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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
- **N**ame the Emotion
- **U**nderstanding
- **R**especting
- **S**upporting
- **E**xploring
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 though 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