OMD Podcast Giving Bad News

Summary Points:

-This Is an Important Skill
-Having the Talk
-Have a Team (Don't Be Alone) and a Safe Spot
-Take a Breath
-Set the Scene
-Establish What Has Been Done
-Walk the Line
-If the Patient is Dead, Use the Word Dead
-Normalize Feelings
-Provide Next Steps

- **This Is an Important Skill**

-This is one of the most emotionally difficult things we do as clinicians, but get the least amount of training on
-Conveying bad news to patients and their families is an important skill and we really can't avoid these situations whether it be a dead on-scene case, field termination, or other severe medical or traumatic event
-Even more so for the pre-hospital setting; the situations we are put into are frequently sudden and unexpected deaths
    -Very different from the 2-week ICU stay with gradual decline
-These moments are impactful on us as clinicians, but even more so are often remembered for a lifetime by loved ones in what can be both positive and negative ways
-Much of the research on delivering bad news comes from the in-hospital setting, but generally patients and loved ones want to be given information in a timely, open, honest, and compassionate manner
    -Additional research shows that many families actually want to be present for the resuscitation of their loved ones and this includes even pediatric patients
    -This is not a hard and fast rule, but in scenarios where family seems reasonable and you don't think it will interfere with the resuscitation, it can be an option

- **Having the Talk**

-As with most medical scenarios, it is helpful to go into this situation with some sort of plan or approach to help navigate it
-Overall, your role is to convey the appropriate information in a constructive way and minimize any unnecessary emotional distress
-Here we review some critical steps to conveying bad news (poor prognosis/serious medical condition) or the news of a death of a patient

***DISCLAIMER: You CANNOT diagnose a patient and you CANNOT prognosticate for a patient. You can, however, express your concern about a patient and the information you have/the clinical setting.

-Most of this will come into play in family counseling during a cardiac arrest

- **Have a Team (Don't Be Alone) and a Safe Spot**

-A brief but important point
-Obviously will be relative and limited by the scene you are working on
-May not always be possible to have your partner with you, but bring an ally (PD/FRO)
-Family members can become unpredictable in stressful situations; grief reactions can range from completely quiet and shocked to physically aggressive and violent
-It is always good to have physical and emotional backup with you

    -If you become overwhelmed or the family becomes over-fixated on you, you have a partner to help

-Be mindful about where you choose to deliver the news

    -If it is a cardiac arrest with a full resuscitation happening, perhaps choose a quieter room to talk with family since the resuscitation can sometimes be too loud or distracting. However, it can be helpful to allow the family to see what is going on and ensure them everything is being done after initially briefing them.
    -Always be careful to pick somewhere with an easy and open exit route in case things get dangerous
    -Be even more cautious if there are clearly impaired survivors (intoxication, sig. mental illness, etc.)
    -In general, and as much as possible, choose a private space that is quiet and protected from public view/eavesdropping

-Choose who you will be speaking with

    -Ask for close family members ONLY (or close friends if family not available)

        - If there is any doubt don't assume relationships and falsely identify the family member's role. Simply ask "how are you (you all) related to the patient?"

    -Try to limit the number of people in the room as this can increase the risk of confrontation or extreme emotion
    -Ask the family member if they would like anyone with them for support
    -They may want to call someone to be present virtually by phone, this is up to your discretion given scene conditions

- **Take a Breath**

-Do your best to take a second to take a deep breath and prepare yourself to work with the family. Collect yourself, if need be, make sure you are presentable, this is not the time to come in with your gloves dripping in blood.
-These scenarios can be very stressful, conveying your stress or frustration to the family may result in misinterpretation of emotions, difficulty of achieving understanding, or even confrontation

  -It is a big ask, but as much as possible, you want to be calm and collected to have these talks

- **Set the Scene**

-Sit down if possible if family is sitting

-Identify yourself and your role

-Identify deceased patient by name

-Most people don't expect to be confronted by a situation in which they need to discuss a serious medical illness or death of a loved one, even in the setting of a family member with long-standing severe illness

-You can help them adjust by walking them into the scenario

-Start with "What are you aware of that brought us to this situation today?" or something similar

-Allows the person to relay to you what they already know and their current awareness of the scenario and background health history

-Can walk through with them who/why EMS was called

-This helps you understand where their head is at; Are they expecting the worst? Do they have any idea what is going on?

-Helps you decide how to move to the next section

- **Establish What Has Been Done**

-This becomes your turn to talk

-Walk the family member through what you have seen seen/done so far

-Keep this brief especially for those obvious situations or those where family seems to be sensing the news already. Don't delay the inevitable

-What did you find when you got on scene

-What interventions have been done

-Be very cautious here of using medical jargon for both of these. Compare:

-"When we got here he had agonal respirations and the patient was in Vfib arrest. We have been doing MAX BVM, and the patient has undergone 4 rounds of CPR with 2 administrations of cardiac dose epinephrine and one defibrillation at 200J without ROSC. We are about to endotracheally intubate him."

