

## Effective Ways of Breaking Bad News in Terminal Ill Diagnosis: Focus on Strategies

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### Abstract

In terminal diagnosis breaking bad news is one of the most difficult tasks for every clinicians working in the palliative end-of-life care, but a must in its clinical practices. It requires special skills and the ability to deliver the bad news without hurting the sentiment of the patient and the loved ones. Many clinicians working in the palliative care are incompetent in handling the process of delivering the bad news, mainly due to the lack of effective communication skills and sometime were preoccupied with fear and nervousness. A time of breaking bad news is consider to the most crucial moment where the dying individuals are mostly accompanied with several negative feelings and emotional breakdown, which require a well structure manner and well design techniques to put forward. Yet little of its skills and techniques are known among the medical practitioners as a whole in their medical curriculum during their training period. Delivering bad news requires clinicians advance preparations on how much information the patient and the family would like to acquire, quality therapeutic relationship, and emotionally well prepared. The challenges lies in breaking bad news an important domain in terminal diagnosis, but the clinicians are mostly not aware on how, when, and where to deliver in its clinical practices that usually creates a communication gap between the clinicians and the patient.

**Keywords:** *Breaking bad news; End-of-life care, Communication, Emotional feeling*

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### Introduction

In terminal diagnosis nothing is more crucial than the time of breaking bad news to the patient and family. It the times when the patient and loved ones are feel with emotional outburst and mentally unstable that needs multiple care assessment in the clinical practices. Even for those clinicians working in the palliative end-of-life care breaking bad news is something that preoccupied them with fear and nervousness and a least ponder topic of discussion in their training period. However, though it being not good news, yet a core responsibility and are oblique to deliver it whether one is willing to convey it or not. It is the crucial moment that requires effective communication skills and techniques to communicate with the dying individual and family in the most appropriate ways. The immediate challenges lie on how well the environment the clinicians prepared the clinical environment before delivering the bad news, it is also important for the clinicians to be well prepared mentally and emotionally. Looking at the socio-cultural context of India at present death and dying is a taboo in many cultures, in which

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breaking of the bad news in such context the clinicians needs to be very vigilant on how to deliver it in the most effective way without hurting the emotional sentiments of the patient and the family.

### **Objective**

The present study is form with an aim to acknowledge the importance of breaking bad news in the terminal diagnosis. The study is to focus on some of the underlying principles and objectives of breaking bad news in a critical situation without hurting the sentiment of the patients and families.

### **Method**

The study is based on personal; interview followed by an analytical approach on the existing literature and documents.

### **Importance of breaking bad news in palliative End-of-life care**

Bad news in terminal is the time when the medical scientific findings declare that the disease is incurable and is always undesirable for the patient, family and even to the clinicians. In general understanding bad news is any pieces of sensitive information which can affect the peaceful environment of an individual, in which the harm it can cause to the one who receive is unpredictable as it depend of the degree of bad news the information contains. It is the way how the individual response to the bad news that determine the damage it can cause with regards to his/her psychosocial-emotional health. In one way or the other the characteristic of the bad news always harm the recipient and in what ways it harms the individual is of the greatest concern. Disease is the leading factor that causes death, however, inappropriate deliverance of the bad news is also equally responsible for shortening life for those with acute advance medical illness [1]. The clinicians on the hand are also oblique to preserve the autonomy of the patient in any circumstances and the patient has the right to know or ignore the information with regards to their ongoing treatment. A good clinician is the one who act in the best interest and benefits for the patient, the one who respect the patient intension without forcing them to let know about their treatment policy and outcomes.

Clinician possessing ability of effective communication can ease down half of the burden in breaking the news that would also help in comfortably dealing with the patient and the family. Before the breaking of the news it is important for the clinicians to build a quality relationship with the patient and family, which would enable them to have deeper understanding on how to deliver the bad news without hurting their inner feelings. The clinician is also requiring doing his/her homework on the detail information about the patient and family, it is also essential for the clinician to be mindful in addressing the queries with regards to the patient treatment policy or issues [2]. Socio-cultural background awareness of the patient is also an important domain for the clinician, as in some culture death is still a taboo that is not an issue to be discuss in public setting. The clinicians are not only oblique but delivering bad news in the most appropriate way is the fundamental principle of any health care working in palliative end-of-life care. It is the time when the patient and family are overwhelmed with several emotional breakdowns like shock, disbelief, denial, anger, guilt, anxiety and fear, it is the time they need people to assess their emotional needs the most. It is also the time where the clinicians working in palliative end-of-life care need to assist the patient and the family in the most effective way and to help them in building-up their self-determination to battle against the cool blooded killer, cancer [3,4].

