

BAD NEWS: HOW SHOULD WE TELL?

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INTRODUCTION

- **INCREASING LONGEVITY**
- **CHRONIC CONDITIONS**
- **NEED FOR EFFECTIVE COMMUNICATION**



BENEFITS OF EFFECTIVE COMMUNICATION

Improved Outcomes

Patient Preferences

Cited Benefits





“THEY MAY FORGET WHAT YOU SAID,
BUT THEY WILL NEVER FORGET HOW
YOU MADE THEM FEEL.”

– CARL W. BUECHNER



CHALLENGES IN COMMUNICATION ABOUT ADVANCED ILLNESS



INADEQUATE CONVERSATIONS: 2-29%



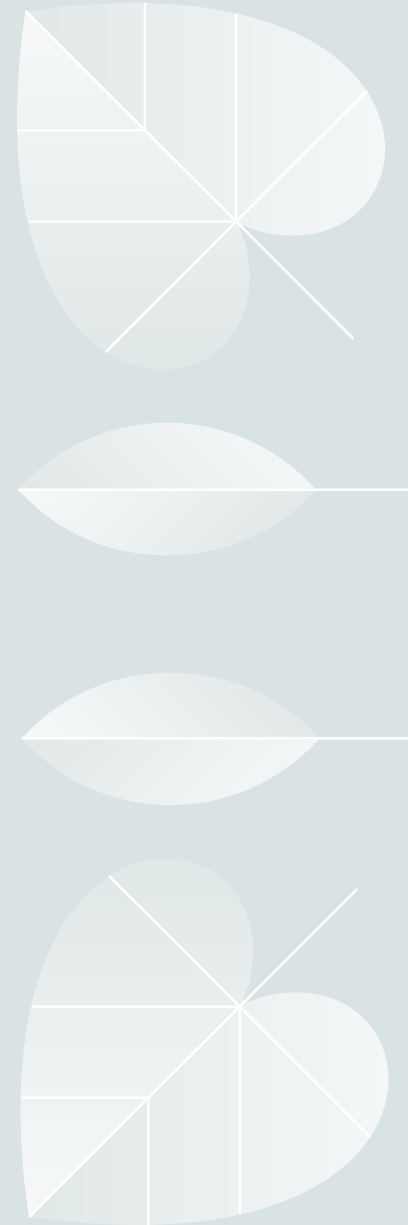
CLINICIAN-DOMINATED DISCUSSIONS: 70% VS 33%



CONTRIBUTING CHALLENGES

HOW MANY INDIVIDUALS WANTS TO KNOW

- **Most patients (75-90%)** prefer to receive difficult news, but their reactions can vary based on personal factors like life experiences, personality, and social support.
- Therefore, **it is crucial for providers to ask patients** about their preferences regarding information and decision-making to ensure person-centered care.



SUGGESTED APPROACH TO COMMUNICATING

Key Topics for Discussion

Providing prognostic information,

Discussing treatment preferences,

Engaging in advance care planning,

Transitioning to comfort care and/or hospice.

Principles of Effective Communication

Gradual process

Open and honest communication

Changing goals and preferences

SIX-STEP APPROACH

- Step 1: Prepare
- In the outpatient setting
 - *Adequate amount of protected clinic time to have the conversation.*
 - *Encourage the patient to bring family or caregivers*
 - *Clarify medical treatment options and prognostic information with other providers engaged in the patient's care before the visit.*

SIX-STEP APPROACH

- Step 1: Prepare ...
- In the inpatient setting
 - *Arranging for a private place to have the conversation*
 - *Invite key family members, caregivers, and health care providers*
 - *Before the conversation, meet briefly with the participating health care providers (premeeting) to agree upon:*
 - An agenda,
 - Prognosis,
 - Suggested treatment course, etc.

STEP 2: CLARIFY PATIENT'S UNDERSTANDING AND PREFERENCES



Assess patient understanding:

- ✓ First, assess the patient's level of awareness of their condition.
- ✓ If the patient is unable to speak, discuss with the family or designated medical decision maker.

Use open-ended questions:

- ✓ Help provide effective education about the condition and treatment options.
- ✓ Create a shared understanding of the patient's condition.
- ✓ Avoid potential misunderstandings.

UNDERSTANDING OF THEIR ILLNESS

- Tell me how things are going for you?
- Just so we're on the same page, could you tell me what you have heard about your medical condition?
- What do you understand about your current health situation?
- What do you think is causing your illness?

INFORMATION AND MEDICAL DECISION MAKING

- **Preferences for information**

- How much do you want to know about your illness?
- I have information about your condition. Some patients want to know the details, other patients want me to talk to someone else. How do you feel?

