Communicating
Bad News at the End of Life

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Overview

- Preview of case study
- Didactic
- Role-playing exercise
- Discussion
You (doctor) are caring for Mr. Miller

89M presents with pathologic hip fracture, severe pain

Weight loss 25 lbs this year

PMH: adv dementia with dysphagia

Metastatic lung cancer

Wife of 40 years full time caregiver is waiting to hear the news
Benefits of Clear Communication of Bad News

- Greater satisfaction
- Clearer goals
- Better decisions
- Fewer lawsuits
Barriers to Good Communication

- Collusion by both doctor & patient
- Don’t ask, don’t tell that:
  - Illness is incurable
  - Regimen is palliative
  - Treatment has side effects
Barriers to Good Communication (2)

- By doctors:
  - Fail to acknowledge anxiety
  - Choose wrong time/place
  - Be overly blunt
  - Fail to deliver enough information
  - Deliver premature reassurance
  - Be unable to balance realism with hope
Barriers to Good Communication (3)

- By the patient:
  - Denial
  - Depression
  - Refuse decision-making role
Breaking Bad News

- Key elements:
  - Be prepared
  - Ask
  - Break the bad news
  - Listen
  - Respond
  - Summarize and plan
Be prepared

- Clinical information
  - Prognosis
  - Curative versus palliative plan
- Arrange for privacy
- Consider involving significant others
- Sit down
Ask

- Ask about patient’s understanding
  - “What have you been told about your medical situation so far?”

- Elicit patient’s goals of care
  - “What is your understanding of why you had radiation therapy today?”
Gauge for

- Misinformation
- Denial
- Wishful thinking
- Hope
- Unrealistic expectations of treatment
- Whether the patient is inviting you to tell bad news
Some patients may not immediately ask about the bad news

“Would you like me to give information about the test results?”

- If no, you may need to reschedule
- Offer to discuss with relative or friend
Break the Bad News

- Warning shot
  - Unfortunately...
  - I’m sorry to tell you that...

- Use simple language (*no jargon*)

- Avoid bluntness

- Maintain compassion/connection

- Avoid pitying
Break the Bad News (2)

- Small increments
  - Gauge again for response/invitation
  - May need to stop/reschedule

- No lecturing
  - No more than 3 pieces of information
  - Pause for response in between
Break the Bad News (3)

- Full information is desired by nearly all patients
  - Prognosis (I would not be surprised if...)
  - Treatment options
- Preserve hope
  - Pain can be controlled
  - Symptoms can be relieved
  - Decisions can be shared
Break the Bad News (4)

- Language
- When the family doesn’t want the patient to know
Listen

- PAUSE (10-15 seconds!)
- Gauge for
  - Emotional response
  - Understanding
Respond

- **NURSE approach:**
  - **N = Naming**
    - Suggest what they are feeling
    - “Many in this situation would be angry”
    - (Not: “I see you are angry”)
  - **U = Understand**
    - “My understanding of what you are saying is....”
    - “I cannot imagine what you are going through....”
Respond (2)

- **R = Respecting**
  - Non-verbal response (touch, tissues)
  - “I am impressed with how well you’ve continued to care for your children through this long illness”

- **S = Supporting**
  - Willingness to help
  - Acknowledge efforts to cope
  - “I’ll be with you during this illness, no matter what happens”
Respond (3)

- **E = Explore**
  - Where is the patient is at
    - “Could you tell me what information you need at this point?”
  - Consider emotions
    - “How are you feeling so far about what we have discussed?”
  - Consider need to deal with big picture
    - “Could you tell me what this means for you?”
Summarize & Plan

- Summarize discussion points
  - Especially values & goals of care
  - “So I understand that Mr. Smith would have wanted us to focus on comfort...”
Summarize & Plan (2)

- Try to avoid:
  - Aggressive care = “doing everything possible”
  - Palliative care = “discontinuing care”
  - “I’m going to make it so he won’t suffer.”
Better:

- “Let’s discuss how you can have your father die at home”
- “Your quality of life and comfort will be our top priority”
- “We’ll do everything possible to maintain.. (independence, consciousness, good pain control, etc)”
- “We will ensure that your father receives the kind of care that he wants”
Summarize & Plan (4)

- Strategize
  - Follow-up
  - Callback numbers

- End of life issues:
  - Do they need to hire caregivers
  - Hospice agencies
  - Spiritual support
Role playing exercise

- You (doctor) are caring for Mr. Miller
- 89M presents with pathologic hip fracture, severe pain
- Weight loss 25 lbs this year
- PMH: dementia, dysphagia
- Metastatic lung cancer
- Wife of 40 years full time caregiver is waiting to hear the news
Ground rules for role playing

- **Roles (groups of 3):**
  - Doctor: break bad news that Mr. Miller has lung cancer, poor prognosis
  - Mrs. Miller: react to news, ask about what to do next
  - Mrs. Miller’s mute daughter: silent observer (fly on the wall)

- You can opt out
Discussion

- **Mrs. Millers**
  - How did you feel (emotionally)
  - What communication skills were used
  - What do you think could be done better

- **Doctors**
  - How did you feel (emotionally)
  - Did it affect how you delivered bad news

- **Daughters**
  - Any observer comments