The clinician on the other hand should be aware of the patient over-dependency on the clinical assessment and other drugs to do away with their emotional pain and sufferings. However, the wishes made by the patient in such crucial situation needs to

be respected and fulfill through any possible means. A good clinician is also the one who had a thorough check-up on the patient socio-cultural background before delivering the bad news, which would prevent several unwanted misunderstanding in the clinical practices; it would also help with adequate additional advance preparation and quality back-up plan [5]. For majority of the medical practitioners, breaking bad news is one of the most difficult responsibilities one had to perform to fulfill his/her duty. However, withholding the bad news from the patient and the family for the afraid of its negative impacts is considering a serious crime in any clinical practices, whether good news or the bad news the patient has full right to know about his/her disease and treatment details under any circumstances. The primary goal is to make patient understand and acknowledge self-acceptance and to do the best one could to reduces risks of patient self-destructive outcomes after breaking the bad news. Before breaking the bad news the procedure should be well framed in an orderly manner that includes; the individual concerned, brief background checked on the individual, and other psycho-emotional issues [1,6]. The clinician responsible for breaking the bad news is require to have an effective communication skills, alongside obtaining the latest information about the patient ill condition and treatment policy, in which communicate the bad news in an inappropriate ways could have immediate and long-term consequences on the patient and the loved ones. On the other hand, withholding the news after getting the concern from the patient is of another case. It requires a special training procedure for every clinicians involves in palliative end-of-life care, alongside their medical knowledge's. Being aware of the proper strategies and skills with compassion is of great importance in breaking the bad news.

### **Principles of breaking the bad news**

Looking at the current medical practices in India as a whole, the negative outcomes of breaking bad news to the patient and family is of a least concerned. Compassionate care for the dying individual is considered out of the box, apart from clinician attending the physical pain symptoms. Breaking bad news is indeed becoming a mechanical process that doesn't need any awareness on the strategies, plan, and protocols to follow. In the recent interview, the clinician working in the oncology department stated that "for any clinician the most difficult task to handle is the breaking of the bad news as it is a bad new when the patient and the family expected to hear some good news from the physician. In some case, after a long period of treatment in the clinical practices and building up quality relations, most clinicians are afraid that the bad news could break the bone between the physician and the patient. On the other hand, apart from medical educations the clinicians are not taught on how to handle the psycho-emotional issues of the patient and family." In breaking the bad news the clinicians should be aware of the guiding principles to break the most sensitive news in the most appropriate and effective ways in the clinical practices such as: the first hand up-to-date information of the patient, to inquire on patient choice with regards of receiving or not receiving the bad news, to what certain degree of information the patient would like to know about his/her condition, and to find out on to whom shall the bad news be deliver or consulted [7]. In terminal diagnosis, the challenges is visible on patient and family feel with disbelief and frightened if the news becomes unexpected. Therefore, though being sensitive the clinicians are responsible to create an environment where the patient incurable condition should not be surprising or unexpected. The way how bad news is delivering largely responsible on patient psycho-emotional outcomes and sometime it can worsen and shorten the patient physical ill condition.

There is no alternative than the clinician being prepared well emotionally, psychologically, and mentally before breaking the bad news. Another principle to follow is the clinicians inquiring whether or not the patient obtains any information about his/her ill condition through asking some questions relevantly related to the ongoing treatment. Since palliative end-of-life care is not

only for the patient, it is important for the clinician to update the latest information about the patient condition and treatment policy to the family and the loved ones in a regular basis, only if they are interested in knowing the detail information's. However, creating suitable environment and preparing the patient and family is of the greatest concern, in which the information given should be in a plain language by avoiding the use of medical term that would be difficult to understand and in a systematical way. Even after the deliverance of the bad news, the clinician should makes himself or herself available to answer the queries of the patient and the family [3,8]. Leaving those queries unanswered or avoiding discussion after the breaking of the bad news will hugely affect psychological, emotional, and mental domains of all those involved. In dealing with the bad news in terminal diagnosis it demands the assessments of the multi-disciplinary team to make the bad news apart of the ongoing treatment updates, to make patient feel confidential and comfortable in its clinical practices. At some point, the patient would appreciate, if the clinician frankly tells them the truth about their diagnosis, however depending on how much of the information they would like to hear from their physician [7]. Moreover, a good clinician is the one who accompanied the patient to address on his/her psychological needs, emotional sufferings, and mental disharmony that usually occurs after the breaking of the bad news. It is the time when the patient need someone whom they can share their inner thoughts, feelings and their plans. And a good clinician also maintains the patient privacy and comfort the family in their bereavement period.

