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Softening the blow

UVic study will help new doctors learn how to deliver bad news clearly and tactfully

by Jessica Gillies

Breaking bad news to patients is one of the tasks doctors dread the most, and one they have to face on a constant basis. How do you give someone negative, life-changing news while encouraging hope and still being honest?

Agustin Del Vento, a University of Victoria graduate student in psychology, set out with a team of researchers to find out how experienced doctors communicate sensitive issues, such as the side effects of treatment, palliative care or “do not resuscitate” directives.

“This is a dilemma for a new doctor, because he or she has to convey painful information while not crushing the patient’s hopes,” says Del Vento.

Doctors aren’t usually taught how to deliver bad news, he says. There are books and articles that offer suggestions, but they’re typically just formulas based on the experience of one physician, and they don’t reflect the complexity of many situations.

Del Vento and his colleagues videotaped eight local doctors—with an average of 20 years’ experience

in oncology and palliative medicine—in role-playing situations where they’re telling Victoria Hospice volunteers, acting as patients, the outcomes of medical tests.

The situations were completely improvised, and neither the doctors nor the volunteer patients knew in advance whether the results of the tests would be positive or negative. Although Del Vento and his team were focusing on the wording of bad news, they were also aware of tone of voice, intonation, body posture and facial expressions of the doctors.

When they analysed the language the doctors used to deliver the news, they found that, although they all had different styles, they all used indirect language more often when breaking bad news than when giving good news.

“Indirect language softens the impact of the news on the patient but is still honest and truthful,” says Del Vento. “It conveys the diagnosis, but it conveys it in a way that is more gentle. It avoids hitting the patient on the head with the information.”

If the doctor was giving the patient good news, he or she would say something definite like, “I have

good news. The lesions in your liver are not cancer.” If the news was bad, the doctor would say something less blunt, like “I’m afraid that the news is not great. It looks like the cancer has come back.”

Although people sometimes think that indirect language conceals the truth, the volunteers interviewed after the role-playing said they felt the doctors had been very clear, kind and respectful.

“They understood that the diagnosis was cancer, and they thought the doctors were caring and gentle. In the volunteers’ perceptions, the doctors were straightforward. In our microanalysis of the videotapes, we found that they were much more indirect.”

Del Vento and his colleagues are exploring ways that this research and the videos can be used for teaching new doctors.

“By including our findings in the curriculum for medical students and teaching new physicians what experienced physicians have done, they’ll learn ways of conveying news tactfully. A lot of physicians don’t know what words to use, so this will help.”

Del Vento

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When breaking bad news to patients, experienced doctors tend to use the following techniques: they ask for consent, saying something like “Would you like me to give you the results of the tests now?”; they alternate between direct terms, such as “cancer,” and indirect terms, such as “serious condition”; they use understatement, like “not great” instead of “bad”; they express their sympathy, by saying “I’m afraid” or “unfortunately” while wincing; and they don’t link the condition directly to the patient, so they’ll say, “the cancer in the liver” instead of “the cancer in your liver.”

Researchers working on the study with Del Vento were UVic psychologist emeritus Dr. Janet Bavelas, Dr. Peter Kirk (Island Medical Program/VIHA); Dr. Grant MacLean (BC Cancer Agency), and research assistants Sara Healing and Brian Gregson.

The study team is part of the Victoria Palliative Research Network and is funded by a \$1.3-million grant to VIHA and UVic from the New Emerging Team program of the Canadian Institutes of Health Research.

The success rate for UVic graduate students in attracting research funding is consistently well above the national average. In 2005-06, UVic graduate students attracted \$3.24 million in research grants from the three federal granting councils.

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