The development of best practice in breaking bad news to patients

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ABSTRACT Lomas, D. et al, (2004) The development of best practice in breaking bad news to patients. Nursing Times; 100: 15, 28–30. There can be few tasks that a health care practitioner has to undertake that impact more upon patients and their relatives, than that of breaking bad news. Consideration needs to be given to the people involved, the communication process, and the environment. This article highlights the issues that make for best practice in this important area of care – including who gives the information, how it is presented, and the nature of the environment where it is given. The Department of Health requires that patients’ spiritual and cultural needs are provided for (DoH, 2000a; 2000b; 1994). And there can be few tasks that a health care practitioner has to undertake that impact more upon patients and their families come to terms with, and continue to handle, their situation.

There are a number of factors that should be considered when breaking bad news:
- The people involved;
- The communication process;
- The environment.

These factors can be examined under four stages, which progress from stage 1 ‘inappropriate’ through to stage 4 ‘best practice’. We believe that this approach can help to promote best practice.

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate</td>
<td>Leading to</td>
<td>‘Best practice’</td>
<td></td>
</tr>
<tr>
<td>RELATIVES AND/OR FRIENDS PRESENT</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Relatives and/or friends are present who the patient would not wish to be present when bad news is broken.</td>
<td>The person is given no opportunity to have a relative or friend present.</td>
<td>The patient receiving the bad news is given the opportunity to bring along another person or people of their choosing if they wish.</td>
<td></td>
</tr>
<tr>
<td>OTHER PEOPLE PRESENT</td>
<td></td>
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</tr>
<tr>
<td>Other people are present who need have no involvement with the situation, for example maintenance staff.</td>
<td>An independent person is available to be present if the person wishes, who can offer support, guidance and impartial support, for example a chaplain or social worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTINUITY OF PEOPLE INVOLVED</td>
<td></td>
<td></td>
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<tr>
<td>There is a different person involved with breaking the news on each occasion.</td>
<td>Poorly briefed team members are involved with follow-up.</td>
<td>Well briefed members of the same team (who have been present at previous episodes of giving the news) are involved with follow-up.</td>
<td>A named person, who is the same person on each occasion, is responsible for follow up.</td>
</tr>
</tbody>
</table>

FURTHER READING


The people involved
An important factor in the passing on of bad news to patients and/or relatives is identifying who is responsible for giving the news. Within the hospital setting the lead person is often seen as the consultant. However, it is important that there is a clear consensus between health care professionals about what the patient will be told before she or he is informed.

In addition to agreeing who is the most appropriate health care professional to be present when the bad news is given, best practice should consider who is the best person to accompany the patient (Table 1). The importance of training in breaking bad news should be considered and both provision for expert training and a period in a supervised position of breaking bad news are recommended (Von Gunten et al, 2000). In addition the patient should know the person giving the news. Where this is not possible, proper introductions must be given before the news is broken.

It is important to give the patient who is receiving bad news an opportunity to bring along another person such as a relative to offer support. In addition an independent person who can offer support and guidance, such as a chaplain or social worker, should be available if the patient wishes.

The communication process
In good practice, the news giver initially takes steps to establish what the patient already knows and understands before any information is given. In addition, she or he will assess what information the patient wants to know, including whether the patient wants to know the bad news at that time (Von Gunten et al, 2000).

Once the patient has indicated that she or he is prepared to hear the news, the person giving the information should proceed, avoiding jargon and ensuring that everyday clear language is used, for example saying ‘cancer’ instead of ‘growth’ or ‘malignancy’.

