Caring for Dying Patients and Breaking Bad News
Objectives

- Establish and review priorities of care for dying patients.
- Discuss when and how to break news of a death to family members.
“Modern medicine is just as much about communication as it is about science.”

Ben Janaway, “The importance of communication in clinical practice: A medical student’s view,”
Bad News

- Any news recipient doesn’t want to hear.
- Any situation fostering a sense of hopelessness.
- Event that prompt undesired change in lifestyle.
- News resulting in a change in the physical or emotional health.
- News that will limit patient choices in life or death.
Priorities of care:

- Relief of pain and other terminal symptoms.
- Maintenance of function and control.
- Support of family and personal relationships.
- Avoidance of impoverishment.
- Trustworthiness and continuity of care.
- Attentiveness to meaningful activity.
- Spiritual issues.
- Never remove HOPE.
The Dying Patient

- Assess understanding and emotional reactions.
- Solicit what the patient wants or would have wanted.
- Evaluate social supports available.
- Determine communication level between patient, family, and staff.
- Do not ask family members to sign a DNR if not required by institution.
  - Document agreement to a treatment plan within the chart, and physician signs DNR paperwork.
The Dying Patient

- Assess coping mechanisms for patient and family.
- If drug/alcohol abuse or psychiatric problems exist, identify short-term support to ensure safety and minimize impact of death.
- Assess surrogate decision maker’s understanding and ability to make decisions.
The Dying Patient

Documentation needed:

- Specific goals of care.
- Specific pain medication orders attached to objective physiologic markers (E.g. pulse, mean BP, grimacing or clutching).
- Family discussions in progress notes with consensus noted for treatment plans.
- Considerations for organ procurement should be made by an independent organization.
Delivering News of Death

- **Get It Right The First Time**
  - Introduce yourself.
  - Identify all participants.
  - Assess relationships with patient.
  - Identify level of understanding of audience.
Delivering Bad News

☐ The doctor must deliver the news.

☐ A support person who can remain longer than the doctor should be present and serve as the contact.
  ☐ E.g. clergy, social worker, nurse, etc.

☐ Tone set by the bearer of bad news has a significant impact.

☐ Mentor a medical student or resident by taking them to observe.
Delivering Bad News – Why?

- If bad news is delivered poorly, there will be no chance to make amends.
- Allows family members to initiate grieving process.
- Family will associate delivery of the news with the hospital and the care delivery forever.
Delivering Bad News – What?

- Emotionally prepare yourself for this task.
  - Shift gears from a medical expert to an emotional support person.
  - Requires interactive skills and empathy.
- Forgive yourself for your inability to be super-human.
- View yourself as calm. Slow down and plan to speak in a deliberate manner.
Delivering Bad News – What?

- A necessary part of the job.
- Must be done as competently as any procedure.
- Review hospital protocols that may vary for end-of-life issues.
- Be prepared.
  - Review events before meeting with the family.
  - Learn the name of the deceased.
Delivering Bad News – When?

- Best done in person.
- Upon the family member's arrival in the patient care area.
  - Don't make them wait too long.
- If resuscitation is ongoing, a student, intern, nurse, social worker, etc., can establish rapport, set the stage and ascertain medical history.
Delivering Bad News – Where?

- Comfortable, private location of adequate size.
  - Public areas (waiting room, hallways, etc.) NOT acceptable.
- Have personal amenities available (tissues, water, telephone, etc.).
- No interruptions.
  - Turn beepers, cell phones off or on silent.
  - Do not let yourself appear distracted.
- Be sensitive to the family/patient’s culture, race, religious beliefs, and social background.
- Pediatric cases – tell both parents together.
1. Wear a clean white coat free of bloodstains.
2. Introduce yourself pleasantly and learn everyone's identity.
   - Give immediate family the opportunity to receive the news in private.
3. Sit down – implies that you have unlimited time.
Delivering Bad News – How?

4. Evaluate social supports available.

5. Always address the patient by name.

6. Ask what happened to the patient.
   - If you need any information, ask before you tell them the news.

7. Be conscious of body language.
   - Actively listen – i.e. maintain eye contact, lean forward, nod in agreement, etc.
Delivering Bad News – How?

