Breast Cancer Wise MD

How to Communicate Bad News: Interdisciplinary support & decision making tools

Bad news can mean different things to different people; however, most would agree that bad news is any information that will negatively alter a patient’s view of the future. Several agreed-upon steps for communicating bad news include:

• **Preparation**
  - Arrange for time in a private location with no interruptions
  - Be familiar with the relevant clinical information
  - Mentally rehearse, prepare emotionally
  - Example:

• **Establishing a therapeutic environment and relationship**
  - Determine how much the patient wants to know and who they want present for support (example: “would you like someone present?”)
  - Assure you are available and make follow-up appointments

• **Communicating well**
  - Start with a warning shot to foreshadow bad news (ex: I’m sorry but I have some bad news for you’)
  - Use simple language
  - Proceed at the pace of the patient
  - Write things down, use diagrams

• **Evaluating patient and family response**
  - Give time for the patient to cope, allow for periods of silence
  - Be empathetic (“I’m sorry”)
  - Encourage emotional expression (“What are you most worried about?”, “What are your concerns?”)

• **Discussing the next step**
  - Make appointments
  - Be straightforward and clear (“the next step is…”)

• **Validating emotions and offering support**
- Offer realistic hope
- Provide resources, referrals, support groups

There are many models of communicating bad news such as patient-centered models, disease-centered models and emotion-centered models, with most women preferring the former. The emphasis of this model is to convey little information at a time, being mindful of timing and overall patient emotion.

*How* the information is relayed may be just as important as *what* is said, as patients remember how they were told of a diagnosis for many years to come. A survey of 100 women with breast cancer found that there was a correlation between their adjustment to their illness and their perception about how they were given their diagnosis. This study demonstrates the power of words whose effects lasted even 6 months after the initial diagnosis.

Cancer is a word which particularly results in cognitive disruption with patients often not hearing much of what is said after they hear the Big “C” word. Physicians should be mindful of this when speaking to patients as some report that patients do not hear what is being said for about 60 seconds after they here the word cancer. Discussing treatment plans and prognosis too soon, without letting the diagnosis settle in, prior to patients re-focusing their attention would be inefficient.

Although much emphasis is placed on the importance of individual communication, most cancer treatment is provided by a multi-disciplinary team, which further stresses the importance of communication. Each member of the team must communicate not only with the patient and family but also with each individual member to provide the most excellent of care.