

Delivering Serious News

DEC 11, 2023 KELLY HENRY, MD



A black and white photograph of George Bernard Shaw, an older man with a beard, wearing a dark jacket, sitting at a desk and reading a large document. The background is dark and out of focus, showing some papers and a chair. The image is framed by dark teal vertical bars on the left and right sides.

**“THE SINGLE BIGGEST PROBLEM IN
COMMUNICATION IS THE ILLUSION THAT IT HAS
TAKEN PLACE.”**

GEORGE BERNARD SHAW

© Lifehack Quotes

Objectives

- Fundamental communication skills
- Importance of responding to emotion
 - NURSE
- How to deliver serious news well
 - SPIKES
- How to communicate with children
- How to discuss code status



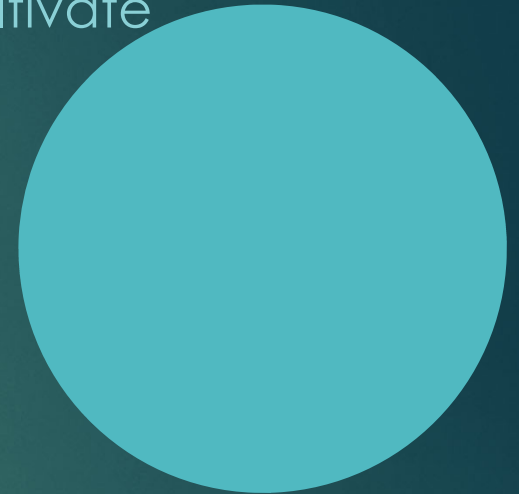
Fundamental Communication Skills

Behaviors to Avoid

- Blocking
- Lecturing
- Collusion
- Premature Reassurance

Behaviors to Cultivate

- Ask-Tell-Ask
- Tell Me More
- Responding to Emotions



Behaviors to Avoid



- Blocking
 - Patient: "how long do think I have?"
 - Physician: "Don't worry about that" or "How is your breathing?"
- Lecturing
 - Physician delivers large chunk of information
- Collusion
 - "don't ask, don't tell"
- Premature Reassurance

Fundamental Skills



- Ask-Tell-Ask

- **ASK** the patient their understanding
 - "To make sure we are on the same page, can you tell me your understanding of your disease?"
 - "What have other doctors told you?"
- **Tell** patient what you need to communicate
 - Avoid Medical Jargon
 - No more than 3 pieces of new information
- **ASK** their understanding

Fundamental Skills

- Tell me more
 - Invite the patient to explain
 - "Could you tell me more about what information you need at this point?"
 - "Could you tell me what this means for you?"



Responding to Emotions

- Accept without judgement
- Acknowledge their views and feelings
- Validate their importance



N.U.R.S.E



- Naming

- "I wonder if you are feeling angry?" "Some people in this situation would feel angry"

- Understanding

- "my understanding of what you are saying is you are worried about how this will affect your family"

- Respecting

- "I am very impressed with how well you've continued to care for your children"

- Supporting

- "I will be with you during this illness, no matter what happens"

- Exploring

- "Tell me more.."

Serious News

Defined as:

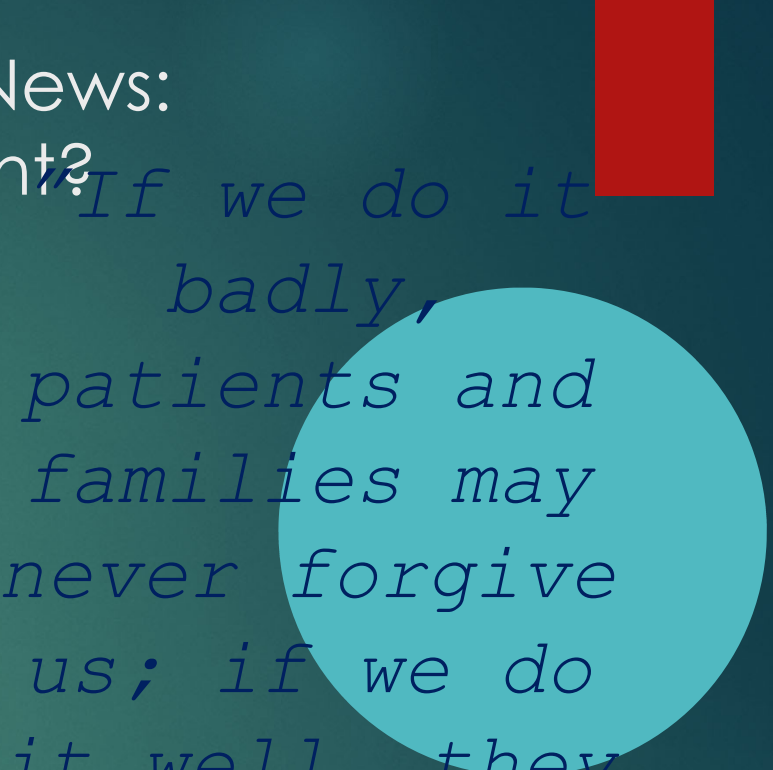
“Any Information which adversely and seriously affects an individual’s view of his or her future”

Results in a cognitive, behavioral, or emotional deficit in the person receiving the news that persists for some time



Delivering Serious News: Why is it important?