- **Preferences for medical decision making**

- How involved would you like to be in medical decision regarding your illness?
- How do you like to make medical decisions with your doctors?
 - On their own
 - Jointly with their doctors
 - Doctor decides for them

STEP 3: EDUCATION AND EXPLORATION

- **Patient Education:**
 - Using the ASK-TELL-ASK communication skill to provide information:
 - ASK: Patient's understanding of the illness (Step 2).
 - TELL: Provide clear and understandable information in short segments.
 - ASK: Check patient's understanding ("Can you summarize what I just said?").
- **Cycle repetition:**
 - The ASK-TELL-ASK cycle is repeated several times during the conversation to provide sensitive and digestible information.
- **Exploring patients' hopes and values:**
 - Understanding the patient's hopes and values to provide medical advice that is tailored to their preferences.

EXPLORING HOPES AND VALUES

- **Psychosocial aspects of illness**
 - What is the most difficult part of this illness for you and your family?
- **What gives life meaning**
 - As you think about what lies ahead, what is most important to you?
 - What do you enjoy?
 - How do you weigh the quantity vs quality of life? What does quality of life mean to you?
- **Hopes and concerns:**
 - When you think about future, what do you hope for?
 - What do you fear about your illness?
 - When you think about getting very sick, what worries you the most?

STEP 4: RESPOND TO EMOTIONS

- **The importance of responding to emotions:**
 - Often, medical details overshadow the patient's emotions.
 - Responding to emotions builds trust and support for the patient.
- **Tools for showing empathy:**
- **Nonverbal:** Eye contact, open body posture, approaching the patient, and gentle touch (if appropriate).
- **Verbal:** Use the NURSE tool to express empathy:
 - N: Name (naming the emotion)
 - U: Understand (understanding the emotion)
 - R: Respect (respecting the emotion)
 - S: Support (supporting the patient)
 - E: Explore (exploring the patient's emotions further)

NURSE STATEMENTS AND SUGGESTED LANGUAGE

Skill	Task	Suggested language
N: Name	State the patient's emotion	It sounds like this experience has been frustrating
U: Understand	Empathies with and legitimize the emotion	I can understand why you're nervous.
R: Respect	Praise the patients for things they are proud of/have done well.	you've taken incredible care of your mother. I impressed by how thoughtfully you've approached this decision.
S: Support	Show support	No matter what decision we make, I'll be here for you.
E: Explore	Ask the patients to elaborate on the emotion	Tell me more about how your feeling?

STEP 5: GUIDE DECISION MAKING

- **Importance of Conversation:**
 - It is helpful to explore the patient's hopes, values, and feelings, even without making specific medical decisions.
- **Presenting Options:**
 - Options should be consistent with the patient's goals and values.
 - It is not necessary to present every possible option, especially one that is not consistent with the patient's goals.
- **How to Present Information:**
 - Break information into small chunks.
 - Avoid complex medical jargon.
 - Use the Ask-Tell-Ask method to check for patient understanding.

- **Making a recommendation:**
 - According to the patient's decision-making preferences (Step 2), ask the patient for permission to make a recommendation based on values and medical conditions.
- **Timing of decision-making:**
 - Do not expect major decisions (such as enrolling in end-of-life care or choosing a nursing home) to be made in one meeting.
 - Allow the patient and family time and multiple meetings.

STEP 6: SUMMARIZE AND PLAN

- **Wrap up the conversation:**
 - Provide a summary of the decisions made.
 - Answer the patient's questions.
 - Make a plan for follow-up and future meetings.
- **Emphasize ongoing support:**
 - Assure the patient that the care team will be there for them, regardless of the outcome of the conversation.
- **Thank and remind them of the ongoing process:**
 - Thank the patient for agreeing to this difficult conversation.
 - Remind them that this process of exploration and decision-making will continue over time and as their health changes.

CHALLENGES IN COMMUNICATING WITH OLDER ADULTS

Age-related issues:

Reduced hearing or vision.

Memory loss.

Slower processing of information.

Psychosocial factors associated with aging:

Loss of identity.

Decreased power and influence in life.

Separation from family and friends.

CHALLENGES IN COMMUNICATING WITH OLDER ADULTS

Common provider behaviors:

Spending less time with older patients.

Paternalistic approach to older patients.

Challenges in symptom management:

Older patients may not report symptoms or conditions that are considered “normal for their age,” such as pain.

This may hinder the successful management of important problems.

HEARING

PREVALENCE:

Hearing loss is the third most common chronic disease in the elderly.

EFFECTS:

Requires increased cognitive effort to understand conversations.

Limited ability to store information in long-term memory and follow complex conversations.



COMMUNICATING WITH PATIENTS WITH HEARING LOSS

- **Communication tips:**
- **Increase volume speech slightly**, speak a little slower, and present information clearly.
- **Avoid shouting**, as speaking loudly increases the pitch of the voice and makes it more difficult to understand.
- **Keep good eye contact** and sit facing the patient to help with lip reading.
- **Reduce ambient noise:** Close doors, turn down music and television.
- **Use assistive devices:** such as pocket-talkers and encourage the use of hearing aids.

MEMORY LOSS AND DEMENTIA

Working memory decline:

affecting the ability to process complex sentences.

break complex information into simpler, independent sentences.

Use the ask-tell-ask tool to confirm patient understanding.

