# **How to… Break Bad News**

There will come a point during your time as a foundation doctor where you will be asked to deliver distressing information to a patient or their family. This is a scenario which is difficult to prepare for with your peers at medical school, despite best efforts. In reality, breaking bad news is nerve-wracking experience that can leave you feeling emotionally drained and even upset as you see the effects of your words on the patient sitting in front of you. This guide will be giving you some tips on when breaking bad news is appropriate, who you need supporting you and pragmatic steps to provide difficult information in the smoothest way possible.

Please also see our guide to discussing a mistake with a patient.

## **Step 1: What bad news will I be expected to break?**

As an FY1, you will not be expected to be telling patients that they have cancer.

More realistic scenarios that you could be asked to talk about are telling a patient that they’re not fit enough to be discharged today or to discuss a new diagnosis of dementia with a family. Whilst these are not the scary situations that new doctors play out in their minds, they **should be approached in a tactful and empathetic manner.**

If you are asked to break bad news about something you feel uncomfortable discussing, you should make this clear straight away! At your stage, you can refuse to discuss difficult information without senior support. If you do feel under pressure, please raise this with your consultant-in-charge or, failing this, your Educational Supervisor.

## **Step 2: How to prepare**

A crucial step before you go to break bad news is to **plan ahead**!

* **Discuss the situation** with your seniors and make sure you are comfortable with the information to be delivered before speaking to the patient.
* Have **another person in the room** with you. This could be a specialist nurse (if discussing a new diagnosis) or a nurse from the ward with whom the patient has a good relationship. Supporting a patient when having to deliver difficult and sometimes complex information is a team effort.
* **Familiarise yourself with the patient’s case and any recent scans/tests** that have led to this information coming to light
* **Think about questions that patients might ask** and consider a plan to move forward from the bad news that you have delivered, even if this is simply providing further support for a patient and their family. However, if you don’t know the answer to a question, you must say so.

## **Step 3: How do I do it?**

* **Setting is key!** Although other patients in the bay might not be able to see you behind those magic paper curtains they can still hear you. Move the patient into a quiet room. Bring tissues, and offer them the chance to have a relative with them. Ensure that any special needs have been considered to allow the best opportunity to communicate the information.
* **Find out what they know.** There is nothing worse than putting your foot in it by presuming the patient knows something they don’t, equally you don’t want to just repeat information they already know. The best approach is to ask the patient to tell you what they know about their situation and let them talk.
* **Find out what they want to know.** If the patient has recently had an investigation, you occasionally get someone who doesn’t want to know the results. Although this is unusual, it is better to check that they are happy to receive this information before going ahead.
* **Warning Shot.** Most of the time a patient will have picked up from the setting and your body language that the information you’re about to give them isn’t positive. However, it is good practice to pre-empt by using a phrase such as ‘I’m afraid that I have some bad news’ so the patient or family can prepare themselves.
* **Deliver the news.** Give the information in clear language and avoid jargon. Try to avoid complex explanations where possible. Sometimes, if appropriate, letting the patient see their scan or X ray is a helpful way of explaining the situation.
* **Listen in silence & allow time for questions.** The next most important thing to do is say nothing. Give the patient time to process and react to what you have said. There may be anger, tears or disbelief, all of which are normal reactions. Patients may have questions as to ‘what happens next’; try and address these as best you can. If you don’t know the answer, be honest and offer to find out the answer later.
* **Follow up with a plan.** Often the hardest bit of breaking bad news is to plan how to move forward and this depends on the situation. Summarise your discussion and give some clear bullet points about what will happen next, whether that be a new medication or a plan to meet the physiotherapists. Be as specific as you can without over-promising.
* **Give a further source of information.** Commonly patients only take away one message when told of bad news. It is helpful to provide patients with a website to review or a contact phone number where they can recap the plan at a later date.

The most important thing remember is that, although breaking bad news can be daunting, you are not alone in doing it! Draw on the expertise and support of your team and, with practice, it will become easier with time