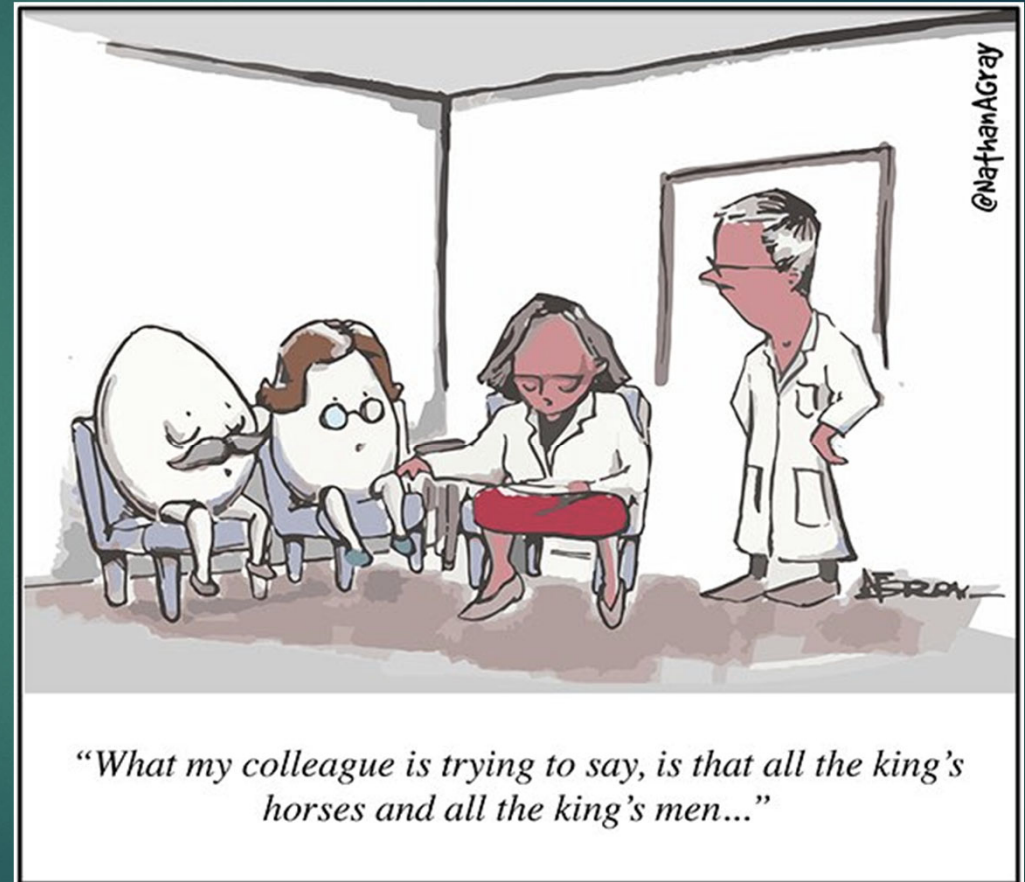
- Increased patient satisfaction
- Decreased anxiety and depression
- Improve patient's comprehension of information
- Assist patients in important quality of life decisions
- Failure of news may subject patients to treatments that cause harm without benefit



"If we do it badly, patients and families may never forgive us; if we do it well, they may never forget us."

Barriers to Breaking Serious News

- Time
- Burden of responsibility
- Fear of negative evaluation
- Fear of evoking emotion
- Fear of the unknown



Goals of Serious News Interview

- Gather information from the patient
- Provide additional information
- Support the patient
- Develop a strategy/treatment plan



The “SPIKES” Protocol

Figure



Step 1: Setting Up the Interview

- Arrange for privacy
- Involve significant others
- Sit Down
- Make connection with the patient
- Manage time constraints and interruptions



Step 2: Assessing Perception

- Use open ended questions to assess their understanding/perception of their illness
- “what have you been told about your medical situation so far?”

Step 3: Obtaining Invitation

- Find out how much information the patient wants
- “How would you like me to give you the information about your test results?”
- “Would you like me to give you all the information or sketch out the results and spend more time discussing the treatment plan?”

