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Delivering Bad News Part II-Talking to Patients and Precepting Trainees

This is a continuation of Delivering Bad News Part I; providing additional information on the process of delivering bad news and precepting trainees. This can be used during rounds or as a handout at a teaching conference.

CASE SCENARIO: You are caring for a previously healthy 52 y/o man with one-month of abdominal pain and weight loss. On exam he had a 2 cm hard left supraclavicular lymph node. A CAT scan showed a focal mass with ulceration in the body of the stomach and numerous densities in the liver compatible with liver metastases. The radiologist feels that the findings are consistent with metastatic stomach cancer. How do you discuss these test results with the patient?

Main Teaching Points:

1. Determine what the patient & family knows; make no assumptions. Examples: "What is your understanding of your present condition?" "What have the doctors told you?"
2. Before presenting the bad news, consider providing a brief overview of the patients' course so that every one has a common source of information.
3. Speak slowly, deliberately and clearly. Provide information in small chunks. Check reception frequently.
4. Give fair warning – "I am afraid I have some bad news" then pause a moment.
5. Present bad news in a succinct and direct manner. Be prepared to repeat information and present additional information in response to patient and family needs.
6. Sit quietly. Allow the news to sink in. Wait for the patient to respond.
7. Listen carefully and acknowledge patient's and family's emotions, for example by reflecting both the meaning and emotion of their response.
8. Normalize and validate emotional responses: feeling numb, angry, sad and fearful.
9. Give an early opportunity for questions, comments.
10. Present information at the patient's/family's pace; do not overwhelm with detail. The discussion is like peeling an onion. Provide initial overview, Assess understanding. Answer questions. Provide the next level of detail or repeat more general information depending upon the patient's/family's needs.
11. Assess thoughts of self-harm.
12. Agree on a specific follow-up plan ("I will return later today, write down any questions"). Make sure this plan meets the patient's needs. Involve other team members in follow-up.

References: Weissman, D. Fast Fact and Concept #11: Delivering Bad News Part II – Talking to Patients and Precepting Trainees. June 2000. End-of-Life Physician Education Resource Center www.eperc.mcw.edu.