

Delivering the Bad News: Dealing with Death and Difficult Issues in the Clinical Arena

Peter DeBlieux, M.D.

(Dr DeBlieux developed this protocol for delivering news of death in Emergency Medicine. With his permission we have edited some sections to adapt to the Clerkship Curriculum. [Edits denoted by])

Delivering the **Bad News** -Death

Get It Right The First Time:

- **Introduce yourself**
 - **Identify all participants**
 - **Assess relationships with patient**
 - **Identify level of understanding**
 - **Now begin:**
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- The doctor must deliver the news. This task cannot be delegated; otherwise the family will think that their loved one did not receive the highest level of care.
 - A support person who can remain longer than the doctor should be present and serve as the contact. This can be a member of the clergy, a social worker, or a nurse. If you must leave the room, this person can remain to provide continuity of care.
 - The tone set by the bearer of bad news has a significant impact on the grief response.
 - Those in teaching hospitals should mentor a medical student or resident by taking them to observe. Most doctors have learned by trial and error as most training programs don't address this issue.

What?

- This is a necessary part of your job that you must do as competently as any procedure.
- Review hospital protocols that may vary for end of life issues.
- Emotionally prepare yourself for this task. You must shift gears from a medical expert to an emotional support person. In your usual role you can rely on protocols, objectivity, and mechanical skills. This role requires interactive skills and empathy.
- View yourself as calm. Slow down and plan to speak in a deliberate manner.
- Be prepared about what you want to say. Review the events before meeting with the family. Learn the name of the deceased.
- Forgive yourself for your inability to be super-human.
- You have to give them unexpected news that is made more difficult because you may not have an established relationship with the family.

Where?

- The notification should take place in a comfortable, private location that is of adequate size.
 - Public areas such as the waiting room or hallways are not acceptable.
 - Have personal amenities available - e.g. tissues, water, telephone
 - No interruptions. Turn beepers off.
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Why?

- If bad news is delivered poorly, there will be no chance to make amends. *Lack of communication is the most common cause of litigation.*

- This allows family members to initiate the grieving process.
- The family will associate your delivery of the news with the hospital and the care delivery forever.

How?

- Make assurances that all members of the health care team are on the same page prior to discussions with the family/patient.
- Wear a clean white coat that is free of bloodstains, especially in a traumatic death.
- Enter the room and introduce yourself pleasantly and learn everyone's identity. Try to address the next of kin, not necessarily the person who seems to be paying the most attention. Give the *immediate* family the opportunity to receive the news in private if requested.
- Sit down to imply that you have unlimited time.
- Evaluate social supports available to the patient and family, including religious and spiritual leaders.
- Be sensitive to the family/patient's culture, race, religious beliefs, and social background.
- For Pediatric cases tell both parents together so one does not have to be the bearer of bad news for the other.
- In cases of violent death the presence of security should be obvious to all involved. Position yourself closest to the door in case there is an angry or armed family member.
 - Be conscious of your body language. It may send a louder message than your words. Sit down, maintain eye contact, lean forward, and nod in agreement-actively listen.
 - Ask them what they know about the patient's condition. Always address the patient by name.
- A warning line may be helpful, "I'm afraid I have some bad news..." The family won't hear anything you say after the word "died." If you need any information, ask before you tell them the news. Deliver the news at the receiver's pace in terminology that is appropriate for them. This increases their sense of control and comprehension. Utilize charts and diagrams to paint a picture. Utilize statistics and evidence based outcomes when applicable. Eye contact, limited touching, and offering a tissue or drink of water may be helpful.
- Don't use euphemisms! ("Your husband has... passed away, gone to the great beyond, passed on, didn't make it...") It is important to use the word "**died.**" Try to use the active voice "your husband has died..." rather than the passive voice, "your husband is dead."
- In general, it is not overly helpful for bearer of bad news to cry with the family. They expect you to be organized, compassionate and supportive. If you are very attached to the patient and family, this may be unavoidable and in some instances offers closure for you and the family.
- Do not say, "I know how you feel." They may ask you how you coped with your similar tragedy. Also, this shifts the attention to the care giver and not the family/patient. Instead, offer condolences and tell them you are sorry for their pain and realize that they are grieved.
- Avoid insensitive remarks, such as: "You're young, you can have another child." "You should be thankful that you already have two healthy children." "Your mother is better off now, anyhow."

- Ask the family members if they have any questions. Offer support by staying with them a few minutes. Tell them how they can reach you if they think of questions at a later time.
- Inform them that they can view their loved one and then have someone accompany them to visit.
- Acknowledge your own shortcomings and emotional difficulties in breaking bad news.
- Document well within the medical record those discussions with the patient/family and decisions made.
- Consider sending the family a summary document of events or schedule a follow up consultation.

Dealing with the Reactions of the Family

Be prepared for spontaneity

- Most emotionally charged events in our lives have a prodrome, but this is often not the case in these instances.
- Allow for anger and mistrust-these are normal reactions and should not be taken personally.
- The way a family reacts to the news depends on their emotional stability, cultural expectations, prior experience, and their relationship to the deceased. You can't make the family feel better, but you can show a caring attitude.
- Let the family speak, then show them you've heard what they've said. Encourage them to share memories of the deceased with you or a member of your team. Be a good listener and a caring human being.
- Don't get into an argument with the family.
- Avoid squelching normal grief reactions - tranquilizers just postpone the initiation of the grieving process. However, if an emergent medical reaction occurs, the family member may need to become a patient."
- Pediatric deaths are even more difficult. Parents always feel responsible for their child's death. Even if a family member is responsible for death, it is helpful to point out that they did not intend harm. It is important to allow parents to spend time with their deceased child. Encourage them to hold the child. They may feel worried to leave the child in the room alone and unprotected. Reassure them that you will take care of their child.

Legal and Logistic Arrangements

- Call the deceased by name, not "the body."
- Offer each family member the opportunity to view the body - this gives closure. Warn them of the presence of tubes, disfigurements. Clean the patient, dress the wounds, clean up the blood on the patient and the floor. Close the patient's eyes, place the head on a pillow, and leave the hands accessible, especially wedding rings, jewelry.
- Offer to call a member of the clergy - either their own or the hospital cleric on call. Offer social services now, and written instructions for contacting them in the future.
- The family must call the funeral home.
- Coroner's case - mandatory for suspicious or violent causes of death, or in cases where the patient is not under the care of a physician or is recently post-op. The coroner's office decides if they want to do an autopsy. You need to leave the body and resuscitation tubes intact and notify the family that the body will be released to them at the coroner's discretion.

- Autopsy may be offered in case of an unknown death to learn the cause.
- Organ donation may be broached by procurement agencies, but should not be done at the same time of notification of brain death or impending brain death.
- Have written materials available for family to read in the future about grieving, support groups (local, national, or Internet), your hospital's social work number, your name and number for questions.
- Death certificate - must be completed in a timely fashion. The patient's doctor should be notified and may be willing to sign the certificate.