
**Review RD10 (2011)**

# WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

# BREAKING BAD NEWS
## Open Disclosure
## Communication in difficult situations

After an adverse event……

**The need to break bad news may arise in several different situations.**

**The most common occasions on which anaesthetists may need to undertake this difficult task are in an intensive care setting, or after the rare major mishap to patient or staff member in an operating theatre setting.**

**Both senior and junior medical staff need training and practice in the delivery of bad news.**

**Breaking bad news must be done in a timely fashion, and in private.**

Important points:

- **It is important to** plan for and rehearse your strategy **if you are called upon to break bad news to a patient or a relative. You may need to practise your opening and empathic statements if you are unfamiliar with this task.**

- **It is equally important to** do the job well**, as this will minimise litigation, reduce long term distress in patients and/or relatives, as well as reducing doctor stress and burnout. If the doctor's skills are inadequate, the patients may think that s/he does not care.**

- **Doing the job well will** maximise the eventual acceptance of bad news **by the hearers, and improve the chances of (eg)** consent for organ donation**.**

- **It is appropriate to** apologise but not to admit fault **eg. You can say "I regret that this has happened…" but not "I am sorry I did this to you / this is my fault…"**

- **Many hospitals have implemented an** open disclosure policy **with strict guidelines regarding apologies / disclosure of events. Guidelines may differ in each hospital / state.**

- **Approach the relevant department (eg legal services / patient liaison officers) to receive guidance before approaching the patient.**

- Apologies and disclosure is better received when delivered in **a timely manner following an event**, and have been shown to reduce the likelihood of legal action following mishaps. The facts must be told truthfully and in a sensitive manner.

- Those involved in any critical or adverse incident should compose a document (with help from mentors and colleagues if necessary) with the details of facts only; copies should be kept by those doctors


directly involved, and copies sent to the relevant medical defence organisations. A copy should be placed in the patient's record.

THE FOLLOWING STEPS ARE RECOMMENDED:

- Obtain access to **a private room**, free from interruptions and phone calls.
- Obtain a **support person** for the patient/relative (and one for yourself if necessary).
- Bring a junior doctor along so that he or she can learn skills from the primary communicator.
- Check the **identity** of the person(s) to whom you are talking; establish what to call him/her.
- All must be sitting, at the same level; ensure that everyone's body language is appropriate.
- **Check the knowledge** of the person(s); check that all members of the treatment team tell a consistent story.
- **Fire a warning shot** to give the person(s) time to prepare him/herself: "I'm afraid I have bad news…" Allow pauses for the news to sink in. Have tissues handy.
- Deliver/confirm information in small pieces; do not use jargon. Tailor the information, in both content and speed of delivery, to the person to whom you are talking.
- **Allow pauses** at all steps for reflection, for the news to sink in, and for the hearer(s) to express emotions and concerns.
- **Express sympathy without accepting any blame** for the incident. Respond with empathic statements, eg:
  "I wish the news were better…"
  "I am sad for you that this has happened…"
  "I wish that we had more effective treatment for this condition…"
- As noted above, it is appropriate to apologise but not to admit fault
  eg. You can say "I regret that this has happened…"
  but not "I am sorry I did this to you / this is my fault…"
- **Acknowledge and verbalise** the hearer's emotional responses:
  "It must be really upsetting for you to …"
  "I can see that this is very distressing for you.."
  "Clearly you are very angry about this…"
- Check the person's understanding, pause again:
  - "Would you like me to repeat that ?....
  - ... would you like me to tell you more ?...."
- **Elicit and address concerns:**
  "Do you feel I have covered all your concerns ?..."
  *Undisclosed concerns can block a person's ability to take any more information on board.*
- Elicit the hearer's need for further information.

- Offer assistance to tell others, eg family members, family priest.
- Offer information about **appropriate support services**: chaplain, social worker, bereavement counselling, palliative care services, cancer support services etc.
- Offer **further contact**; it will often be necessary to go over the same ground again on another day.
- **Document** (record) the substance of the interview in the chart: include personnel present and agreed decisions etc.

**Remember "SPIKES"**

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| **S**etting | - Privacy |
| **P**atient Perception | - Check the persons and the knowledge |
| **I**nvite Information | - Check the situation |
| **K**nowledge transmission | - Provide information |
| **E**motions and empathy | - Acknowledge Emotions, Elicit and address concerns |
| **S**ummary & Strategise | - Document and plan further action |

**Further Reading:**

Australian Council for Safety and Quality in Health Care.
2003. Open Disclosure Standard: A National Standard for Open Communication in Public and Private Hospitals, July 2003, www.safetyandquality.org/articles/Action/opendisclfact.pdf)

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Welfare of Anaesthetists' Special Interest Group Resource Documents (RDs)
RD 05 Critical Incident Support
RD 11 After a Major Anaesthetic Mishap
RD 14 Medical legal Issues

**Older references which may be useful**

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1990. Psychological outcomes of different treatment policies in women with early breast cancer outside a clinical trial. BMJ 301: 575-580

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