The Palliative Response
Sharing Bad News

First Step in Planning Care
Helps develop therapeutic relationship
Discuss agendas of patient/family first
Let physician priorities flow naturally from the patient/family (e.g. discussion of resuscitation and other advance directives)

Discussion Agenda
Physical Care – Setting and level of residential care
Social Care – Family and financial issues – e.g. dependence/disability
Emotional Care – Sources of support
Spiritual Care – Sources of meaning

Physician Role
DO NOT DELEGATE sharing bad news!
Sharing bad news is physician’s role
Patients often accept bad news only from MD
MD best prepared to interpret news and to offer advice

Physician Preparation
Confirm medical facts; plan presentation
Make only one or two main points; use simple, lay language

Setting the Stage
Choose appropriate, private environment
(Neither hallway nor curtain provides privacy!)
Have tissue available
Allot enough time (20-30 minutes minimum with documentation)
Determine who should be present
Turn beeper to vibrate
(Avoids interruptions, demonstrates full attention)
Shake hands with the patient first
Introduce yourself to everyone in the room
Always SIT at eye level with patient at a distance of 50-75 cm
Ask permission before sitting on edge of bed
Arrange seating for everyone present if possible
(Helps put patient at ease, prevents patient from hurrying)

Starting the Conversation
ASK: How do patient and family understand what is happening?
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.”
How Much Does Patient Want to Know?
Ask patient if he/she wants to know prognosis
Patient may decline conversation and designate a spokesperson

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 the patient
(so they can hear patient’s wishes about knowing status/prognosis)

Sharing Bad News
Give a warning to allow people to prepare
Briefly state only one or tow key points
Use simple language
STOP
Ask questions to assess understanding
Recommended statement for terminal illness
“This is an illness that man cannot cure.”
Humble statement
Leaves open the possibility of the miraculous
Helps change the focus from “cure” to palliation and support
Do not minimize severity of news

Response to Emotions of Patient, Family & Staff
Be prepared for a range of emotions
Allow time for response
Communicate nonverbally as well as verbally
(Usually acceptable to touch patients ARM)

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 you would want this or not?”)
Discuss Timeline

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

Ending the Meeting
ASK “Do you have any questions?”
WAIT
ANSWER
STAND – An effective way to end the conversation