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- Any information which adversely alters one's expectations for the future

- **Communicating Bad News**



## Communication is a skill

- Giving bad news is a communication skills set
- The skills involved can be observed, learned and taught

## Three Fundamental Principles For Better Communication

- 1) Ask – Tell – Ask
- 2) Tell me more...
- 3) Respond to patient emotions
  - Wish Statements
  - NURSE

# Fundamental Principle #1

- **Ask-Tell-Ask**

- **Ask** patient to describe her current understanding of the issue
- **Tell** patient what you need to communicate
- **Ask** if the patient understood what was just said, “What’s your understanding now?” “Sometimes I don’t explain things well, can you tell me what you heard?”

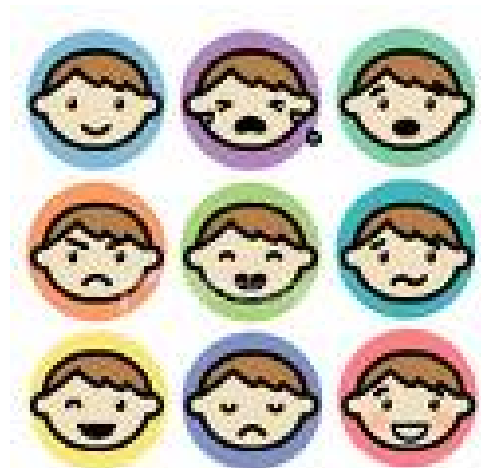
## Fundamental Principle #2

- **“Tell me more”**
- Use when you are not sure what someone is talking about/getting at
- Invitation to explore at a deeper level
- Nonjudgemental



## Fundamental Principle #3

- **Respond to patient emotion**
- Accepting response rather than offer immediate reassurance, rebuttal, or agreement
- Learn to use an empathic statement or a wish statement



## Wish Statements

- “I wish...”
- Aligns you with the patient while acknowledging that bad things can happen



## Accepting Patient emotions: **NURSE**

- Empathic Statements
- Name the Emotion
- Understanding
- Respecting
- Supporting
- Exploring



