Tips on Delivering Tough News: Blood Cancer Patients

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Delivering tough news is inherent to our profession

Typically one of the least favorite parts of our work

EXAMPLES OF TOUGH NEWS SCENARIOS

- New cancer diagnosis
- Poor response to treatment
- Relapse/recurrence of cancer
- Need to adjust goals of care

- Need for a stem cell transplant
- Life threatening complications of therapy/ICU Transfer
- Hospital errors

DEVELOPING RELATIONSHIPS AROUND TOUGH DIAGNOSES

It starts with the first meeting with the patient/family

- Developing a connection is essential
- Need to learn/understand:
  - Education level
  - Preferred communication style
  - Ability to handle hard news
  - How much information can they grasp in a single sitting?

Every patient is unique

Every HCP/patient relationship/dynamic is, too.

COMMUNICATION – NOT JUST EXCHANGING WORDS

- Primary means for establishing a therapeutic relationship

- Communication involves both talking and listening
  - An opportunity for constant observation/assessment
    - Patient/family vocabulary helps establish education level
    - Body language/nonverbal communication (posture, tone, etc.)
      - Expresses stress/comfort level
      - Changes in nonverbal cues have meaning
      - Can tell us when to pause/slow down

Our nonverbal cues are important as well, and families notice

DELIVERING THE TOUGH NEWS – THE NEW DIAGNOSIS

Balancing providing comfort/hope and giving the information needed

- Need to provide:
  - High risk nature of the disease
  - Treatment plan
  - Potential complications
  - Possible outcomes

- Need to assess understanding of the news delivered:
  - Watch nonverbal cues
  - Ask questions to assess how they are processing the information

THE NEW DIAGNOSIS

- Take the time necessary to:
  - Develop the relationship
  - Provide understanding
- Provide the diagnosis and plans clearly
  - Use language the patient/family can comprehend
- Express empathy
  - Acknowledge emotion
  - Validate feelings/fear

THE NEW DIAGNOSIS

- Be honest and authentic
  - Don’t make promises you can’t deliver
- Don’t avoid tough questions
- When dealing with children/teens:
  - Assess family openness to including the child
  - Gauge child’s engagement and desire to be involved
  - If they are present, they will be listening!
  - Make sure to elicit their questions as well

This sets the stage for any future difficult discussions

WHEN THINGS DON'T GO AS PLANNED

- Be prepared (know what has happened)
  - Hopefully the possibility of the scenario was previously discussed
- Be transparent
- Confirm comprehension
- Discuss next steps
  - Additional testing
  - Treatment plan and goals
  - Timeline & anticipated course
- Answer questions

WHEN CURE CAN NO LONGER BE THE GOAL

- Often involves a meeting with the care team
  - Pick a time and private location
  - Confirm all members (or a representative) can attend
    - Physicians, nursing, social work, palliative care, chaplain?
- Pre-meeting preparation with team
    - Need to ensure everyone is on the same page
    - Determine who will lead the discussion
        - Often primary oncologist/transplanter or palliative care

WHEN CURE CAN NO LONGER BE THE GOAL

- Be clear in your message
- Acknowledge the sad/difficult nature of the news
- Confirm understanding
- Reaffirm commitment to patient's care and needs
- Answer questions honestly
  - We don't always know the answers
    (e.g. "How much time do they have?")

- Allow time for emotions, processing, grief throughout the discussion

WHEN CURE CAN NO LONGER BE THE GOAL

- Be prepared to discuss treatment options
  - Palliation
  - Withdrawal of support
  - Life prolonging, noncurative options
  - Potential for early phase trials?

Patients/Families often need time to process, discuss and decide

WHEN CURE CAN NO LONGER BE THE GOAL

- Follow their cues on what next to discuss
  - What does dying look like?
  - In the hospital, home, residential hospice?
  - What are their fears?
  - What things are important to patient/family
  - People they would like to have the chance to say goodbye

This may need to be spread out over time, if time allows

REFLECTION

- Having these discussions is hard
- They can be emotionally taxing, particularly with primary patients
- Take time to reflect on and process your own emotions

SUMMARY

- Delivering tough news is a difficult part of our profession
- Communication is a 2-way street and more than just words
- Conversations need to be tailored to each patient/family/scenario
- Take the time necessary for each patient/family
- Confirm understanding and answer questions
- Be authentic
- Show empathy
- Be mindful of the impact of these conversations on yourself