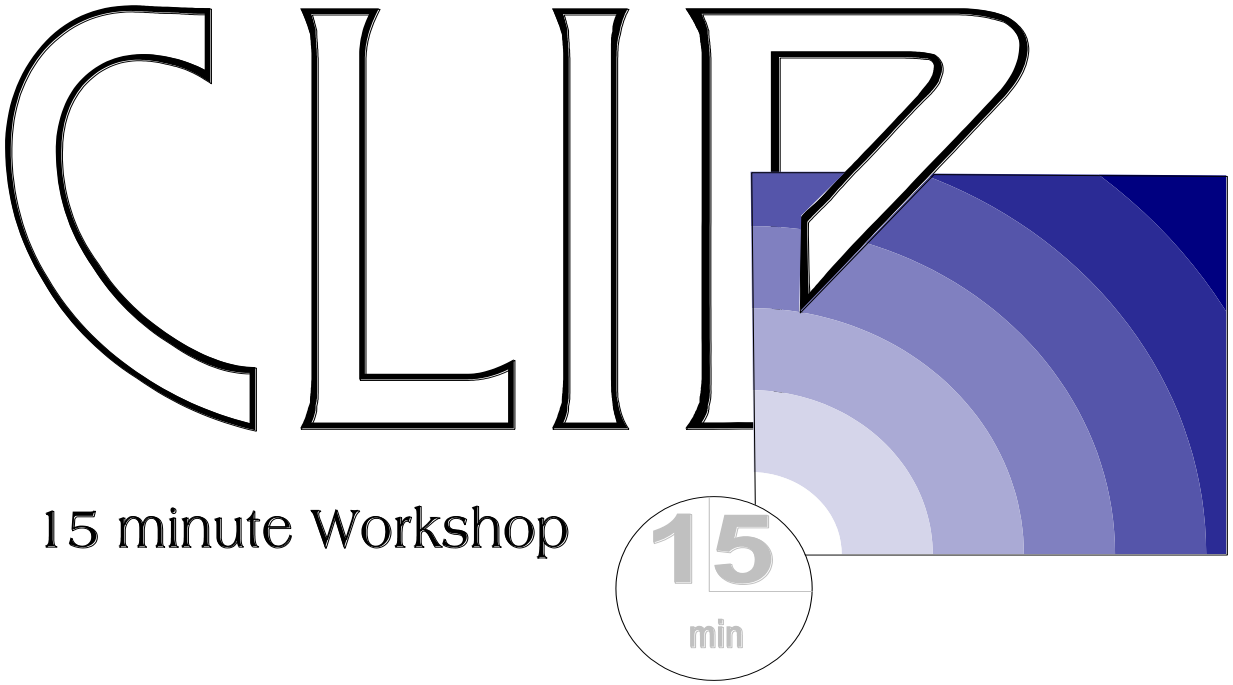

Psychological needs

3: Breaking difficult news

Intermediate level

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Aim of this worksheet
To offer a brief guide to breaking difficult news

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case Study

Peter is a 46 year old man, married with two children. He initially complained of increasing weakness in his legs. Always an anxious man, at first this was put down to stress. When the weakness worsened, however, investigations and examination suggested motor neurone disease, and subsequent progression of the signs and symptoms has confirmed the diagnosis.

He has come to hear the results of the investigations.

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INFORMATION PAGE: Breaking difficult news

Getting started

When you ask people with considerable experience in breaking difficult news, they will tell you the same thing (if they're being honest), it feels uncomfortable and it can be distressing.
Remember that difficult news is difficult: you can't make it less difficult!

- Introduce yourself - don't forget normal courtesies.
- Be warm and open - what does your body language convey?
- Let Peter remain in control of the situation- ask his permission if you can talk to him.
- Be prepared for silence - expect it, encourage it.
- Let Peter direct - follow behind, not in front.
- Avoid jargon - if some slips out, re-phrase it in Peter 's words.

Three things to check

1. **Can Peter understand?** Make sure he can hear or that he's capable of understanding and does he have the capacity to understand and use the information? See CLiP worksheet *Issues around Capacity*.
2. **What does Peter already know?** This is crucial to find out - never assume.
   e.g. "What have you understood about the tests so far?"
3. **Does Peter want to know more and how much?** This is not so difficult as it sounds:
   "Do you want me to explain the results of the tests so far?"

Three possible reactions

Nearly all patients have some advanced warning that something might be wrong e.g. they've had a biopsy of a suspicious lump. In most cases, therefore, you have the opportunity to ask them what more they want to know.
It is rare that patients have absolutely no idea that any difficult news is on the way:
- finding an unsuspected cancer during a routine operation is such an example
- in this case it will be important to give a 'warning shot' (see below).

Peter could have one of three reactions:

1. He is clear he wants to know more: ie. communicates yes or says "I want to know the results".
2. He is clear he doesn't want to know: ie. communicates no, or says, "No, I don't want to know." or "Oh, I'll leave all that to you, doctor".
3. He isn't sure whether he wants to know or not: eg. "It's difficult to know, doctor".

If Peter 's response is equivocal you can check this with him, "Do want to leave it for now?" or "Are you the sort of person who likes to know everything that is happening to them?" If he's still equivocal, then acknowledge this and make it clear you are open to further discussion: "I can see you're not sure. That's OK, we can talk again tomorrow/ on the next ward round/ at our next appointment".

Three steps: the warn/pause/check approach (WPC)

Remember that most patients are already worried that something might be seriously wrong.

