The Art of Breaking Bad News

By Dr Amit Jain

Details have been changed to protect the identities of the patients.

Hearing from senior doctors as early as medical school that breaking bad news was an art never really hit home until I started training in Medical Oncology. Memorising motherhood statements, practising body language in front of a mirror and my father, trying to work on someone's suggested 5Ts (target, timing, type, tone and text), pulling a chair next to the bed to sit on, practising looking and sounding unhurried, carrying tissue paper in my shirt pocket and deciding how best to physically connect with a teary person (Should you put your hand on the shoulder? The knee? Hold the person's hand? Give the person a hug?) had definitely helped with the MRCP PACES exam. But of course, that was hardly any preparation for what was to come.

By the time I was approaching the end of my Basic Specialty Training, my working "breaking bad news" conversation was approaching ISO certification. I had a mental checklist of things to say, and I would hurtle through my list with great precision, ending with an open ended question. And it worked almost every time. What I was failing to realise, was that by the time I had had an opportunity to spew my conversation, I was probably the nth person who was telling a patient or family member the same thing. They'd heard it all before.

The challenging situations that defied my simplistic standardised conversation, didn't take long to come along.

Me telling a loved one about a major life decision was one such situation. I had finally decided what I was going to do for the rest of my medical career. How was I going to tell my wife? We'd completely lost touch with at least two friends who had chosen to pursue Medical Oncology. I wasn't sure how I was going to craft my conversation. So in the end I just laid it down factually and without emotion. I told her which Advanced Specialty Training I was going to apply to. She told me she might complain if it got hectic, but would be supportive.

Lesson learnt: just stick with the facts. Keep the emotions low.

Telling my 34-year-old patient, who I saw as a blue letter, that she now had incurable metastatic gastric cancer was going to be tough. She had undergone many treatments in the past and was still hoping for a cure. But when she asked, "Doc, how bad is it?" I got drawn into it. I tried to stick with the facts with median survival data, chemosensitivity, and response rates. At the end of it, she looked sad, but said thanks. I thought I'd given her what she wanted, and hoped that this would somehow help her to be realistic, as well as plan for her difficult journey ahead. My conversation, however, had gone completely against what her family had wanted. They were angry and distraught that I had shattered her hopes and confidence in treatment.

Lesson learnt: don't overdo the facts. Stick with some positives. Steer away from too many negatives.

So when I told my next patient she had incurable cervical cancer, I tried to keep it positive. She was a year younger than me and had three children aged four, two, and one. I spoke directly to her husband and told only him how bad things really were. We discussed treatment and brought this discussion back to the patient as positively as was possible. Later in private, she told me, "Doc, I know I don't have long, but I'm hoping I'll have just a bit more time with my kids."

Lesson learnt: most people probably already kind of know.

A 33-year-old patient had just undergone resection of her gastric tumour which had been causing gastric outlet obstruction, and she had now been referred in by her private surgeon for systemic treatment. Her surgeon had noted intraoperatively that her peritoneum was already studded with disease that had not been apparent on the scans. She had been an avid trekker up till recently, and we bonded over the treks she had done. Her Nepali hubby knew her prognosis

was guarded, but hadn't told her. So it was hard to give her a straight answer, when she asked a few conversations later whether she could be cured. She managed to guess from the look on my face what I was trying to put into carefully selected words. And then, without giving me a chance to say more, she asked how long more she had. Seeing that I was on the verge of tears, she patted me on the shoulder and said, "It's okay, I can take it. I just need to know."

Lesson learnt: you can't keep the emotions out of this. It is bad news we're talking about after all.

Every brand new conversation on breaking bad news was turning out to be different. And every conversation was turning out to be a lesson in itself. So as I contemplated my next conversation, I tried to apply what I'd learnt thus far. My blue letter that day was a 34-year-old woman who had previously undergone two resections for renal cell carcinoma with curative intent over the last two years, now presented on follow up with a pretty impressive ten by ten cm skull metastasis that was extending both intra- and extracranially. How well could this possibly be treated with radiation, or more radically, would it make any sense to ask the neurosurgeons to try and cut the whole thing out? I did a quick check. The patient didn't know how bad it was. And the fateful day I needed to speak to her happened to be her birthday. And it also happened to be her only son's first birthday in exactly a week's time.

While I was formulating my conversation to break the news to her and her family, my phone started ringing. It was my wife waiting on the other line for me to pick up. It was her birthday that day. We had plans for a nice meal out. Now how was I going to tell her that I was running late?

Lesson learnt: a long way to go... SMA

The author is currently learning about chemotherapy, breaking bad news, keeping the wife happy, and raising happy kids. If there's any news about how badly he's doing, he doesn't want to hear it.