

## COMMUNICATING THE DIAGNOSIS OF SEVERE ILLNESS (BAD NEWS)

Communicate bad new news to the patients, offer them all the information required in order to facilitate decision- making processes in palliative care. (Definition of bad news and examples of bad news in palliative care)



P

1	Enter and present yourself/s educated/polite and amiably: <b>Good morning. I am Dr. XXX, your YYY (haematologist, oncologist, or any other). How are you feeling today? (Give the time to answer your questions)...Would you mind if we talked some time? In case of a negative response: When would you prefer to talk? (This is done to understand patient's mood, and evaluate the appropriateness of the information process timing).</b>				0 1 3
2	Ask the patient if he/she would prefer to be alone or accompanied during the interview. If so, ask by whom. Fix a date for the interview that suits all relevant participants. Promote an assuring and relaxing atmosphere. <i>(This is done to avoid anxiety in the patient)</i>				0 1 3
3	Ensure a private, comfortable space for the interview. <i>(In this way will protect patient's confidentiality and we contribute to create an adequate setting to process information, avoiding interruption and other disturbing element)</i>				0 1 3
4	Pay special attention to non-verbal communication during the interview: eliminate physical barriers; try to stay at the same height as the patient. If there are other persons, facilitate an open communicative space by placing comfortable chairs in circle.				0 1 3
5	Learn what the patient knows about his situation <i>(it is important to know how serious the patient thinks his situation is, over the technical name of his ailment)</i> <b>What do you think about your chest pain, weight loss, etc.? What have they told you about your illness? How important/serious do you think this is?</b> Pay special attention to the patient's emotional status: <b>Is something troubling you? What worries you the most?</b>				0 1 3
6	Ask specifically about the level of information the patient is willing to receive: <b>What would you like to know about your illness? Would you like me to explain...</b> (the diagnosis, treatment options, prognosis, and all contents related to the information process)? Leave the patient the possibility to choose <i>(This is required in order to respect patient autonomy and promote a shared care plane)</i>	ESSENTIAL			
7	Give to the patient indications, verbally and nonverbally, on the fact that the news is going to be bad... <b>Your results of the CT scan are not good. Would you like me to tell about them or about the treatment?</b> <i>This will allow the patient to decide if he/she is emotionally prepared to receive the news.</i>				0 1 6
8	Provide the patient gradual information, starting from his actual position. Summarize the diagnostic process and offer treatment options or prognostic information if the patient is willing to. Use simple and clear language. Avoid medical jargon. <i>(Gradual information process is important in order to respect patient's will to know all the information available).</i>				0 1 3

9	Use active listening and empathic response, see procedure... <i>(Try to understand patient's wishes and values)</i>				0 1 3
10	Adapt your language to the social, cultural and educative level of the patient, while maintaining true and comprehensible messages. <i>(In this way patient can process information and be aware about care plane consequences, risks and benefits. It's important to have a proactive strategy to promote patient's autonomy)</i>				0 1 3
11	Give time, even in silence, if necessary. Ask the patient if he would like more time to think about it or to consult these issues with other family members. Pay attention to continuous communication (keep eye contact, show empathy, comprehension and respect towards the patient's necessities or views). <i>(This aspect plays a considerable role to empower clinical relationship and strength patient's confidence)</i>				0 1 3
12	Check if the patient has understood the given information. Help him recapitulate. Ask if he has any further questions or doubts. <i>(In this way we can assess patient's capacity and consider if it is necessary to involve a next-of-kin in decision-making processes)</i>				0 1 5
13	Ask the patient if he would like you to share the information with someone else (for instance, someone who is not yet in the room) <i>(it will consent to consider patient's preferences and involve in the care plane the right person)</i>	ESSENTIAL			
14	Show disposition for any further enquiry, and inform the patient as to how to contact with you again. The patient must perceive continuity of care.				0 1 3
15	Recapitulate the most important issues concerning the patient's future care plan. He must see that the situation is managed seriously and professionally.				0 1 3
16	Evaluate emotional status after the interview: <b>How do you feel now?</b> Ask again if the patient has any final questions or worries. <i>(It will help to add something more or repeat something else)</i>				0 1 3
17	Take leave amiably.				0 1 3

**Total score: 50**

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Legend:  – unfulfilled criterion;  – partially fulfilled criterion;  – completely fulfilled criterion

(score according to column P)

#### Selective references

1. Buckman R. Communication skills in palliative care. A practical guide. *Neurologic Clinics* 2001; 19(4): 989-1004
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3. Deschepper R, Vander Stichele R, et al. Communication on end-of-life decisions with patients wishing to die at home: the making of a guideline for GPs in Flandres, Belgium. *British Journal of General Practice* 2006; 56:14-19
4. Treece PD. Communication in the intensive care unit about the end of life. *AACN Advanced Critical Care* 2007; 18(4): 406-414