## Empathic Statements

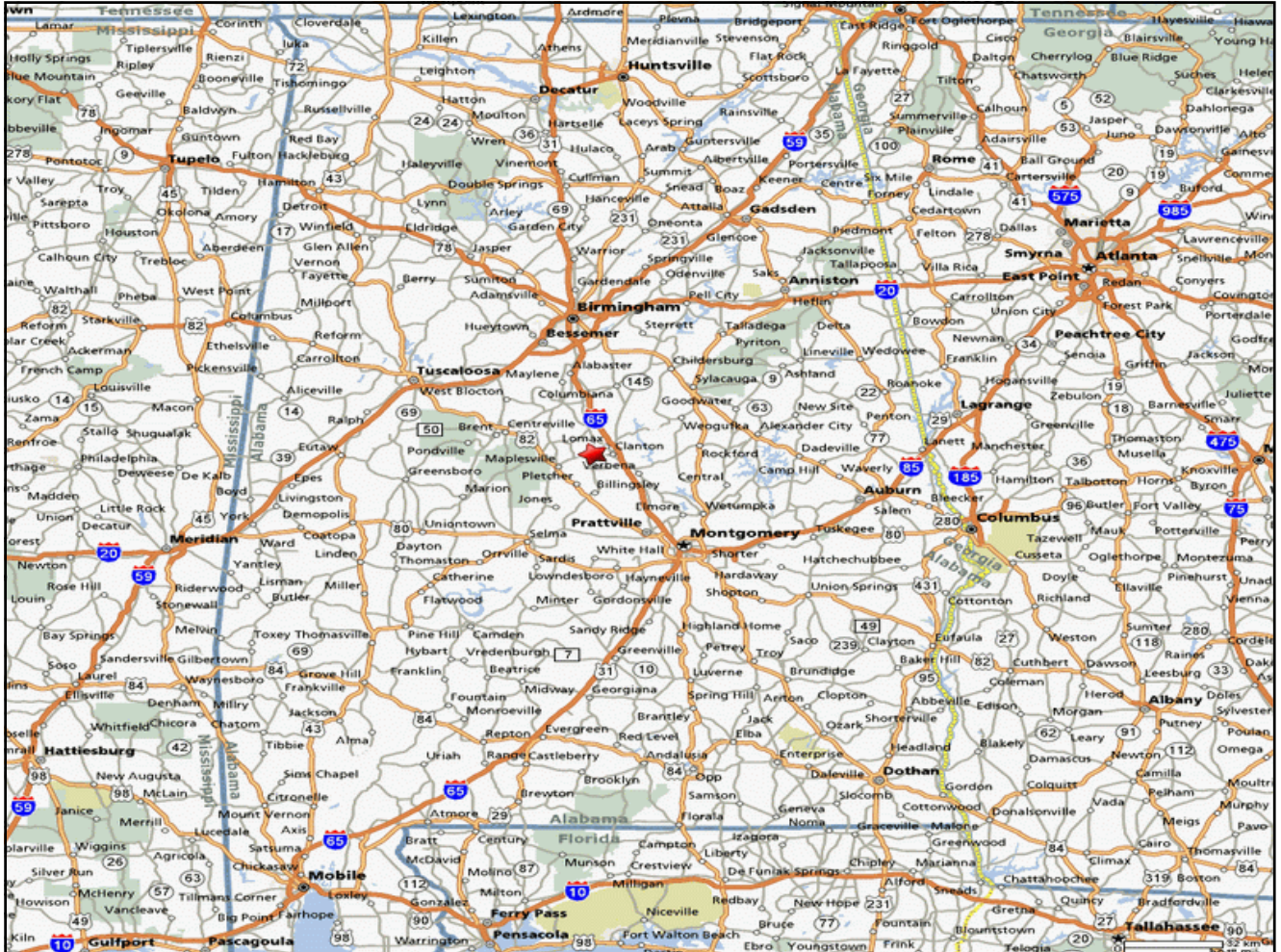
- **NAME**: “People in similar situations are commonly angry.”
- **UNDERSTANDING**: “I can see this is tough.”
- **RESPECT**: “I’m impressed how you are handling this situation.”
- **SUPPORT**: “We’ll go through this together.”
- **EXPLORE**: “I sense how disappointed you are feeling about the results of the CT scan. Tell me more.”

## Empathic Responses

- **Patient (feels) says:**
- ( Defeated) “I don’t know how much I can take...”
- (Sad) “I was expecting a better result...”
- ( Stunned) “ You mean I need more surgery?”
- **You can say:**
- “It sounds like it’s been pretty tough...”
- “So was I. I know this comes as a shock.”
- “ I know you weren’t expecting to hear this...”

## Empathic Responses

- **Patient (feels) says:**
- (Angry) “ no one told me that it would take so long to recover...”
- (Discouraged) “It’s so difficult taking care of the kids, my mother...”
- **You can say:**
- “It’s been very frustrating for you...”
- “I can see you have been doing a great job caring for your mother during her long illness.”



## Roadmap for Giving Bad News: **SPIKES**

- Set Up
- Perception
  - Ask-Tell-Ask
- Invitation
- Knowledge
- Empathize
  - Empathic Statements, NURSE
- Summarize and Strategize



## Set Up

- **Physical:** Find room, kleenex, know everyone in room
- **Cognitive:** Get the information you will need. Set goals for the interview
- **Emotional:** Prepare self

## Perception

- **Ask before you tell**
  - Find out what patient knows
  - Use patient's knowledge as starting point for telling bad news
  - “What have the other doctor's told you about...”

## Invitation

- Get an invitation
  - “I have your test results, is it OK if we talk?”
- Use a warning shot
  - “ We have something serious to talk about...”