Step 4: Giving Knowledge

- Start with warning shot prior to disclosing bad news
 - “Unfortunately I have some bad news to tell you...”
 - “I’m sorry to tell you that...”
- Start at level and vocabulary of patient
- Use non technical words
- Give information in small chunks
- Give them time to absorb information and respond
 - Stay quiet~15 seconds

Step 5: Empathize

Table 2. Examples of empathic, exploratory, and validating responses

Empathic statements

“I can see how upsetting this is to you.”

“I can tell you weren’t expecting to hear this.”

“I know this is not good news for you.”

“I’m sorry to have to tell you this.”

“This is very difficult for me also.”

“I was also hoping for a better result.”

Exploratory questions

“How do you mean?”

“Tell me more about it.”

“Could you explain what you mean?”

“You said it frightened you?”

“Could you tell me what you’re worried about?”

“Now, you said you were concerned about your children. Tell me more.”

Validating responses

“I can understand how you felt that way.”

“I guess anyone might have that same reaction.”

“You were perfectly correct to think that way.”

“Yes, your understanding of the reason for the tests is very good.”

“It appears that you’ve thought things through very well.”

“Many other patients have had a similar experience.”

Step 6: Summarize and Strategize

- Make a plan for the next step
- Ask:
 - “Does this all make sense to you?”
 - “Do you feel clear about the next step?”
- Patients with clear plan for future are less likely to feel anxious and uncertain

Case

- ▶ 55 year old woman with +smoking history presents with progressive shortness of breath, right sided chest pain, dry cough, 10 lb weight loss for the past several months.
- ▶ Abnormal lung exam
- ▶ Imaging: RUL mass, scattered subcm nodules throughout both lungs, mediastinal and hilar adenopathy, 2.8 cm hepatic lesion.
- ▶ CT guided biopsy showed **squamous cell carcinoma**
- ▶ She returns to her doctor's office to discuss test results

Demonstration



Communicating With Children About Serious Illness



Communicating with Children



- Children should be given honest and accurate information about their illness
- Sharing information establishes trust
- Silence has been shown to exacerbate children's fears and anxieties

The six E's

- Establish an agreement on open communication
- Engage the child at an opportune time
- Explore what the child knows and wants to know
- Explain medical information for needs/age
 - "What would you like to know?"
 - "What have you been worrying about?"
- Empathize and validate feelings
- Encourage/support

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Talking about Death with Children Who Have Severe Malignant Disease

Ulrika Kreicbergs, R.N., Unnur Valdimarsdóttir, Ph.D., Erik Onelöv, M.Sc.,
Jan-Inge Henter, M.D., Ph.D., and Gunnar Steineck, M.D., Ph.D.

- Survey sent to parents who child had died
 - Did you talk about death with your child at anytime?
 - If no: “do you wish you had?”
 - If yes: “do you wish you had not?”
 - ~430 respondents: 34% talked about death, 66% had not
 - NONE of the parents who talked about death regretted it
 - 1/3 of parents who did not regretted not doing so
 - Higher level of anxiety at follow up

Discussing Do-Not-Resuscitate



Case continues



- ▶ Pt undergoes first line chemotherapy.
- ▶ Initially feels well!
- ▶ Over next months, she slowly declines, notes increased weakness, shortness of breath, poor appetite
 - ▶ Disease progression
- ▶ She starts on 2nd line immunotherapy
- ▶ Scans performed after 3 months of immunotherapy show progression of metastatic disease. She reviews the results with the oncologist.
 - ▶ Hospice recommended
- ▶ Presents to the ED several weeks later with urinary tract infection, dehydration

Demonstration



Know The Facts

- Public with inflated perception of CPR success
 - Feel effective 60-85% of time
- Reality: Actual survival to hospital discharge
 - 10-15%
 - Less than 5% for elderly and those with serious illness



Laying The Groundwork For Discussion

- Establish a setting
 - Ask if family members or others should be present
- Find out what the patient understands of their illness
- What does the patient expect?
 - “Have you thought about how you want things to be if you become more ill?”
 - “What do you expect for the future?”
- Discuss a DNR order
- Respond to emotions
- Establish a plan

Discussing a DNR order

- Avoid stark dichotomies
 - Do not present as choice between life and death
 - “If your heart were to stop, do you want us to do everything to bring you back?”
 - Remember most patients die despite CPR attempt
 - Choosing between certain death and likely death
- Use the word “Die” to help clarify that CPR is a treatment to reverse death
 - “If you should die despite all our efforts, do you want use to use “heroic measures” to attempt bring you back?”
 - “How do you want things to be when you die?”

Make a Recommendation!

- CPR is a medical intervention
- Use your insight to patient's goals, values and prognosis to make a recommendation
- Physicians need to help carry some of the burden in making these decisions

Case Revisited





Questions or
Comments?