### TABLE 2. THE MANNER IN WHICH PEOPLE ARE GIVEN BAD NEWS

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2 Leading to</th>
<th>STAGE 3</th>
<th>STAGE 4 ‘Best practice’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POSSITIONING</strong></td>
<td></td>
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<tr>
<td>Physical barriers are created by factors such as distance or height, for example giving bad news to a patient in bed from the foot of the bed.</td>
<td>Every effort is made to reduce physical barriers created by factors such as distance or height.</td>
<td>The person who is breaking the news positions themselves at the same level as the person who is receiving the news.</td>
<td></td>
</tr>
<tr>
<td><strong>NON-VERBAL FACTORS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Eye contact is avoided. No appropriate non-verbal signals are given. ‘Closed’, defensive body language is adopted.</td>
<td>Limited or intense eye contact is made. Body language and/or including tone of voice, is perceived by the receiver as aggressive or lacking in confidence and credibility, rather than knowledgeable, respectful and caring.</td>
<td>Appropriate use is made of eye contact, voice tone, body language, and touch.</td>
<td></td>
</tr>
<tr>
<td><strong>HONESTY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information given is not truthful, for example telling patients they do not have cancer when they do.</td>
<td>The information given is misleading, for example by giving someone false hope.</td>
<td>Honest information is given but some information is withheld or details changed to ‘protect’ the individual.</td>
<td>News is given in an open and honest way. Implications for the person are discussed and honest answers given, for example saying ‘I don’t know’ if that is the case. But let the patient know if there is somebody who does know.</td>
</tr>
<tr>
<td><strong>APPROPRIATENESS</strong></td>
<td></td>
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<tr>
<td>The information is inappropriate and/or inappropriate comments are made. The information is misleading.</td>
<td>The information given is factual and appropriate, for example the patient’s physical and mental maturity is taken into account.</td>
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### REFERENCES


This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net
Before the session ends, the news giver will need to make an evaluation of how well the information has been understood. News giving should be seen as a process and repeated as appropriate. The person receiving the news should be given the message that she or he is welcome to come back and seek further information and/or clarification.

It is generally considered that bad news should be given at the earliest appropriate opportunity. However, it is important to recognise that sometimes there are situations where there is pressure from families to withhold information from the patient. Wherever possible, best practice is to give the information to the person to whom it directly relates.

It is important that all those involved are given consistent and appropriate factual information. And the patient should be informed of her or his treatment options and the right to seek a second opinion. When verbal information is given it should be supported with written information (including standard leaflets) that is tailored, wherever possible, to the patient’s and the family’s needs (Table 2). When breaking bad news, it may be useful to remember the seven steps to good communication (Von Gunten et al, 2000):

- Prepare for the discussion;
- Establish what the patient and family know;
- Determine how information is to be handled;
- Deliver the information;
- Respond to emotions;
- Establish goals for care and treatment priorities;
- Establish a plan.

### Table 3. The Environment Used for Giving/Receiving Bad News

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#### Environment
- There is no private area available. Bad news is given to the patient and/or relatives in a public setting.
- A comfortable area is available that is ‘semi-private’ such as a dayroom of a ward. Bad news is given to the patient/relatives in a setting where there may be a limited number of non-involved people.
- A private area is available, though this may not specifically be designed for the purpose, for example a ward office.
- A private non-clinical area is available for breaking bad news. The area is suitable for the purpose – for example there is comfortable seating and no ‘barriers’.

#### Privacy
- No privacy is given. News is given to the patient/relatives in a public setting, such as a hospital corridor.
- Privacy is compromised by the environment, for example curtains around beds are used to give minimal privacy.
- Privacy is afforded but this is in an area where there may be interruption, such as in a shared office.
- There is a sound-proof room available with no disturbances, such as bleeps, telephones and so on. There is a ‘Do not disturb’ sign in place. Time is given for patient/relatives to use the private area.

### The Environment

Careful consideration should be given to where the news is given (Table 3). Best practice is to use a private non-clinical area – for example a room with comfortable seating. Privacy should be maintained so there should be no disturbances, such as bleeps or telephones. Time should be given for the patient and relatives to use the private area after the news has been given.

Some environments are inappropriate for giving bad news, for example in a public setting such as a hospital corridor. Those giving bad news should also carefully consider the appropriateness of using other environments that compromise privacy, such as:

- Pulling curtains around beds where these are used to give minimal privacy;
- Semi-private areas, for example, a dayroom of a ward. Where news is given in a setting where there may be some people who are not involved;
- An area where there may be interruptions, such as a shared office.

### Conclusion

The way bad news is given to patients has a significant impact on patients and needs to be done by a skilled practitioner with careful consideration to who is involved, how news is communicated, and the environment in which that communication takes place.

It is recognised that it may not always be possible to achieve best practice but by using the guidelines practitioners can improve their own practice and that of the clinical team in which they work.