



## Breaking Bad News

*Animation of Breaking Bad News: Anticipated Death*

### Consultant:

I've been working in oncology for many years and I like to think I've learned a lot about myself and my patients. Recently, I heard about Atul Gawande's approach to giving bad news, which he'd learned from the palliative care specialists he worked with. Like him, I realised when people needed to make a decision I was doing a lot of the talking and trying to offer solutions. I'd just assumed that most people wanted to live - almost at any cost.

Cancer doesn't carry the same death sentence it used to – but people still die from it. Treatments have advanced and we can certainly postpone death from cancer – and for some, get rid of it altogether. So we very rarely have to give people a one-off diagnosis – it's a process as we find out what works and what doesn't.

That's how it was with Kate. She'd had breast cancer and seemed to have recovered, but then it returned. This time, it was more advanced and more aggressive. It had invaded breast and bone tissue so surgery wasn't an option. Initially she had chemotherapy, but - the side effects were making her very ill and it wasn't touching the secondaries. After a few months the cancer had spread to her liver. She knew this but we hadn't talked about the options.

I decided it was time to find out if she wanted to go on with treatment or maybe consider stopping the chemo and working on symptom relief. I didn't know how long she had left but I knew she would die in the near future. She needed to think about how she wanted to spend the limited time that she had left. I needed to explain the whole picture – and be clear that I thought we were running out of options.

I decided to use Atul Gawande's approach to giving bad news. The first step is to start from where a person is, not where you think they might be. So, I began by asking Kate, 'Where do you think you are with your condition?' I could see she saw me asking her as significant.

She became very upset and so I asked her what her worst fears were. Through the tears, she talked – and her list was all about the here and now – quality of life things really – fundamentally she didn't want to suffer. People think they have to carry on – they need permission to stop.

The next step was to ask about her goals, given life was short. I asked her what she wanted to do with the time she had.

At that moment, she hadn't yet made her decision about stopping chemo - as I said, it's a process - but she was facing a hard reality and she needed time to get used to it and talk things through. Most importantly she needed to know we were going to help her get through, whatever her decision.

She cried a lot. I hadn't seen her like this before.

I stayed with her until she seemed calmer. One thing I have learned is to give people time – so I always make sure I make that time for them and play it by ear when to see them again. It might be a few days – if they are in hospital it might be a few hours. With Kate I agreed to see her the next day.