



BREAKING BAD NEWS

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ABSTRACT

Breaking bad news is one of the most physician's most difficult duties. Without proper training, the discomfort and the uncertainty associated with breaking bad news may lead physicians to emotionally disengage from patients. Physician can provide hope and healing to patient receiving bad news. Adequate time and privacy, confirm medical facts, emotional prepare are needed.

The purpose of this note is to show some of the most exploit methods in breaking bad news and marking the important points during process of communication doctor-patient

Conclusion: It is not convenient to announce a bad diagnosis when the patient is already facing some other problems. There are no general rules to follow while breaking bad news. There is no ideal way to breaking bad news, we just have to be much human as we can. There are situations, where question is "To break or not to break". In these cases final decision is resolved to determined patient's future thinking.

Key words: Bad news, patients, doctor's behavior, step model.

INTRODUCTION

Breaking bad news to patient is one of the most difficult responsibilities in the practice of medicine. To break bad news it a skill that is hard to learn. Communication's skills can be learned. Breaking bad news needs collaboration between the doctor and the psychologist. Then comes the role of the family/friends support.

In many countries terminally ill people die in the hospital (according to the report, the Institute of Public Health, University of Southern Denmark). Unfortunately, the medical staff is not always prepared to accompany the patient is such an important moment.

It has been proven that during the treatment, a very important role play not only objective measures, but also psychological and sociological factors. They become particularly important in the case of terminally ill patients. Therefore, it is the responsibility of the physician work with the patient and his/her

family to give them the greatest possible support.

Aim:

The purpose of this note is to show some of the most exploit methods in breaking bad news and marking the important points during process of communication doctor-patient.

DISCUSSION

It is more convenient to change "breaking bad news" into "sharing bad news".

Bad news is cancer, death, terminal disease, amputation, going into a surgery, AIDS, rape, birth defect.

To break bad news is case dependent. At first it depends on patient's background but education, psychology and family or friend's support also have influence.

Breaking bad news needs collaboration between the doctor and the psychologist. Then comes the role of the family/friends support [1]. It is not appropriate to break such news by a phone call or an e-mail. The direct contact doctor/patient is needed.

The doctor should: Be understanding, be compassionate, respect the patient's reaction, expect any reaction from the patient, respect

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the patient's privacy, leave the patient to his own feelings and give him as much time as he might need to feel better and realize what he has just been told, show empathy not just sympathy.

One of the most important questions here is who to be told first: the patient or his/her family. It is case dependent too. Here the patient's psychology, relations and affinities with family or friends take place.

Sometimes the family/friends know better how to approach the patient. But in this case the doctor is breaking confidentiality, it is in contrast with the trust relationship doctor/patient that should normally exist and the patient may be against the fact that someone else knows about his disease.

The doctor should adapt his announcement and go step by step. The attendance of a psychologist is required in some cases. If he feels that the patient is not ready for such bad news, it is better to do it later. Then is important to patient to have regular meetings with the psychologist make sure he is doing well.

Up to many authors there is a special protocol how to break bad news. It's called "Six step protocol".

In this strategy six main points are concerned[2].

1st step Starting a conversation. Doctor should ask the patient who else ought to be present, and let the patient decide-studies show that different patients have widely varying views on what they would want. Asking a questions like "How are you feeling right now?" to indicate to the patient that this conversation will be a two-way affair.

2nd step Finding how much the patient knows/understood/how sophisticated is/emotional state. It is reached by a great number of questions. For example good question is: What have you already been told about your illness?

3rd step. How much the patient wants to know. It is useful to ask patients what level of detail you should cover. Here is necessary to show that the patient may ask for something during the next conversation.[3].

4th step. Sharing information. Main topics here are: diagnosis, treatment, prognosis, and support or coping. Very often they are reduced to two. The information might be given it small chunks. Long lectures are confusing and medical terminology doesn't fit well [4,5].

5th step Responding to the patients feelings. Learning to identify and acknowledge a patient's reaction is something that definitely improves with experience. If the doctor doesn't understand patient's emotions and feelings the best way is to ask him/her: "Could you tell me about what are you feeling?"

6th Planning the future examinations and treatment.

CONCLUSION

It is not convenient to announce a bad diagnosis when the patient is already facing some other problems.

There are no general rules to follow while breaking bad news. There is no ideal way to breaking bad news, we just have to be much human as we can. There are situations, where question is "To break or not to break". In these cases final decision is resolved to determined patient's future thinking.

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