

Breaking Bad News in Cancer Patients

Dipesh Uprety* and Vineela Kasireddy

Abington Memorial Hospital, USA

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*Corresponding author

Dipesh Uprety*, Abington Memorial Hospital, USA; Email: upretydipesh@gmail.com

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Editorial

Breaking bad news gives us the same touch of fear, anxiety, and sadness that we experience as a child, when an epic hero collapses. Despite several approaches identified by clinical and psychological research to make this task less painful, a physician seldom feels totally prepared and the way to break bad news never gets easier. Having these conversations is inevitable in certain specialties like emergency medicine, surgery and oncology.

In 2012, 14 million people had newly diagnosed cancer and this number is expected to rise to 22 million within the next two decades [1]. Cancer accounts for nearly one in every four deaths in the United States and it remains the second most common cause of death [2]. Approximately 39.6 percent of men and women will be diagnosed with all cancer sites at some point during their lifetime [3]. Community perceives cancer as a deadly disease. Although majority of the public recognize that much progress has been made in cancer treatment [4], they still feel it as an incurable illness. Studies suggest that the cancer cure rates estimated by public ranges from 29 to 50% [5,6].

Delivering bad news is very challenging for the physicians and requires a lot of experience and skills. Many doctors suffer significant stress when faced with this task [7]. A study by *Baile et al* which included 167 oncologists (64% medical oncologists, 38% practicing in North America and 36% in Europe) found that discussing “a lack of curative options” and “hospice” as “most difficult” task [8]. The stress is even greater with inexperienced clinicians and younger patients [8]. Studies also show that the communication can affect patient’s understanding and attitude to their disease [9]. Also, patients who rate their doctor’s communication style highly have lowered emotional distress [10]. However, very limited oncologist actually receives the formal training. Only about 5% of the oncologist has received a proper training in fundamental communication skills [11]. Study by *Baile et al* found that 42% of physicians had no formal training for breaking bad news and 47% felt their ability to reveal bad news was fair to poor [8].

Breaking bad news is a multifaceted communication skill and judicious approaches if adapted can make those painful moments less distressful. Importance should be made on the settings and emotional support. Numerous other factors should also be considered while revealing such bad news including patient’s age, educational background, family support, religious belief, and financial burden. The physician should be primed for the projected reactions of the patient including the shock, anger, bargain, denial, depression and acceptance and should have fair idea of dealing them.

Several approaches have been proposed and being used while delivering such bad news including SPIKES, ABCDE, BREAKS and 3 steps communication. The six steps of SPIKES include S-Setting up the interview, P- assessing the patient’s perception, I- obtaining the patient information, K-Giving knowledge and information to the patient, E-addressing the patients’ emotion with emphatic response and S- Strategy and summary. Likewise the five steps of ABCDE include A-Advance preparation, B-Build a therapeutic environment/relationship, C-Communicate well, D-Deal with patient and family reactions, E-Encourage and validate emotions and BREAKS include background, rapport, explore, announce, kindle and summarize. The three steps communication includes Reflection, clarification, and summarizing. And lastly, the physician should be honest while summarizing the disease process and should try to provide different options currently available to treat the underlying disease process.

A variety of resources are available to help physicians learn effective communication. These comprise formal courses, guidelines, workshops and online learning modules and videos [12]. Many medical schools have introduced communication skill training to the curriculum of their students [13]. Certain fellowship programs have also incorporated communication skills program for medical oncology fellows. Likewise, the American Society of Clinical Oncology included “Breaking Bad News” in its Supportive Care Curriculum. For those physicians, who have never received proper training, even a short course (as short as three days) can be beneficial [13].

In conclusion, as any other skill, communicating bad news can be acquired with frequent training and experience. We recommend frequent trainings and workshop to enhance these skills among all the physicians.

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