

## PROTOCOL: COMMUNICATION OF BAD NEWS IN CRITICAL CASE

**Justification:** Communication of bad news is one of the greatest difficulties mentioned by health professionals and one of the areas that has been developing in recent years. The systematization of the studies is very relevant, in particular those concerning the interventions of health professionals.

**Aim:** To formulate recommendations that facilitate evidence-based practice for communicating bad news in a critical context to the patient and his family.

**Methods:** A systematic literature review with meta-synthesis was conducted using the Joanna Briggs Institute (JBI) Evaluator Manual (JBI, 2014).

### Protocol

#### 1 Select the professional (s)

- With training and experience in the field.
- Who shows confidence and empathy for the situation.
- Who adopts neither a haughty nor aggressive attitude.

#### 2 Confirm the data

- The professional confirms the information he intends to transmit.
- The professional checks the full name of the person to whom he will forward the news and results.
- The professional plans what he will transmit; get ready for any questions.

#### 3 Room / Environment

- Prepared for confidentiality
- Maximum comfort and minimum of interruptions, door closed.
- No phones, with water and tissues.
- Chairs without any object between the professional and the one who will learn the news.

#### 4 Identify who should be present

##### 5 Evaluate information that the patient / family already knows

"What do you know about what happened to you / what happened to your parent?"

What do you want to know about this situation? "

- The Professional takes into account the questions of the right to receive information.
- The Professional takes into account the questions of the right to refuse information.

##### 6 Inform

- The professional must present himself by his name, his professional category.
- The professional gives an introduction to the bad news: "Unfortunately, the news is not good ..."
- It uses explicit, clear and two-way language (empathy is one of the most difficult challenges)
- He uses a vocabulary adapted to the cultural level, age and religious belief.
- He speaks at the same rhythm as the person who receives the news.
- He has a face-to-face conversation using words short phrases.
- He avoids sudden movements.

- It gives time to the one who receives the news to assimilate it.
- He does not use euphemisms.
- He gives time to the person who receives the news to express his emotions.

## 6 Summary

- He summarizes the information succinctly.
- He puts in place a strategy for future intervention with the person receiving the information.
- He is available for a next "meeting".

## OPERATIONALIZATION OF THE PROTOCOL : COMMUNICATION OF BAD NEWS IN CRITICAL CASE

### 1- Choose the professional

The professional who will communicate the bad news will have to be someone with training and experience in the field and be a leader in critical situations. Preferably, someone with strong relational and communication skills. He must show confidence and empathy for the situation, without adopting an arrogant or aggressive attitude. Patients / family feel safer if the professional delivering the news is someone with whom they have already made contact or link. You must introduce yourself to the person.

### 2- Confirm the data

It is extremely important to confirm the information you intend to forward to the person, confirm his or her full name and results. If necessary, consult the bibliography to be ready to give additional information and be ready for any questions.

### 3- Identify who should be present

Plan who should participate to the conversation, invite a friend or a family member to be present in order to bring a support

### 4- Place

The place should be prepared in a way that ensures privacy and maximum comfort, minimizing interruptions. The location should preferably not have phones and there should be water and tissues that may be useful. If possible, the room should have a closed door so that the conversation is not interrupted by third parties and to ensure the best possible confidentiality. There should be chairs for the people to sit down. During the conversation, the professional must speak at the same rhythm as the patient / family. He has to start the conversation face to face (look at the face and eyes of the person) without any object between them, to avoid an undesirable distancing. Avoid sudden movements and do not cross your legs. Although health professionals often have a lot of activities to do while at work, it will be a time when they will be available to take the time to answer questions and listen to what the person has to say, since it is an intervention to be carried out gradually.

### 5- Evaluate the information that the patient / family already has

It can happen that the patient / family already has a part of information or is not at all aware of the situation. The questions that can help are: "What do you know about what happened? What have you already explained? Do you know why you came to this service? ". However, in these situations generally there are already indications that the information is unfavorable. A

patient in denial needs time to accept the news, just as he has the right to know his state of health, he also has the right to refuse to know.

It is not unusual to see situations involving family members, who ask the bad news not be disclosed to the patient. However, it is worth remembering that the health professional has a compromise with the patient more than with his family, especially when we notice that the patient shows a willingness to hear this information. There are also situations where the patient shows no interest in receiving information about his clinical setting. There are also cases where the patient does not have the capacity to understand the information which justifies communication with the family.

## 6- Inform

The professional must begin the conversation by introducing himself (name, professional category), tell when he has been in contact with the patient (he follows him in consultation, he is the medical professional chosen at the reception of emergencies, etc.).

An introduction to bad news is recommended, such as: " Unfortunately, what I have to tell you is not good news "; "I wish the situation was different. "

During the transmission, the professional must speak at the same rhythm as the patient / family, start the conversation face to face (look at the face and eyes of the person) and no object can be between them, so as not to create an undesirable distancing. He must avoid sudden movements, nod his head, cross his legs. Although health professionals are often busy during work, it will be a time when they will be available so that they can take the time to answer questions and listen to what the person has to say, since it is an intervention that has to be done gradually.

The language used must be explicit, clear and bidirectional, with a vocabulary adapted to the person and its cultural level, age and religious beliefs, the use of technical terms being inappropriate. Transmit the information clearly, be honest and at the same time give words of encouragement, support and hope, using short, clear words and phrases that prevent misunderstandings and misinterpretations. If the news is transmitted optimally, the understanding will increase and the shock will decrease.

Complex definitions can cause more fear to the patient. Do not use technical terms or phrases without explaining what they mean. If the person does not understand, she will feel confused or unwilling to ask questions.

Do not use euphemisms: "We must all die", "it will be better after death". Ethnic and cultural differences need to be taken into account because they are important in the type of emotional response presented. After this communication, it is necessary to give the patient time to understand the information received, giving him the time to expose his questions. Give people time to express themselves and show their emotions - listen more, talk less, remember that they have the right to show their feelings, "- I see that this news makes you sad, angry, and disappointed."

## 7- Summary

It is recommended to briefly summarize the information to be transmitted.

Make a plan of what to expect in the coming times, available treatments, possible prognosis, interdisciplinary care available. If possible and relevant, plan a future meeting to take stock of the situation and describe its evolution. If possible, describe a plan of what the family can expect, so that nothing unexpected will happen.