Delivering Bad News: The Art of Communication

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Objectives

➢ Know why communication of bad news is important

➢ Understand the 6-step protocol for delivering bad news
Communication

- Communication is a fundamental tool of palliative care nursing
- Given the polarity of life saving efforts versus withdrawal of treatment in intensive and emergency units, communication is critical

Dahlin, 2010; Wittenberg-Lyles et al., 2010a
Myths of Communication

- Communication is deliberate
- Words mean the same to sender/receiver
- Verbal communication is primary
- Communication is one way
- Can’t give too much information
- Protecting from "bad news"
Verbal and Non-Verbal Communication

Includes body language, eye contact, gestures, tone of voice

80% of communication is nonverbal

Boreale & Richardson, 2006; Buckman, 2001
Important this to Remember

- Most people want to know
- Strengthens physician-patient relationship
- Fosters collaboration
- Permits patients, families to plan, cope
Types of Palliative Care Communication in the Health Care Setting:

• Information about condition and anticipated course of illness
• Treatment options and information about the specific therapies
• Advance care planning about goals, preferences and wishes
• Breaking bad news
• Prognosis discussion
SPIKES Protocol

S - Setting and listening skills
P - Patient’s perception of condition/seriousness
I - Invitation from patient to give information
K - Knowledge in giving medical facts
E - Explore emotions and empathize as patient responds
S - Strategy and Summary

Baile et al., 2000
6-Step protocol

1. Getting started
2. What does the patient/family know?
3. How much does the patient/family want to know?
4. Sharing the information
5. Responding to patient & family feelings
6. Planning and follow-up

Adapted from Robert Buckman
Step 1: Getting Started

✓ Plan what you will say: confirm medical facts and information

✓ Create a conducive environment

✓ Allow for adequate time: prevent interruptions

✓ Determine who else the patient would like to be present
Step 2: What does the patient know?

• Establish what the patient or family already knows
• Assess ability to comprehend new bad news
• Reschedule if unprepared
Use of Open-Ended Questions

• How are things going for you/your family?
• How do you think you/your loved one is doing?
• What has the doctor told you/your family?
• What do you understand about your condition?
• How can we support you?
• Make the conversation about the patient.
Step 3: How much does the patient want to know?

Recognize, and support various patient preferences:

- Culture
- Age and development
- Religion
- Socioeconomic state
What to do when the family says “Don’t tell”…..

There is a legal obligation to obtain informed consent from the patient.

Promote family alliance.

Honesty with a child promotes trust.
What to do when the family says “Don’t tell”…..

Ask the family why:

- Are they afraid of the truth
- Previous experiences
- Is this in a personal, cultural or religious context
- Talk to the patient together
Step 4: Sharing the Information

Say it then stop!

Don’t minimize the severity
Use simple language
Check for understanding
Step 5: Respond to Feelings

Affective responses:

Cognitive Responses

Basic Psychological responses

Be prepared for emotions

Give them time to respond
Step 5: Respond to Feelings

Listen quietly, attentive

Encourage description of feelings

Use non-verbal communication
Listening

• Being present, being silent
• Occurs at 5 levels
  – Hearing
  – Understanding
  – Retaining information
  – Analyzing
  – Active empathizing

Krammer et al., 2006; Ray, 1992
Step 6: Planning, follow-up

Plan for the next steps

Discuss potential sources of support

Give contact information, set follow-up appointments

Before leaving reassess the safety of the patients and family

Repeat the news at future visits
Barriers to Communication

- Fear of mortality
- Lack of experience
- Avoidance of emotion
- Insensitivity
- Sense of guilt
Barriers to Communication (cont.)

- Fear of not knowing
- Disagreement with decisions
- Lack of understanding culture or goals
- Personal grief issues
- Ethical concerns
Communication Strategies to Facilitate End-of-Life Decisions

- Initiate end-of-life discussions
- Maintain hope within changing condition
- Clarify benefits and burdens
- Do not give false hope
Influencing Communication with Patients/Families

Assessment of Factors:

• Changes in patient’s condition that indicate terminal phase
• Information needs of patient and family

Norton & Talerico, 2000
Nurse’s Role in Code Status Decision

• Clarification of therapies used in a code
• Due to close relationship with patients/families the nurse can broach sensitive and difficult topics
• Lay the groundwork for such discussions by asking the patient and family how they are doing with care and whether this is what they expected
Nurse’s Role in Code Status Discussion (cont.)

- Offer information about subtle changes versus the big picture of the patient’s overall condition
- Offer support that if life sustaining therapies are stopped, overall care is not withdrawn as aggressive pain and symptom will be paramount
Purpose: Nurses have always been at the bedside of dying patients. Their role in providing the highest quality of remaining life and support at the end of life for both patients and their loved ones is traditional, accepted, and expected. The nurse’s fidelity to the patient requires the provision of comfort and includes expertise in the relief of suffering, whether physical, emotional, spiritual, or existential. Increasingly, this means the nurse’s role includes discussions of end-of-life choices before a patient’s death is imminent.

American Nurses Association, 2010
Summary

• Communication is complex, particularly when working in the intensity of the critical care setting
• The ultimate objective is the patient’s best interest
Nevada’s Report Card

In 2008, Nevada scores a “D” in access to palliative care programs
Nevada’s Report Card

October 2011, Nevada scores a “B” in access to palliative care programs and showed to greatest improvement in providing care.
November is Hospice and Palliative Care Month

I am challenging all you in attendance today in the month of November to complete an advance directives and secure them in Nevada LockBox.

How can we discuss End-of-Life issues when we ourselves don’t have our affairs in order.
References


Center to Advance Palliative Care (2011). A State-by-State Report Card on Access to Palliative Care in Our Nation’s Hospital.  
http://www.capc.org/reportcard/