1. **WARN**: You still need to provide a warning shot, eg. "I'm afraid the nerve tests were more serious than we thought". NB. In someone with cognitive impairment or intellectual disability, the information may need to be broken down into understandable portions that they can cope with at that time.
2. **PAUSE:** wait for response**.** The conversation might then continue like this**:** *Person:* "What do you mean more serious"? *You:* "The tests suggest a condition of the nervous system that will worsen in time. Do you want me to explain"? Pause: wait for response *Person:* "Yes" *You:* "This is a condition called motor neurone disease, do you want me to explain more?"
3. **CHECK** that Peter has understood the news, and check for his reaction.

- Many patients are clear that they want the information and only need to go through one warn/pause/check.
- For other patients it may take several more warn / pause / checks before they decide if they have all the facts they need. Importantly, **some may need to do this in stages over several days**.
- It is not the job of the professional to decide what to tell, but to find out what the person wants to know.
- Like drugs, information needs to be titrated to the individual.

Handling the effects of difficult news

- Check the person's reaction ("How are you feeling"?).
- Acknowledge any distress (e.g. "I can see this is distressing for you".) This may seem superfluous, but it shows the patient that you have noticed the distress.
- Is the person accepting the difficult news? They should be monitored for anger, anxiety, depression.
- Is the person overwhelmingly distressed?
- Is the person denying or holding unrealistic expectations? If the person is coping with their present feelings do not persist in challenging the denial. If they are not coping with their feelings gently challenge the unrealistic expectations (eg. "Is there ever a moment, even for a second, when you think this may be more serious?").
- Is the person ambivalent? Acknowledge the uncertainty and offer the opportunity to talk further.
- Is the relative or partner colluding? (If so, see CLiP worksheet on *Collusion and Denial*)
- Consider providing some written information (only include information that has already been discussed).
- If the news has been given in a hospital/hospice setting, check the patient has a lift home because shock can sometimes leave them numb and disorientated

How do you start?
(think of the simple things you need to establish communication)

Before giving any news,
write down three things that you need to check with Peter .

1.

2.

3.

- **How can find out whether Peter wants to know more?**
- **What three possible responses could he give?**

How can you ask?	**What 3 possible responses could there be?**
	1. . 2. . 3. .

Peter makes it clear he wants to know what's happening

Q **What are the next steps?**

Q **How might Peter react to any difficult news?**

FURTHER ACTIVITY: Breaking difficult news

Think back to when you were told difficult news, or observed difficult news being given:

- How could it have been done differently?

FURTHER READING: Breaking difficult news

Journal articles

Barnett MM. Effect of breaking bad news on patients' perceptions of doctors. *Journal of the Royal Society of Medicine.* 2002; **95**(7): 343-7.

Bruera E. *et al* A randomized, controlled trial of physician postures when breaking bad news to cancer patients. *Palliative Medicine*. **21**(6): 501-5. 2007

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Fallowfield LJ. Jenkins VA. Beveridge HA. Truth may hurt but deceit hurts more: communication in palliative care. *Palliative Medicine.* 2002; **16**(4): 297-303.

Friedrichsen M. Milberg A. Concerns about losing control when breaking bad news to terminally ill patients with cancer: physicians' perspective. *Journal of Palliative Medicine.* 2006, **9**(3): 673-82.

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Jenkins V. Fallowfield L. Saul J. Information needs of patients with cancer: results from a large study in UK cancer centres. *British Journal of Cancer.* 2001; **84**(1): 48-51.

Kirk P. *et al* What do patients receiving palliative care for cancer and their families want to be told? A Canadian and Australian qualitative study. *BMJ.* **328**(7452): 1343, 2004

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Paul CL. *et al.* Are we there yet? The state of the evidence base for guidelines on breaking bad news to cancer patients. *European Journal of Cancer.* 2009; **45**(17): 2960-6.

Shahidi J. Not telling the truth: circumstances leading to concealment of diagnosis and prognosis from cancer patients.

European Journal of Cancer Care. 2010; **19**(5): 589-93.

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Tuffrey-Wijne I, Bernal J, Hubert J, Butler G, Hollins S. Exploring the lived experiences of people with learning disabilities who are dying of cancer. *Nursing Times*. 2010; **106**(19): 15-8.

Tuffrey-Wijne I, Bernal J, Hollins S. Disclosure and understanding of cancer diagnosis and prognosis for people with intellectual disabilities: findings from an ethnographic study. *European Journal of Oncology Nursing*. 2010; **14**(3): 224-30.

Vachon M. The emotional problems of the patient in palliative medicine. In, Hanks G, Cherney NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. *The Oxford Textbook of Palliative Medicine, 4th ed.* Oxford University Press, 2009, pp 1410-36.

Warnock C, Tod A, Foster J, Soreny C. Breaking bad news in inpatient clinical settings: role of the nurse. *Journal of Advanced Nursing.* 2010; **66**(7): 1543-55.

Resource books

Effective Interaction with Patients, 2nd ed Faulkner A. New York : Churchill Livingstone, 1998.

e-lfh: e-Learning for Healthcare contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free.

Introducing Palliative Care 5th ed. Twycross R., Wilcock A. www.palliativedrugs.com 2016 .

Talking to Cancer Patients and their relatives. Faulkner, A. Oxford: Oxford University Press, 1994.

A Guide to Symptom Relief in Palliative Care, 6th ed. Regnard C, Hockley J. Oxfgord: Radcliffe Medical Press, 2010

Oxford Textbook of Palliative Medicine 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010.

CLiP

15 minute Worksheet

Current Learning in Palliative care

An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on www.clip.org.uk