8. A warning line may be helpful (E.g. "I'm afraid I have some bad news.").

9. Deliver news at the receiver's pace in terminology appropriate for them.
   - Don't use euphemisms!
   - Try to use the active voice ("your husband has died") rather than the passive voice ("your husband is dead").

10. Summarize events in chronological order, starting with what they know from home.
    - Reinforce that they did everything possible/properly.
Delivering Bad News – How?

11. Utilize charts, diagrams, statistics and evidence-based outcomes when applicable.

12. Speak about the efforts of the paramedics.

13. Speak of the effort the hospital team made.

  "Despite the best efforts of the paramedics, nurses, doctors, and modern technology, I'm sorry, but your husband died."
Delivering Bad News – How?

14. Add that the person did not suffer during resuscitation process.

15. In general, it is not overly helpful to cry with the family.
   - However, if you are very attached to the patient and/or family, this may be unavoidable.

17. Ask family members if they have any questions and stay a few minutes.
   - Tell them how they can reach you with questions at a later time.
18. Family can view their loved one; have someone accompany them.

- Warn of the presence of tubes, disfigurements.
- Clean the patient, dress wounds, clean up blood on the patient and the floor.
- Close patient's eyes, place the head on a pillow, and leave hands accessible, especially wedding rings and other jewelry.
- Do not place them into a body bag under the sheet.

19. Document well the discussions and decisions made in the medical record.
Delivering Bad News – How?

By telephone:

- Acceptable to notify next of kin by phone if they live a great distance from facility.
- Remain calm - convey concern and warmth.
- Time difference?
- Try to contact family while the patient is alive.
Delivering Bad News – How?

By telephone:

1. Identify yourself, the hospital and your role in the patient’s care.
   - Clarify the identity and relationship of the person answering the phone.
2. State the name of the patient.
3. Gently inform the family member that the patient was injured and the situation is critical.
4. Is there someone to drive them to the hospital and/or lend support?
Delivering Bad News – How?

☐ Some cautions:
  ☐ Do not say, "I know how you feel."
  ☐ Avoid insensitive remarks.

☐ Consider sending the family a summary document of events or schedule a follow-up consultation.
Delivering Bad News – Family Reactions

- Be prepared for spontaneity.
- Anger and mistrust are normal reactions and should not be taken personally.
- Reactions depend on emotional stability, cultural expectations, prior experience, and relationship to the deceased.
- Let the family speak.
  - Encourage them to share memories of the deceased.
- Be a good listener and a caring human being.
Don't get into an argument with the family. Involve security early.

Avoid squelching normal grief reactions.

If emergent medical reaction occurs, family member may need to become a patient.
Delivering Bad News – Family Reactions

- Pediatric deaths
  - Parents always feel responsible for their child's death.
  - Helpful to point out that they did not intend harm.
  - Allow parents to spend time with their deceased child. Encourage them to hold the child.
  - They may worry about leaving the child alone/unprotected.
  - Reassure them that you will take care of their child.
Making Arrangements

- Family must call the funeral home.
- Physician completes death certificate, permission for necropsy, death notification form, and death note.
- Coroner cases:
  - Mandatory for suspicious/violent causes of death, where the patient was not under physician care, or where patient was recently post-op.
  - Body and resuscitation tubes must be intact.
  - Body will be released to family at coroner's discretion.
The Normal Grieving Process

- Grief is coming to terms with death of loved one.
- Multi-step and multi-factorial.
- On average, process takes 6-10 weeks, but may last up to 1 year.
The Normal Grieving Process After a Prolonged Illness

The Normal Grieving Process in a Sudden Death

- High Anxiety
- Denial
- Anger
- Remorse
- Grief
- Reconciliation

Taking Care of Yourself

- Acknowledge your own shortcomings and emotional difficulties in breaking bad news.
- Informing others of a death reminds you of your own mortality.
- Take a few moments to acknowledge your feelings and cope with them.
  - Call the medical team together for a debriefing session.
- Subsequent patients need your undivided attention.
- Do not be afraid to seek professional help if necessary.
Priorities for dying patients:
- Alleviate pain and suffering.
- Never remove hope.

When delivering news of death:
- Get it right the first time.
- Show concern and empathy.
- Be cognizant of possible family reactions.

Grieving takes time.

Take care of yourself and your team.
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