Letter to the Editor
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Breaking bad news

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Dear Editor,

To a doctor who is not trained in delivering bad news, it might seem very distressing and inhumane to disclose a deadly diagnosis to the patient or their relatives. This stressful situation of the health service provider was as grim in the yesteryears when modern methods of managing incurable maladies were not available as they are today; though modern advances have made it possible to treat many 'deadly' diseases of the past. The most important reason that contributes to this moral turpitude is a complete lack of scientific approach towards delivering bad news that is seen globally.

Any information that adversely and seriously affects an individual's view of his or her future is considered bad news.[1] The situations under the broad umbrella of 'bad news' include detection of a cancer or malignancy, deadly disease, incurable genetic disorders, recurrence of the disease, extensive spread, treatment failure to arrest progression, irreversible side effects, issues pertaining to hospice care and resuscitation when no further treatment options exist.[2] Therefore breaking bad news is an important communication skill not only for oncologists and surgeons but also for the geneticist, pathologist as well as the radiologist.

This complex communication task has a verbal component consisting of delivering bad news, coupled with multiple other skills; like managing a patient's emotions, involving the patient and family members in decision-making, clarifying expectations about care and cure, and the perpetual dilemma of showing that proverbial silver lining which every dark cloud is supposed to have.[2]

In many countries it is obligatory to provide patients with as much information as they desire about their illness and the treatment options. Hence it is mandatory on the part of the health service provider to make them aware about each and every aspect of the malady and options about management strategies.

SPIKES[2] is a modern six-step protocol for breaking bad news built on the premise that a stepwise approach to any complex task guarantees success and satisfaction. The steps are: setting up the interview, understanding the patient's perception, awaiting invitation by the patient, knowledge or forewarning about bad news, addressing their emotions and offering them the strategy to face the ordeal.

BREAKS[3] is a new protocol for breaking bad news. It involves following six steps: B – Background, R – Rapport, E – Explore, A – Announce, K – Kindling and S – Summarise. This is a recently introduced protocol that calls for discussion, further elaboration and expression so that breaking bad news truly becomes a part of the art of medicine.

Patient-centred care should also address the issue of open disclosure of unanticipated outcomes to patients. Although it is increasingly mandated by various hospital accreditation requirements; it is still rarely done. The National Quality Forum has adopted the Safe Practice which relies on the basis that disclosure and transparency are core components of organisations' patient safety programmes which revolve around the "4A's" framework of awareness, accountability, ability, and action to delineate what key players should understand and do; to begin closing the disclosure performance gap.[4]

As workforce and systems competencies have enabled clinicians and health service managers to implement open disclosure principles, they are now positive about open disclosure and are applying the model to patient-clinician communication encounters more generally. This seed of positive change will need some time to grow and flourish as concerns about medico legal implications of open disclosure and the skills needed to conduct it effectively are still prevalent among health professionals.

Communication is a skill that can be learned. Refining and practicing the skills of good communication to deliver bad news is a must for a satisfactory outcome. We learn with experience and by following what others have been through; makes us wiser and efficient. Hence it is important that accurate records are maintained of the conversation and the information exchanged in delivering bad news. These will also be of use in the future care of the patient and has the potential to enhance communication within the multidisciplinary team that manages such cases. Hence medical education technology must include sessions on effectively breaking bad news.

Sincerely,

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