**Bad News**

Always remember that giving bad news is any news that drastically and negatively alters the patient’s view of his/her future. This is not always a terminal diagnosis (ie. DMT2).

1. When giving bad news, ensure that the setting is appropriate and ensure patient’s confidentiality.

* **S***etting* *up the interview* – find a private, quiet and comfortable location to meet with the patient. Ensure a safe, neutral environment. Prior to meeting, review with patient who they would like to be present in the interview (ie. spouse, family member, friend). Make sure to have your pager and phone turned off so you will not be interrupted. Prior to meeting, review clinical information, mentally rehearse (ie. words/phrases) and prepare yourself emotionally.
* **P***osition –* make sure to introduce yourself to all individuals present. Maintain appropriate body language through the interview. Sit at equal height to the patient, keep an open posture and make eye contact as comfortable. Use touch as appropriate.
* **P***atient perception* – invite the patient to share their own knowledge and ideas about their illness. Open-ended questions facilitate discussion ie. “What is your understanding as to why we performed the MRI?”
* **I***nvitation* – determine what and how much information the patient is hoping to gain ie. “How many details would you like to know about your condition?”
* **K***nowledge* – offer information to the depth that they would like to know and attempt to deliver in fashion aligning with their own perceptions. Avoid medical jargon.
* **E***motion/empathy* – demonstrate compassion, allow for emotional expression and give time for silence.
* **S***ummary/strategy* – summarize discussion and devise a clear future plan. Although there may not be a cure, always focus on small goals. Ask permission to have discussion regarding future treatment option (ie. analgesia for pain control). Make sure patient and others attending meeting have contact information for yourself, in case they have further questions, as well as for support services (ie. social worker) for ongoing care.

2. Give bad news:

* In an empathetic, compassionate manner – demonstrate sympathy and understanding throughout your communication.
* Allowing enough time – make sure to set aside adequate time for meeting and make sure you will not be interrupted (turn off pager and cell phone). Proceed at the patient’s pace.
* Providing translation, as necessary – if language barrier present make sure to have professional translator (not a family member). Avoid use of medical jargon.

3. Obtain patient consent before involving the family.

* Speak with patient privately about whom they would like to involve (if anyone) and to what capacity they would like them to participate in the sharing of information.
* It is very important that the patient decides on their own, without influence what significant others they would like to be present at the meeting.
* Emphasize patient confidentiality.

4. After giving bad news, arrange definitive follow-up opportunities to assess impact and understanding.

* Explore what the news means to the patient.
* Arrange follow-up appointment to check in with patient and address any further questions that may arise.
* Connect patient and family with social worker for ongoing support if given permission.
* Inform of any additional services in the community such as support groups for both patient and significant others (interdisciplinary resources).
* Address your own needs (debriefing may be appropriate).

**REFERENCES:**

Vandekieft, Gregg. Breaking Bad News. *American Family Physician*. Vol 64, No. 12. December 15, 2001.