VERSUS

-"When we got here his heart wasn't beating and he wasn't breathing. We are providing the best care we can for your loved one right now. We are using powerful medications, have placed a breathing tube, and used electricity to try to restart the heart but unfortunately, we have not had any success."

-Answer their questions about interventions that have been done

- **Walk the Line**

-In critically ill patients who are not in cardiac arrest, it is ok to convey to family members that the patient is critically ill

-Use words like "Serious illness," "Life-threatening" or "very sick" to convey the seriousness of the patient's condition

-Your job isn't to crush hope, but provide a realistic view of a critical patient

-It is ok to temper the doom and gloom with hope

-"Your family member has responded well to treatment so far and we will get them to the hospital as quickly and safely as possible so they can get the care they need"

-DON'T ever provide estimations of chance of dying or surviving

-It is very common that family will ask "what are their chances" or "are they going to make it"?

-Avoid the temptation to throw out numbers or predict

-You can reiterate the seriousness of the patient's illness

-If I get pushed on this, I will usually say something along the lines of:

-"At this point, it is too early to predict what is going to happen. All I know at this point is that your family member is very ill but we are doing everything we can to help them."

-Try to avoid making promises of recovery

-Phrases like "We are going to take the patient to the hospital so they can save them" sets unrealistic expectations in people's minds

- **If the Patient Is Dead, Use the Word Dead**

-If you are counseling a family of a patient who meets termination of resuscitation criteria, it is appropriate to try to explain what is going on and show or explain to them how much work you have done to try to help the patient.

-"Given what we have just talked about, the likelihood of your family member's heart restarting is almost zero. We have done everything we possibly can to get their heart beating again, but unfortunately at this point, it has still not restarted. At this time we believe it is best if we stop CPR."

-Be ready to answer questions about why and if there is more you can do

-Additionally, our protocols are the recommendation on what is medically appropriate

-Tell the family that we recommend stopping CPR, don't ask them for permission

-By asking permission to stop, it is effectively placing the decision on a distress family member and at some level makes them feel like they are giving up on the patient

-Instead recommend that we believe it is clinically best to stop, and only if they have questions or concerns does it need to be discussed further

-If the patient is DOS (Signal 12) or TOR, it is critical to tell family members that the patient has DIED

-Yes, Use. The. Word. DIED or DEAD.

-This avoids confusion or ambiguity and helps avoid denial

-This may be uncomfortable but absolutely avoid other euphemisms like "gone away", "passed", "gone to heaven", "not with us anymore" etc.

-NEVER say the patient is Signal 12

-Also utilizing the active voice "your husband has died" rather than passive voice "your husband is dead" can come off a bit more compassionate

-After the delivery of this part, give space.

-There is often silence, allow those that just received the information time to process

-They are not going to hear anything you say next. Even though silence is uncomfortable, resist the urge to immediately keep talking

-Use this time to show some supportive body language, hand a tissue, or say a quiet "I'm sorry for your loss"

- **Normalize Feelings**

-This is obviously a very distressing time for family and friends of a patient
-Cultural, ethnic, and social backgrounds can contribute to how people respond to bad news
-People can exhibit a whole range of emotions and reactions to receiving bad news or death notification

    -Keep your head up, you never know when people may react poorly, and you need to make space or exit the area

-Normalize feelings: Its normal to feel overwhelmed/sad/angry/etc. when you lose a loved one
-Offer to allow for some time for them to think if able
-Avoid some phrases:

    -I know how you feel. – No, you don't.
    -My <blank> died last year. -- They don't care
    -At least they <blank> – This is almost always insensitive
    -S/he had a very full life
    -Everything is going to be OK
    -Religious phrases (even people who are your same religion may have different takes/philosophy's)

-Also reaffirm to the family or bystanders that they did everything they could.

    -Especially important in bystander CPR or when family called 911
    -Try and take even a small thing they did and validate it

        -Saying things like "You did everything right, and the CPR you performed gave them the best chance" can help
        -1/3 bystanders of an OHCA experiences emotional consequences even weeks after, and us reassuring them they did the right things can help this

- **Provide Next Steps & Answer any questions**

-People often do not know what to do when a family member has become critically ill or died
-When transporting an ill patient, take a moment to inform family where you are transporting to and that they can go to the emergency department to try to find their loved one and reconnect
-When a patient dies, you can inform the family what the next steps are

    -A medical examiner exam may be necessary
    -If an expected death, the family will need to contact a funeral home for management of the body and funeral preparations

-You won't have all the answers, but do your best. You will likely know where they can find more information

SUMMARY IN BRIEF

-Giving bad news is hard, have a plan!
-Take a breath, take your team, set the scene, what's been done, walk the line, normalize and next steps

- -Watch for warning signs that someone may become violent or hostile
    - -Always bring a buddy
- -Avoid jargon and try to establish how much the family knows before you start
- -Do your best to help the family cope in this difficult time of transition