There is a time when the news was understood, but unable to digest and finding hard time to accept the truth that they are dying with no option in it. This is the time where the multi-disciplinary team immediate interventions in assessing the patient and family are require the most with sympathy and comforting spirit to help them get through it. The negative impacts of the bad news defer from one patient to the other as per their circumstances. The terminal patient with great expectation for future like having ambitions, goals, and plans has usually greater emotional outburst and severe psychological issues. It is effective communication skills with quality follow-up strategically plan techniques that serves as an effective mechanism to encounter with patient psych-emotional issues [3,5]. The ability of attentive listening, giving accurate amount of information, and checking whether the given information's where understood are also some of the important principles to be followed in breaking the bad news. However, in the midst of busy schedule in clinical setting maintaining the common principles are some of the challenges that every clinician encounter. The SKIPES procedure is one of the effective model to deal with the bad news in the clinical practices, which stand for Setting Up the environment suitable for the deliverance, making compassionate Invitation on the clinician behalf to the patient and family for quality discussion, having adequate Knowledge of the person, past, present including their socio-economic and cultural background, Emotions with Empathy during and after the breaking of the bad news, building-up quality Strategy plan on how to deliver the bad news without hurting the sentiment of the patient and the family [9].

Another common principles to follow in breaking the bad news is the ABCDE model of the clinical practices, which denotes; Advance Preparation mentally and emotionally before delivering the bad news, building a therapeutic Relationship through patient preference care assessment, communicate Well by identifying what the patient do's and don'ts, dealing with patient and family reactions with empathy and compassionate care after the breaking of the bad news, and to offer encouragement and validate emotions with the help of the interdisciplinary team assessment [1]. In recent psychological experiment on breaking bad news among the terminal ill patients shows that the negative factors like anxiety, fear, stress and loss of peace of mind are frequently experience after hearing the bad news. It is very clear that among all the barriers in breaking the bad news in the clinical practices strong sense of emotion outburst is consider being the greatest challenges clinician working in the palliative

end-of-life care encountered. Despite of the ongoing challenges the survey also claim that the maximum numbers of the clinicians doesn't have the privilege to undergo proper training during their regular medical training period [10]. In most cases language is also one among the leading barrier in delivering the bad news, which will sometime led misunderstanding through miscommunication. The socio-cultural and religious difference between the clinicians and the patients are the most common barriers in the clinical setting. Lack of group discussion among the clinicians on how, when, and where should be the bad news be deliver is also another emerging challenge that needs proper attention.

## **Conclusion**

The time of breaking bad news is the most crucial moment the patient and family should had ever gone through in their terminal ill experience, and the clinician responsibility is to help all those involves to get through this critical moment in the most effective ways. It is the true information with effective communication skills that serves as the key element in dealing with the breaking of the bad news in any clinical practices. unlike the other news, it is the news that destroy the peaceful mind as it contain stress, anxiety and discomfort the task of delivering becomes more difficult for clinicians working in the end-of-life care. The interventions of the multi-disciplinary team that can address the patient and family, psychological issues, emotional sufferings, and mental disharmony alongside the deliverance of the bad news can encounter this crucial moment in the appropriate ways in the clinical setting, which would even help in the bereavement policy. The inclusion of delivering the bad news in clinical practice in the training of the medical professionals in their undergraduate program is the underlying challenges in the present situation. The absence of delivering the bad news in the medical curriculum resulted in clinicians dealing with the breaking of the bad news in the most unsuccessful ways. Carrying out research work on how to manage the patient and family psycho-emotional challenges and mental needs in and after the breaking of the bad news is the urgent need of the hour. On the hand, the involvement of the well trained psychologists in the clinical practices could solve most of the underlying issues around the breaking of the bad news in the end-of-life care.

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