

Breaking Bad News to Patients

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Key Amendments

Date	Amendment	Approved by
19 th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake

Introduction

This operational guideline refers to the pathway for breaking bad news to patients, ensuring accuracy of content and clinical judgement exercised in regard of information imparted while acknowledging the potential need for patient support.

Details of Guideline

1. When malignancy is suspected at the time of colonoscopy the patient and family (taking into account the patient's wishes) should be informed of this as per Trust policy for breaking bad news.
2. The SSP should inform the patient of referral to MDT and that CT Scans will be requested.
3. The SSP will offer the patient a follow up appointment in clinic to see a screening practitioner when histology is available - if patient refuses post investigation appointment and wishes to have the results over the phone, this should be clearly documented in the nursing notes.
4. The SSP will telephone the patient on the next working day after the procedure, confirm their understanding of what has been told to them, answer any questions, and confirm follow up appointment. Emphasis should be placed on ensuring that the language used is clear and simple, avoiding medical jargon or euphemisms.
5. At the clinic appointment the SSP should discuss results with the patient – using the breaking bad news flow chart (adapted from Kaye 1996). See Appendix 1
6. The SSP should ensure that the patient is fully informed and should check their understanding before the end of the telephone conversation or clinic appointment.
7. The SSP should make the patient aware of hand over of care and ensure that the patient has appropriate contact details e.g. Colorectal nurse and SSP team.

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8. When an interpreter is required ensure that the interpreter has been informed and is aware that there is bad news to be broken.
9. All SSP's should undertake an appropriate course in breaking bad news.
10. The SSP should ensure that all discussions are fully documented.

Appendix 1 : A 10-step approach to breaking bad news

Preparation

Know all the facts before the meeting, find out whom the patient wants present, and ensure privacy and chairs to sit on.



What does the patient know?

Ask for a narrative of events by the patient (e.g. "How did it all start?").



Is more information wanted?

Test the waters, but be aware that it can be very frightening to ask for more information (e.g. "Would you like me to explain a bit more?")



Give a warning shot

E.g. "I'm afraid it looks rather serious" – then allow a pause for the patient to respond.



Allow denial

Denial is a defence, and a way of coping. Allow the patient to control the amount of information



Explain (if requested)

Narrow the information gap, step by step. Detail will not be remembered, but the way you explain will be.



Listen to concerns

Ask "What are your main concerns at the moment?" and then allow space for expression of feelings.



Encourage ventilation of feelings

This is the KEY phase in terms of patient satisfaction with the interview, because it conveys empathy



Summary-and-plan

Summarize concerns, plan treatment, and foster hope.



Offer availability

Most patients need further explanation (the details will not have been remembered) and support (adjustment takes weeks or months) and benefit greatly from a family meeting.

KEY RULES - Peter Kaye 1996

1. Ask questions first. W