



ST BENEDICT'S HOSPICE

Breaking Bad News Policy

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SUNDERLAND TEACHING PRIMARY CARE TRUST

**ST BENDICT'S HOSPICE-PALLIATIVE CARE TEAM
BREAKING BAD NEWS POLICY**

1. Introduction

Buckman defines bad news as “Any News that drastically and negatively alters the patient's view of his or her future.” (Buckman, 1984). Key stages in the patient journey include diagnosis, recurrence, modifications in treatment, the realisation that the disease can no longer be cured and the time around death. All members of the team are regularly called upon to break bad news and support those receiving it.

Patients have a right to be told their diagnosis and treatment options and a right to choose if family or friends will be present when they receive distressing news.

If the patient has cognitive impairment, mental health problems or learning disabilities it may be appropriate to inform the next of kin although another person may not give consent on the patient's behalf.

2. Who should break bad news?

Traditionally diagnoses are given by doctors. This may not always be possible or appropriate. All patients should be given the opportunity to discuss their diagnosis and prognosis with a doctor should they wish.

Whoever breaks bad news should have as much clinical information available as possible. Whenever possible a second professional should be available to support the patient and to address worries and concerns as they arise.

3. Where should bad news be broken?

Information must be given in a sensitive manner in a private setting.

Telephones and pagers must not be allowed to interrupt the interaction.

4. Training and Support

Breaking bad news is challenging for the professional. All staff should participate in training sessions.

For staff regularly involved in directly breaking bad news this will involve practice and review with simulated patients. Other staff will participate in sessions exploring the principles of breaking bad news. Support is available through senior staff and clinical supervision sessions.

5. Models of Breaking Bad News (See appendix 1 and 2)

Patients require information given in simple, jargon free language.

They should be encouraged to participate in decisions according to their wishes.

A written plan should be provided.

Time and privacy should be allowed following discussions with the patient and family.

6. Documentation and dissemination

A summary of the discussion should be entered into the patient's notes and communicated to all team members.

Where appropriate the General Practitioner should be informed by phone, written or electronic means.

Six Steps for Breaking Bad News (Buckman, 1984)

1. Getting started
2. Finding out what the patient knows
3. Finding out what the patient want to know
4. Sharing the information
5. Respond to feelings
6. Follow Up

A model for breaking bad news (After Kaye, 1994)

