The Palliative Response ~ Sharing Bad News

Department of Veterans Affairs

1 The First Step in Planning Care
- Develop therapeutic relationship
- Discuss patient/family agenda first
- Allow physicians' priorities to flow naturally from patient/family (e.g. discussion of resuscitation and other advanced directives)

2 Discussion Agenda
- Physical Care - Setting and level of residential care
- Social Care - Family issues (e.g. dependence)
  Financial issues (e.g. disability)
- Emotional Care - Sources of support
- Spiritual Care - Sources of meaning

3 Physician Role and Preparation
- DO NOT DELEGATE sharing bad news!
- Sharing bad news is physician's role
- Patients often accept bad news from MD only
- MD is best prepared to interpret news and offer advice
- Confirm medical facts
- Plan presentation with one or two main points only
- Use simple, lay language

4 Setting the Stage
- Choose appropriate, private environment (hallway/curtain do not provide privacy)
- Have tissue available
- Allot enough time (20-30 minutes minimum with documentation)
- Determine who should be present
- Turn beeper to vibrate to avoid interruptions and demonstrate full attention
- Shake hands with the patient first
- Introduce yourself to everyone in the room
- Always sit at eye level with patient, distance of 50-75 cm
- Ask permission before sitting on edge of bed
- Arrange seating for everyone present if possible so that patient is at ease and not concerned about others' comfort

5 Starting the Conversation
- ASK: What does patient/family understand about what is happening? What have others told them?
- WAIT: 15-30 seconds to give opportunity for response
- LISTEN: Response may vary from “I think I am dying,” to “I don't understand what is happening.”
- ASK: How much that patient wants to know? Does patient want to know prognosis? (Patient may decline voluntarily and designate another person as spokesperson)

Birmingham/Atlanta
Geriatric Research, Education and Clinical Center

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6 When Family Wants to "Protect" Patient
- Honor patient's autonomy
- Meet legal obligation for consent
- Promote family alliance and support for the patient
- Ask what family is afraid will happen
- Offer to have family present when you speak to patient so family members can hear patient's wishes about knowing status/prognosis

7 Sharing Bad News
- Give a warning to allow people to prepare
- Briefly state one or two key points only
- Use simple language

+ STOP +
- Ask questions to assess understanding
- Address key considerations
- Do not minimize severity of news
- Recommended statement for terminal illness:
- "This is an illness that man cannot cure."
- Statement shows medical humility, leaves open possibility of the miraculous, and helps shift focus from "cure" to Palliation and Support

8 Response to Emotions of Patient, Family and Staff
- Be prepared for a range of emotions
- Address key components of response
- Allow time for response
- Communicate nonverbally as well as verbally- it is usually acceptable to touch patient's ARM

9 Suggest a Brief Plan
- Medical Plan (e.g. control dyspnea, home assistance to help deal with weakness)
- Ancillary Support (e.g. social work visits, pastoral care visits)
- Introduce Advance Care Planning
  "Sometimes when people die, doctors try to bring them back to life . . . have you considered whether or not you want this?"
- Discuss Timeline

10 Offer Follow-up Meeting
- When? Usually within 24 hours
- Who? For current and additional family members
- Why? To repeat portions of the news
- How? Offer to contact absent family members
  Get permission to share news if necessary
- What? Next meeting, upcoming decisions, suggest flexible timetable

11 Ending the Meeting
- ASK "Do you have any questions?
- WAIT
- ANSWER
- STAND an effective way to end the conversation