Delivering Serious News

JULY 17, 2019    KELLY HENRY, MD

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

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

GEORGE BERNARD SHAW
Fundamental Communication Skills

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<th>Behaviors to Avoid</th>
<th>Behaviors to Cultivate</th>
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<td>Blocking</td>
<td>Ask-Tell-Ask</td>
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<tr>
<td>Lecturing</td>
<td>Tell Me More</td>
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<td>Collusion</td>
<td>Responding to Emotions</td>
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<td>Premature Reassurance</td>
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Behavior 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

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

- Observe emotions
- Identify/name the emotion
- Identify reason for emotion
- Provide support
- Use “I wish” statements
- Resist temptation to make things better

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

<table>
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<tr>
<th>Empathic statements</th>
<th>Exploratory questions</th>
<th>Validating responses</th>
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<td>“I can see how upsetting this is to you.”</td>
<td>“How do you feel?”</td>
<td>“I understand how you feel that way.”</td>
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<td>“I can tell you’re having a hard time with this.”</td>
<td>“Tell me more about it.”</td>
<td>“I guess anyone might have the same reaction.”</td>
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<td>“I know this is not going to be easy for you.”</td>
<td>“Could you explain what you mean?”</td>
<td>“You may perfectly expect to feel this way.”</td>
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<tr>
<td>“I’m sorry to have to tell you this.”</td>
<td>“You said it frightened you.”</td>
<td>“Yes, your understanding of the reason for the test is very good.”</td>
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<tr>
<td>“This is very difficult for me, too.”</td>
<td>“Could you tell me what you’re worried about?”</td>
<td>“It appears that you’ve thought things through very well.”</td>
</tr>
<tr>
<td>“I was also hoping for a better result.”</td>
<td>“Now, you said you were concerned about your children. Tell me more.”</td>
<td>“Many other patients have had a similar experience.”</td>
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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
Communicating With Children About Serious Illness

- 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

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 us to use “heroic measures” to 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