

Breaking bad news in Oncology: An observer's point of view

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Abstract

Learning how to break bad news is vital in oncology. Physicians should assess patients' understanding of their illnesses before proceeding with the conversation. Questions on chances of survival on different treatment options should be answered with the least amount of bias while maintaining an effective balance between hope and prognosis and stressing the individuality of treatment response. Practice empathy in the conversation and understand that each patient is different. Make sure to address any questions patients might have and offer to be available for any further questions. Breaking bad news is a delicate art that requires a lot of practice. Seek to improve this skill with each patient interaction.

Keywords: Bad news, oncology, SPIKES protocol, hospice, palliative care, ethics.

It is inevitable that a physician will have to break bad news to a patient at some point in their career, and oncologists are no exception. My clinical experiences in the United States and India allowed me to witness how oncologists break bad news to patients. In this article, I would like to summarize what I have observed.

It is beneficial to have an outline of what you will discuss with the patient despite the complexity and unpredictability of the subject at hand. The SPIKES protocol is a good reference tool.¹ Maintaining a neutral tone of voice while coming across as empathetic to the patient's condition helps. Acknowledge the patient's family or friends if they are present and identify how they are related to the patient to figure out possible long-term/hospice care.

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It is always beneficial to start with the patient's understanding of their illness.³You can build on that foundation with a brief history of the treatment they had undergone, what they are currently on, and the current stage of their illness. It is crucial that the patient understands their response to the current treatment and available options if the current treatment fails, including clinical trials and second/third-line treatments. I have noticed that patients often ask about their chances of survival with each treatment option. It is essential to let them know that treatment response is individualized. Giving patients unbiased information about their disease is vital while not quashing any reasonable amount of hope. The key is always to find the balance. I have often seen patients break down while alternate treatments, hospice etc, are discussed. Keeping something as trivial as a napkin handy demonstrates empathy to the patient.³ Intentionally pausing between sentences and allowing the patient time to understand their prognosis leads to a better flow of conversation. If the patient is receptive to long-term goals during the visit, ask them to make a list of things they would like to accomplish in the long run.

Ending the conversation while ensuring understanding of what was discussed goes a long way. Always remember to ask if the patient or family has any questions.⁴ Offer to be available for any questions or concerns that may arise later. Sometimes, patients tend to have more questions after their visit; with mutual consent, a conversation recording will be helpful and can potentially serve as a foundation for targeted questions in future visits.⁵ I have also noticed that a few realistic but uplifting words by the physician towards the end of the visit can produce a subtle positive change in their facial expressions.

Breaking bad news is a very complex conversation with many intricacies. I feel that each conversation with a patient is an opportunity to continuously improve oneself to be better at ensuring the delicate balance between hope and prognosis—a small drop of positive change in a vast ocean of uncertainty.

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