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Breaking News to Families

Communication Patterns

"Hello?" You fumble and murmur, a little groggy still.

This is Dr Gilmore from Thomas Jefferson University Hospital. Is this Mrs Smith, mother of John Smith?"

Confused, you affirm you are.

"I took care of John tonight. I have to tell you about John. Are you sitting down?"

"Why? Why would I need to sit down? Is he ok"?

"John came to the emergency department tonight. I have some news, and its not good."

You are awake now.

"What happened to my John?"

"John arrived at our emergency department by taxi. He was not breathing on his own, and his heart was not beating when he arrived. We had a team of doctors, nurses helping John. We did everything we could. We performed CPR and pushed on his heart to keep it pumping. We breathed for him. We worked for a long time, but John did not make it and he died. He is now dead."

You scream as you drop the phone and run out of the room. Soon, your husband picks up the phone.

"What happened?" He asks quietly.

The same conversation is repeated, this one not ending with Mr Smith dropping the phone. Silence falls. Dr Gilmore waits quite some time, finally stating "Do you have any questions? Is there anything I can do for you now?"

"No." The words barely escape his dry lips.

"John is here at Thomas Jefferson University Hospital...you should come to the hospital. Please feel free to call the emergency department with any questions you might have."

Gilmore Thomas 'Reflections on Giving Bad News'

Society for Academic Emergency Medicine 2012

Some experiences personally and as an ED Social Worker

Why are communication patterns important when delivering news

Communication Issue	Description
Availability	Physician accessibility and attentiveness
Honesty and comprehensiveness	Candid, straightforward information that is compete and without major omissions
Affect Caring Callous	Emotional tone of the communication Kind, compassionate Insensitive, cold
Withholding information	Omitting information
False hope	Overly optimistic information in order to maintain a positive outlook
Vocabulary Lay language Medical jargon	Complexity of language Use of non-medical terms Excessive use of medical terms
Pace Appropriate Excessive	Rate of providing information Rate in accordance with parent's ability to comprehend Rate exceeding parent's ability to comprehend
Contradictory information	Conflicting information from two or more physicians
Body Language	Eye contact ad other non-verbal behaviours

What's in the literature

Patient-Centred Model

Rogers put forward 3 points in order to achieve a growth producing therapeutic relationship between the client (the patient) and the counsellor (the doctor). They are:

1. be genuine and congruent
2. offer unconditional positive regard and
3. feel and communicate a deep, empathic understanding

Patient-Centred Model

"A patient-centred communication style has the most positive outcome for recipients of bad news on a cognitive, evaluative and emotional level." (Schmidt, Kindlimann & Longewitz (2005) Recipients Perspective on Breaking Bad News: How You Put It, Makes a Difference)

Patient-Centred Model

Commonly, there is no established previous relationship with the patient or their family. Therefore we are 'strangers' in a strange place dealing with crisis'. Building a relationship in this environment is critical.

In a patient-centred model, we are aiming to engage with the patient as partners in their care. (Spain & Comadira: 2010, Communication Skills in Medicine)

How ED visits differ from elective visits

- ED visits are the result of an emotion-charged precipitant event.
- Both the event and visit are unplanned, and the patient is uncertain of what to expect.
- There is often possible threat to current and future plans, so the patient feels loss, anger, frustration, and fear.
- The patient experiences a loss of control (in personal life and treatment).
- ED staff are unfamiliar.

How ED visits differ from elective visits

- There is loss of independence.
- There are threats to privacy or modesty.
- Frequently, decisions must be made urgently, without the luxury of time to consider.
- Distracting factors, such as pain and noise, are inherent to the ED setting.
- The patient's personal supports may be missing.

Unique aspects of ED care that stress patients

- Loss of control-staff telling patient certain things must happen or negotiating major decisions in short time-frames.
- Strangers involved in care
- Patient poorly orientated to visit
- Uncertainty regarding condition and time for workup

The Procedure for Breaking News

Three parts:

- Preparation
- Direct communication, and
- Post event

Spain & Camadira : 2010

Communication Skills in Medicine: Promoting Patient-Centred Care.

Preparation for Breaking News

- Assemble the ED team - this is often multidisciplinary.
- Inform the patient and assemble patient supports.
- Share medical facts with ED team.
- Agree on essential facts or messages to be given to the patient.
- Anticipate what the patient will want to know.
- Anticipate needed actions and have options for patient wishes.
- Assemble the follow-up information required.
- Set and make time for the process.
- Ensure the environment is private with suitable seating and will not be disturbed.

Direct Communication

- Engagement
- Delivery
- Patient education
- Joint decision
- Closure

Post Event

- Providing written information.
- Courtesy follow up phone call.
- Make follow up arrangements with appropriate services in the community.
- In some cases an actual appointment to return and review what's happened is often beneficial.

Quality Project

- 24 family meetings
  - 11 in ED
    - 8 in ED quiet room,
    - 3 bedside in resus (under 18yrs)
  - 13 in ICU
    - All in the conference room
- Involved 6 social workers

Commonalities

- Need for clear information.
- Time for questions.
- Family being prepared/forewarned.
- Use of interpreters.
- Matching/acknowledging feelings expressed
- Importance of non-verbal communication (eg. Silences, leaning forward.)

Interesting Points

- Uncertainty
- Futility

Thoughts for practice

Futility

"In this situation, giving time for families to discuss matters more fully is often helpful, as are further meetings to explore and clarify what they understand. Asking what they feel or think about the situation often progresses things to a sensible agreed outcome that is based on what is best for the patient. The use of a second consulting clinician who provides a confirmatory opinion of futility, plus further communication, may additionally improve the family's understanding and acceptance, and help them to reach an agreed outcome."

Uncertainty

- Frequent short meetings.
- Provide a link for families.
- Develop links within the hospital.

How Do We Create a Learning Environment?

- Strong collegial relationships.
- Give feedback to colleagues.

Be a Team Player

- "Help out".