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REVIEW ARTICLE

Communicating difficult news

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Abstract

In our daily practice we must be prepared for the moment to give the bad news in a way that the patient and / or their families feel respected , welcomed and understand that , really , they are somehow experiencing that moment with them.

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"The only thing as inevitable as death is life"
Charles Chaplin

One of the most difficult situations in clinical practice is undoubtedly the communication of unfavorable news. It may be the news of the death of a loved one, the diagnosis of a serious illness, or a somber prognosis. It seems clear that we are not prepared to face defeat and that is how we see death, although birth and death are the only certainties in life.

However, people fall ill, they suffer mutilations and, above anything, they die.

In our everyday clinical practice we need to be prepared for the moment when we have to communicate bad news in such a way that the patient and/or their relatives feel respected and cared for, and understand that, in some manner, we are truly living that moment with them.

Bad news can be defined as "any information which involves a drastic change in how the person views his/her future, in a negative sense."

We need to understand that, depending on the circumstances, a situation that could mean great news to many people can be bad news to the person you need to deliver the information to. One example is communicating the news of a pregnancy to a victim of rape. The opposite may also occur: breaking the news of the death of a patient with an incurable and terminal illness who is going through tremendous suffering may not be a happy moment, but it can at least bring relief to the relatives.

In medicine bad news usually means one of the following: severe illness, chronic illness, incurable illness, terminal illness, or death.

Medical schools in Brazil do not prepare us to cope with situations of death and suffering. This reality needs to be changed.

A survey conducted in the United States with coordinators of medical residencies in oncology showed that 63% of the programs included some form of training in the communication of unfavorable news, and in 23% of them the training period was deemed moderate to extensive by their coordinators.

Like everything else in life, extensive training is required to know how to communicate bad news. The following strategies may be helpful: assessing whether you are the best person to communicate the news, practicing what you have to say, and, above all, having a good physician-patient relationship.

When communicating bad news we need to minimize the suffering of those who receive it by acting at the most appropriate moment and when there is availability of time, assessing the emotional and psychological state of the person, preparing the individual for the news, using clear and simple language, showing sadness without showing "guilt," not minimizing the problem, giving realistic hope, ensuring that palliative care will be continued, repeating the explanations whenever needed, and giving the necessary emotional support.

The SPIKES protocol can be used as a basis for our conduct: **Setting up** (set up the interview) **/ Perception (**perceiving the patient's state of mind) / **Invitation** (inviting to the conversation) / **Knowledge** (giving information) / **Emotions** / **Strategy and Summary**.

One should bear in mind that the patients' autonomy, even that of children and adolescents, only fails to prevail if and when they have an incapacity to decide for themselves. A child's and an adolescent's capacity varies and is subjective and, within limits, should be respected, or at least taken into consideration.

Chapter V of the Brazilian Code of Medical Ethics, which addresses the relationship between physicians and relatives, states in article 34 that the physician shall not "fail to inform the patient about his/her diagnosis, prognosis, risks, and treatment goals, except when direct communication is likely to cause harm to the patient, in which case the physician must inform the patient's legal representative."

In the same chapter V of this code, still addressing the relationship between physicians and relatives, article 41 states that the physician shall not "shorten the patient's life, even if that is the request of the patient or his/her legal representative."

When dealing with pediatric patients with serious illnesses, we should seek to maintain a close relationship with the family by allowing the relatives to be close to the patient and always communicating with the family in a clear, objective and truthful manner, without raising false hopes. In addition, it is very important to always be available for them, if not in person at least through an open channel of communication.

Physicians, like all human beings, have difficulty in facing and accepting death. We are not trained for it, either as individuals or as professionals. Vinicius de Moraes brilliantly summarizes this difficulty in his song *Sei Lá (A Vida Tem Sempre Razão)* ("I Don't Know [Life Is Always Right])" , when he says: "how, for example / can we understand / we are barely born / and already begin to die."

One has to understand that death is not the opposite of life; death is the opposite of birth. Both events are part of life, birth as the beginning and death as the end.

There are multiple difficulties associated with the moment of delivering bad news: fear of one's own death, fear of causing pain and suffering, fear of feeling guilty or being blamed, the feeling of defeat. However, we need to be prepared for that moment. As Daniel Callahan rightly said: "Shouldn't death be included in the objectives of medicine as the end point of medical care instead of being seen as failed medical performance?".

At the time of communicating the bad news we should be empathetic and explain the situation as many times as required and in the clearest and most truthful manner, as well as be prepared for situations of loss of control. Above all, we should respect the pain and suffering of others.

Trained and prepared professionals will be ready to deliver unfavorable news and thus help people cope with their moment of suffering in the best possible way. This is as important as the technical skills we have to offer.

REFERENCES

1. Buckman R. Breaking Bad News: A Guide for Health Care Professionals. Baltimore: Johns Hopkins University Press, 1992:15.
2. Miranda J, Brody RV. Communicating bad news. West J Med. 1992 Jan;156(1):83-5.
3. Hebert HD, Butera JN, Castillo J, Mega AE. Are we training our fellows adequately in delivering bad news to patients? A survey of hematology/oncology program directors. J Palliat Med. 2009;12(12):1119-24.
4. Callahan D. The Troubled dream of life: living with mortality. New York: Simon & Schuster; 1993.
5. Conselho Federal de Medicina. Código de Ética Médica [Internet]. Brasília: CFM [citado em: 05 Jul 2016]. Disponível: http://www.portalmedico.org.br/novocodigo/integra.asp