Communication with patients with advanced dementia:

Effective communication with surrogate decision makers

Common decisions: nutrition (27%) and infections (21%).

Family education:

Educate the family about the patient's poor prognosis and the expected complications in advanced stages of dementia.

Prevent the selection of burdensome and unnecessary interventions.



DECISION- MAKING BY SURROGATE FOR PATIENTS WITH ADVANCED DEMENTIA

- **Step 1: Gather background information**
 - Review advance directives, if any.
 - Evaluate previous conversations
 - Respect the preferences stated in the advance directive.
- **Step 2: Use substituted judgment**
 - Ask about what the patient would want if they were able to say it.
 - Focus on the patient's values and quality of life:
- **Goal:**
 - Bring the “patient voice” into the decision-making process.
 - Reduce the emotional burden of decision-making for the surrogate by framing the decision as the patient's choice.

BEST INTEREST DECISION-MAKING FOR PATIENTS WITHOUT CLEAR PREFERENCES

Best interests standard:

Guidance for surrogate decision makers:

Provider treatment recommendations:

Conflict management:



ENGAGING THE SUPPORTIVE NETWORK

1. Elderly support network:
2. The role of caregivers in medical meetings:
3. Communication challenges:
4. Strategies to promote patient autonomy:



PROGNOSTIC UNCERTAINTY

1. Challenges in Prognosis in the Elderly:
2. The Importance and Need for a Prognosis Conversation:
3. Tools to Help with Prognosis:



SPIKES FOR DISCUSSING DIFFICULT NEWS

S: Set up	Private space Collateral information Check in wit yourself
P: Perception	ASK-TELL-Ask Clarify misunderstanding
I: Invitation	How much information the patient want to know
K: Knowledge	Convey the difficult news in plain language without jargon Pause for 10-15 second after you have deliver bad news
E: Empathies	Use empathic statement to respond to patient emotion Resist the temptation to make things better Consider using “I wish” statement
S: Summrize and Strategies	Summarize the clinical information and plan next steps Provide reassurance you will not abandon the patient Ask patient to summarize information in his/her own words

SPECIAL SITUATIONS

Tube feeding in advanced dementia

Outcomes such as **death, aspiration pneumonia, functional status, and patient comfort** are comparable or even more favorable with careful hand feeding than with tube feeding in patients with advanced dementia.

These patients often have limited mobility, communication abilities, and feeding difficulties, including food refusal and dysphagia.



Tube feeding in advanced dementia

Tube feeding is associated with **higher risks** of hospitalization, emergency room visits, agitation, use of restraints, and pressure ulcers.

Consequently, the american geriatrics society advises **against** the use of percutaneous feeding tubes in these patients, recommending oral assisted feeding as a preferable alternative.



CHALLENGES

1. **Limited benefits of feeding tubes**

Research suggests that placing feeding tubes in patients with advanced dementia may not offer benefits and could potentially cause harm.

2. **Communication challenges**

Healthcare providers encounter significant challenges when discussing feeding tube placement with older adults and their caregivers.

3. **Insufficient education**

A lack of adequate education regarding the risks associated with tube feeding for patients and their surrogates contributes to these communication difficulties.

4. **Cultural significance of food**

The social and symbolic importance of food in various cultures and religions also complicates decisions surrounding feeding methods.



SOLUTIONS

- **Early Conversation:** Starting discussions about feeding difficulties early is an effective strategy for managing care in patients with advanced dementia.
- **Longitudinal Observation:** Outpatient providers have the opportunity to observe changes in a patient's swallowing ability and oral intake over an extended period.
- **Education on Progressive Dementia:** After excluding reversible causes, providers should consistently educate patients (when possible), family members, caregivers, and surrogates that feeding difficulties indicate the progression of advanced dementia and are likely to worsen.
- **ASK-TELL-ASK Technique:** The ASK-TELL-ASK communication method is valuable for assessing the understanding of patients and families, allowing for targeted education about the natural progression of dementia and associated feeding challenges.

END-OF-LIFE PREFERENCES

- **Confirming Wishes:**
- **Trends in End-of-Life Care:** A study by Teno et al. indicates a trend towards less in-hospital care, more deaths occurring at home or in assisted living facilities, and fewer transitions of care among Medicare beneficiaries nearing the end of life.
- **Discussing Patient Preferences:** It's crucial to discuss patients' wishes regarding hospitalization, their hopes for the end of life, and their preferred place of death.
- **Revisiting Preferences:**
- **Involving Surrogate Decision Makers:**

SUGGESTED LANGUAGE

- **“If you were close to the end of your life, what would be most important to you?”**
- **“Do you have a sense of where you would prefer to be at the end of your life?”**
- **“Some patients feel strongly they’d like to die at home, while others don’t have a preference. Do you?”**



CONCLUSION

Diverse Communication Skills

Useful Techniques

Rewarding Conversations

Focus on Quality of Life

Best Care Outcomes



DELIVERING BAD NEWS WITH GOOD COMMUNICATION



Q & A