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## REVIEW ARTICLE

# BREAKING BAD NEWS: CAN WE DO IT BETTER?

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**ABSTRACT**

Breaking bad news is a difficult task for all physicians and an important part of the patient doctor relationship; yet medical education offers little formal preparation for a daunting task. Due to deficiencies in training, physician discomfort can lead to internal conflicts for health care providers and disengage them from patients emotionally. Poor communication significantly impact patient and family perspective on illness, resulting in increased stress and anxiety, poor adjustment, high rates of post-traumatic stress, and poorer health outcomes. More training is required, beginning at the medical student and resident level, to skillfully navigate difficult conversations. This educational intervention would have a meaningful impact on patient care, physician satisfaction, and long-term health consequences for loved ones and surrogate decision makers.



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## INTRODUCTION

Breaking bad news has always been the toughest aspect of doctor patient communication. For many years, the conversational skills needed to effectively break bad news had been overlooked or ignored. Recently, a new level of attention has been dedicated to the importance of doctor-patient communication and a push to increase training for both young and veteran physicians. This tangible skill is especially pertinent when patients are very sick and important decisions are needed regarding future care. As a recent graduate of our medical school system, I can endorse that more work is needed to improve physician and family communication, particularly in student and resident training. Communication between doctor and patient plays a vital role in the relationship they form. Communication at the end of life can be difficult due to time constraints, emotional reactions, and the steep learning curves patients have to overcome regarding major health care decisions. The feat becomes increasingly more difficult when families are faced with decisions that vitally impact the future of a loved one. Having to deliver bad news to patients is inevitable for physicians and the need for quality communication is magnified in end of life care. However, many clinicians have difficulty or lack the necessary skills needed to provide this aspect of care. A large number report no formal communication training (Amiel *et al*., 2006). Delivering bad news and gracefully carrying difficult conversations is a daunting task for clinicians, especially when communicating life-threatening illness or imminence of death (Rosenbaum *et al*., 2004).

Breaking bad news cannot be defined simply as news pertaining to life and death. Instead, it more broadly involves "…situations where there is either a feeling of no hope, a threat to a person's mental or physical well being, a risk of upsetting an established lifestyle, or a message where given conveys to the individual fewer choices in his or her life (Bor *et al*., 1993)." Part of being a physician is knowing how to deliver bad news and how to guide patients through any decision making process. Most of residency training is focused on a 'diagnose and treat' model. Limited training is directed to resident learners on how prognosis and goals of care align with future patient outcomes. Illness presents obvious difficulties for patients and their families, but is also a source of internal conflict for the clinician. As doctors, we fear upsetting patients, especially when conversations involve issues regarding mortality (Fallowfield *et al*., 2002). Stress related to these incidents can contribute to burnout and anxiety (Ramirez *et al*., 1995). Numerous factors contribute such discomfort, including feeling responsible for patient's misfortune, varied perceptions of failure, unresolved feelings about death and dying, concerns about the patient's response to bad news and clinicians

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concerns about their own emotional responses to these circumstances (Rosenbaum *et al*., 2004). It is vital, for the well being of both patient and physician, to properly navigate these delicate conversations. Resident doctors have limited training regarding how to properly carry family meetings. Less than 5% of medical school curriculum time is spent on training in communication skills (Sandvi *et al*., 2002). How communication is delivered can have a significant impact on the patient and their families' perspective on illness (Ptacek and Eberhardt, 1996). For both patients and families, poor communication can result in increased stress and anxiety, poor adjustment, and poorer health outcomes (Amiel *et al*., 2006). This is most evident in the inpatient setting, where futile care or continued aggressive management is likely a combination of poor physician communication, poor patient understanding, and an inability to properly convey diagnosis, prognosis, goals of care, and expected outcomes. Poor communication leading to more aggressive medical care is supported by data in the field of oncology. Studies suggest that oncologists without communication skills training are more likely to prescribe third and fourth-line chemotherapy (Back *et al*., 2005), and distressed patients are also more likely to utilize treatments not prescribed by the physician. Often times, aggressive medical decision making is not aligned with the goal of medical care, which is to improve symptoms and quality of life for patients, and to coordinate best care to patient and their families (Zimmermann *et al*., 2008). Effective communication can help the medical team identify problems more accurately. Physicians more aware of emotions are more likely to identify psychosocial deterioration in their patients and their families, which is an important in medical decision-making. It is negligent to ignore this aspect of resident learning. The need for an improved forum is needed in all specialties. A protocol tailored to carry such conversations gracefully is likely to improve outcomes for both patients and providers.

Communication is complex and often an intangible subject to describe; bringing a standardized approach to sensitive conversations, beginning at the resident level, will improve health care outcomes and medical decision-making.

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