discuss information with a member of the family. If a patient agrees that they do not wish to be given information, but that they give their consent for information to be shared with specific relatives, their consent should be documented within the notes. Individuals may change their minds about whether or not they wish to be given new information, and this needs to be reviewed, as and when new information becomes available.

What about Mental Capacity?
It is important to consider the patients ability or capacity to understand what is being said and the implications of what they have been told. Where necessary staff will need to take steps to ascertain capacity, and if the person lacks capacity, make decisions in the person’s best interests, consulting others e.g. relative, next of kin, carers, attorneys with Lasting Power of Attorney, IMCA (Independent Mental Capacity Advocates) or the Court of Protection.

Who should break the news?
Staff from all disciplines will be involved at some time in communicating difficult information. Significant news about a patients illness, treatment and prognosis, should be conveyed by senior staff ideally trained in Advanced Communication Skills. All staff may find it helpful to be accompanied by a colleague when news is broken, as each person can reinforce what has been said, and answer or liaise with other staff regarding any further questions.

Where possible the information should be given by someone previously known to the patient, or if not, the person giving the information should be accompanied by someone known to the patient, for example, a ward nurse. Personal introductions are often a good place to start.

How do I do it?
Information about diagnosis or information about disease progression should be communicated simply and honestly, with a minimum of delay, by a senior member of staff. Ideally the information should be given in a suitable quiet and private environment or where this is not possible, curtains should be drawn and the patient asked if they are comfortable hearing the information in this setting. By acknowledging ‘less than perfect surroundings’ patients and family members will often be reassured by your understanding of the situation.

The language used should be clear and simple, avoiding medical jargon or euphemisms. Trying to avoid a person becoming distressed by being vague can actually add to someone's distress as they may be confused by what is being said. It is important to think about what information you have to give and the words you are going to use.

When information has been given it is helpful to check out with the person and their family that they have understood what has been said, and for them to have the opportunity to ask questions. People may attempt to seek reassurance that affirms their hope or refutes what they have been told. In this situation it is important not to give false reassurance or to withhold information as this may cause complications at a later date. Where possible it can be helpful to support verbal
information with a written summary of what has been said, information leaflets or the offer of a taped recording of the conversation.

Patients and family members ask questions about their care at any time, and not just during planned consultations. Impromptu requests for information need to be handled sensitively. It will help to listen and acknowledge the individuals concerns or questions. The choices may then be to either answer the questions immediately, if the information is available and you feel confident to do so, or to defer the conversation to another time and place where appropriate staff will be available. Staff should not feel pressured into answering questions that they do not have the information or confidence to answer, but should seek out a senior colleague to answer such questions, explaining to the patient and family that they are doing this.

**After bad news has been broken – what now?**

It is often important to check out that the patient and family have understood what they have been told, and to give them time to ask questions. All questions should be treated with respect, and the patient and family encouraged to ask questions.

Following a meeting to break bad news it is important to establish sources of help and information. Family members may benefit from knowing who they can contact for support, for example, Specialist Palliative Care Services, District Nurses, Social Workers; and the various sources of information available to them, for example, Cancer Information Centres and National Organisations. Appropriate written information may be helpful in reinforcing verbal messages, for example, information sheets about treatment, or services.

Patients and families may also want to know what to expect in terms of follow up appointments, who the information will be shared with e.g. family GP, and who they can contact if further questions arise.

*Breaking bad news relies on good communication skills, experience and practice. These ten steps can act as a checklist to aid communication*

**Ten Step Guide to Breaking Bad News**

- Ensure you are adequately prepared – privacy, time and facts
- Establish what the patient already knows, and understands
- Establish what the patient wants to know; what news do they expect to hear today
- Give a warning shot – this can be a helpful lead into breaking the news, for example, *‘The tests have come back today, and unfortunately the results are not as good as we would have hoped’*
- Break bad news gently, this will involve giving accurate information
- Acknowledge distress and support ventilation of feelings
- Identify, prioritise and address concerns by encouraging questions
- Check if there are any further information needs
- Identify patient support
- Make clear what help is available and what will happen next

Letting Other People Know

It is important to clearly document in the patient’s notes what the individual and family members have been told. It can help to note the content of the discussion, the individual and family response to the information, and any questions asked or concerns raised. Documenting what leaflets and/or written information that have been given can also be useful.

To ensure continuity of care it is important to consider sending a concise and clear report of the conversation that has taken place to other staff who are involved in the patient’s care. The patient and family may also find it helpful to receive a written or taped record of the discussion or meeting.

What are the priorities?

Good communication skills are central to the work of all of the professionals involved in caring for and supporting patients and their families, and ongoing support and training in this area should be available to staff.

Within the Three Counties Cancer Information Centre staff have the opportunity to undertake Advanced Communication Skills Training. Those interested can contact Ray Owen, Clinical Psychologist (Ray.Owen@herefordpct.nhs.uk)

Information given verbally should be followed up with appropriate written information, which uses clear and simple language. This might include a summary of the meeting, the information given and the future plan. Knowing what information and service leaflets are available can be useful.

Special attention needs to be given to meeting the needs of people with sensory losses, where English is not a first language, and for those with learning disabilities or memory losses. When sharing complex and difficult information with individuals with these additional needs meetings should be carefully planned, and relatives or appropriate staff e.g. interpreters or professional carers, involved.

Looking After Yourself

Breaking bad news or imparting difficult information is not easy and the experience of breaking bad news can have an impact on the person carrying out this task. Where possible sharing the task can help. It can also be useful to find opportunities to reflect on how this task has gone through debriefing, reflection or supervision. Individuals may need to negotiate their supervision needs with their line managers. By taking the chance to reflect on what has happened, even if the situation has not gone as well as expected, you can learn from this experience and change your practice.

Developed by 3 Counties Cancer Centre Psychosocial Implementation Group, September 2007

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Date: 30th November 2007

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Date: 12th May 2008
Breaking bad news – A summary

- Know the facts
  - Ask questions
    - Warning shots
      - Gentle step by step explanation
        - Elicit concerns
          - Allow ventilation of feelings
            - Follow Up

- return later
- avoidance
- avoid premature reassurance can block further dialogue