# Knowledge

- Give information as clearly as possible
- Use straightforward language
- Give information in small pieces

## Address Emotions

- Patient emotion is frequent and normal when receiving bad news
- Emotion can block patient comprehension
- Try an empathic statement (NURSE)
- Try a “wish statement”
- Use silence

## Summarize and Strategize

- Summarize conversation and plans
- Provide concrete next steps

**Tip:** Try and Separate the Messenger  
(Yourself) from the Message

- Remind yourself you are not responsible for the bad news
- It's OK to feel badly for the patient
- It's OK to acknowledge your regret
- Remember: even though the news may be bad you are a key support for the patient

**ROLE PLAY: Giving Bad News**

## Case

- 72 y.o smoker with progressive shortness of breath, right sided chest pain, dry cough, and 10 lb weight loss for the past several months.
- On exam, she had decreased breath sounds right upper lung field.
- CXR revealed a RUL mass. CT confirmed a 5.7 cm RUL mass, scattered subcm nodules throughout both lungs, mediastinal and hilar adenopathy, 2.8 cm hepatic lesion.
- CT guided biopsy showed squamous cell carcinoma
- She returns to her doctor's office to discuss test results

## Phrases and mnemonics to remember

- **3 Fundamental Principles:**
  - Ask-Tell-Ask
  - “Tell me more...”
  - Respond to emotion
    - “I wish...”
    - **Name**
    - **Understanding**
    - **Respect**
    - **Supporting**
    - **Exploring**
- **SPIKES: Roadmap for giving bad news**
  - **Setting**
  - **Perception**
  - **Invitation**
  - **Knowledge**
  - **Emotion**
  - **Summary**

## Points to Remember

- You can't make bad news better than it is
- Patient's rarely blame doctors for lack of success
- Patient's do blame doctors for lack of support
- Support means attentive listening, eliciting patients concerns and responding empathically to emotions
- Even a sensible compassionate physician may encounter significant challenges regarding giving bad news and discussing resuscitation

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# **Discussing DNR**

## Discussing DNR

- Patient do not want CPR. They want the OUTCOMES they think are likely to result from CPR
- Perception: CPR works 60-85% of the time
- Survival to hospital discharge is 10-15% for all patients, <5% for elderly.
- You do not need to ask about every component of CPR
- DNR order does not mean “Do Not Treat”
- It’s OK to use the words “die”
- It’s OK to make a recommendation

## Basic Structure for Discussing DNR

- Setting
- Perception – what does the patient understand? Ask-Tell-Ask
- Expectation – what are the goals of care?
- Discuss DNR – make a recommendation
- Emotions – respond to emotions, NURSE
- Establish and implement the plan



## Discussing DNR: Setting

- Get the information you will need, set your goals for the interview, find room, know everyone in room
- “I’d like to talk with you about possible health care decisions in the future.”
- “I’d like to review your advance care planning.”
- “I’d like to discuss something I discuss with all patients admitted to the hospital.”

## Discussing DNR: Perception

- What does the patient understand?
- “What do you understand about your current health situation?”
- “What have the doctors told you about your current situation?”

## Discussing DNR: Expectation

- Listen to patient describe their real or imagined future
- Reconfirm their goals of care
- “What are you hoping for? Goals for the future?”
- “Have you ever thought about how you want things to be if you were much more ill?”
- “Have you thought about what you would want if you were not to get much better?”

## Discussing DNR: Discuss DNR Order

- **Use insight into patients' goals to guide conversation**
  - “It sounds like you would like to be as comfortable as possible at home when you pass...”
  - “If you were to die unexpectedly, would you want us to try to bring you back?”
- **Offer your recommendation**
  - “Most people who express similar opinions have a DNR order.”
  - “I recommend that we put a DNR order on the chart.”

## Discussing DNR: Respond to Emotion

- NURSE
- “Tell me more about how you are feeling.”
- “I can see this makes you sad.”
- “You seem angry.”

## Discussing DNR: Establish a Plan

- Clarify and summarize orders/plans to accomplish goals
- “We will continue maximal medical therapy. However, if you die despite everything, we won’t use CPR to bring you back.”
- “We’ll continue IV antibiotics and oxygen, but we won’t plan to move you to the ICU if things worsen.”
- “We will place a DNR order in the computer.”

# Basic Structure for Discussing DNR

- Setting
- Perception
- Expectation
- Discuss DNR
- Emotions
- Establish and implement the plan



