International Journal of Health Sciences and Research
www.ijhsr.org ISSN: 2249-9571

Original Research Article

Communicating News of Patient's Death to the Relatives: Experiences of Resident Doctors at a Tertiary Care Hospital

Geeta Pardeshi[1], Anurag Gupta[2]

[1]Professor, Dept of Community Medicine, Vardhaman Mahavir Medical College and Safdarjung Hospital, New Delhi.
[2]Assistant Professor, Dept of Community Medicine, RCSM Govt. Medical College, Kolhapur, Maharashtra.

Corresponding Author: Anurag Gupta

Received: 24/02/2016 *Revised: 10/03/2016* *Accepted: 14/03/2016*

ABSTRACT

Breaking news of patient's death to the relatives is one of the most difficult responsibilities of the health professionals, for which they are rarely trained. A cross sectional study was conducted to describe the experiences of residents at a tertiary care hospital. Data was collected from the residents who had completed at least six months of residency in the clinical departments using a pretested questionnaire.

A total of 72 residents were included in the sample. Most of the times, the residents disclose the news of death in the corner of the ward or outside the ward. Very few residents (15%) always sit, ask relatives to be seated (33%) or switch off the mobile during their communication (6%). A majority (92%) maintain eye contact. A total of 31 (43%) residents reported to address the deceased by name, 57 (79%) answer all their questions & 41 (57%) tell the relatives about their role in patient management. As far as communication strategy was concerned, only 17 (24%) residents said they always ensured that they were not alone during such communications and 49 (68%) said they always had to prepare the relatives for dealing with other practical matters. A total of 59 (82%) residents reported to feel guilty, 61 (85%), residents said that such communication was stressful while 21 (29%) reported a sense of fear. Out of the 72 residents, 24(33%) reported to have experienced a violent reaction from relatives on at least one occasion. The study also documented the suggestions of the residents regarding the Do's and Don'ts and high risk situations which could evoke violent/strong reactions from relatives.

There is a scope to improve the communication skills and develop an effective strategy for such communication amongst the resident doctors. Training programmes incorporating the study findings and suggestions of the residents should be organized for the residents.

Key words: Communication skills, resident doctors, patient's death.

INTRODUCTION

Conveying bad news is a skilled communication and not at all easy. This is a process of negotiation between patient and physician, but physicians often find it difficult due to many reasons. Breaking bad news is part of the art of medicine but medical personnel hardly receive any formal training for this.

Bad news is defined as one which is pertaining to a situation where there is a feeling of no hope, a threat to a person's mental or physical well-being, a risk of upsetting an established lifestyle or where a message is given which conveys to an individual fewer choices in his or her life. [(1)] Another definition states "any news that drastically and negatively alters the patient's view of her or his future" is bad news. [(2)]

Breaking news of patient's death to the relatives is one of the most difficult responsibilities of the health professionals. Breaking such news can have a significant impact on the bereaved relatives if it is not carried out properly. Lack of sufficient training in such news is a handicap to most physicians and health care workers.

Attempts have been made to formulate effective strategies for communication of bad news to the patient e.g. SPIKES protocol, [3] ABCDE model. [4] However not all steps mentioned in such models are applicable to the process of communication of the news of death.

In this study an attempt has been made to describe the experiences of residents of a tertiary care hospital regarding communication of patient's death to their relatives.

MATERIALS AND METHODS

A cross sectional study was conducted in which data was collected from the residents of the clinical departments of B. J. Medical College and Sassoon General Hospitals, Pune. Resident doctors of Medicine, General Surgery, Gynecology & Obstetrics, Orthopedics, Pediatrics and Casualty department who had completed at least 6 months of resident-ship and who were willing to participate were included in the study.

A pretested questionnaire was used to collect data. Some questions were close ended and some were open ended.

The questions framed were directed to obtain data regarding their practices of setting, conversation and strategy. The resident doctors were also requested to give their recommendations regarding the Dos and Don'ts and identify high risk situations while communicating news of patient's death to their relatives. Ethical clearance was obtained from the institutional ethical committee.

Statistical analysis

Analysis was done by using micro-soft excel and SPSS version 18 software and proportions were calculated.

RESULTS

A total of 72 residents were included in the sample. Of these 25 residents were from the Medicine department, 12 were from Pediatrics, 18 were from Surgery, 15 from Obstetrics and Gynecology and two were Resident Medical Officers of the Casualty Department. The mean age of the residents was 27.26 years with a standard deviation of 3.19 years. There were a total of 44 male residents and 28 female residents in the sample studied. All the residents had conveyed news regarding death of a patient to the relatives during their residency on one or more occasions.

A total of 47 (65%) said that they had most of the times communicated the news of death at a particular location. A total of 17 (24%) respondents said that they mostly disclose the news of death in a separate room while 21 (29%) usually communicated the news in the corner of the wards. Amongst the rest, 9(12%) usually communicated the news at the bedside in the wards and 18(25%) residents communicated the news outside the wards. The remaining 25 (35%) residents reported to communicate the news in any of the four locations without any preference.

A total of 65 (90%) residents identified the relatives whom they preferred to communicate the news of the patient's death with 37(51%) respondents reporting that they preferred to convey the news to relatives they were familiar with, 28(39%) preferring to communicate with relatives who have been providing care for the patient while 31(43%) said they preferred male relatives.

Only 11 (15%) of the respondents always sit and 24(33%) of the residents always ask the relatives to sit while communicating the news of death. A small number i.e. 4 (6%) of the residents said that they switch off their mobile in such circumstances. A majority i.e. 66(92%) of the respondents said that they maintain eye contact.

Table 1: Self reported body language of the residents while communicating the news of patient's death to their relatives

Variable	Questions	Always	Sometimes	Never
		N (%)	N (%)	N (%)
Body Language	Sit when breaking bad news	11 (15)	34(47)	27(38)
	Ask the relatives to be seated	24 (33)	42(58)	6(8)
	Maintain eye contact	66 (92)	6(8)	0(0)
	Switch off your mobile before communicating to relatives of Patient	4(6)	16(22)	52 (72)

Table 2: Strategy adopted by the residents while communicating the news of patient's death to their relatives

Questions	Always	Sometimes	Never
	N (%)	N (%)	N (%)
Share the information in an empathetic and caring way	58(80)	14(20)	(0)
Prepare the relatives for dealing with practical matters, such as collecting the death certificate /organizing funeral	49(68)	15(21)	8(11)
Avoid conveying bad news and leave the responsibility to someone else	3(4)	15(21)	54(75)
Sensitive to the family/ patient, patient's culture, race, religious beliefs and social background	57(79)	11(15)	4(6)
Assess the relatives existing knowledge and perception before breaking the news of the patients death	51(71)	18(25)	3(4)

Table 3: Conversation while communicating the news of patient's death to their relatives

Questions	Always	Sometimes	Never
	N (%)	N (%)	N (%)
Address the diseased by name	31(43)	36(50)	5(7)
Answer all their questions	57(79)	15(38)	0(0)
Tell about yourself or your role in the treatment of the patient	41(57)	27(38)	4(6)
Converse longer after telling bad news	8(11)	42(58)	22(31)
Respond appropriately to relatives reactions and give them time to ask questions	65(90)	7(10)	0(0)
Converse longer after telling bad news	8(11)	42(58)	22(31)

A majority i.e. 58(80%) of the respondents reported to always share the information in an empathetic and caring way. Only 15(21%) of the residents encourage the relatives to spend time with patient if death is anticipated. Many of the residents prepare the relatives for dealing with other practical matters such as collecting death certificate, organizing funeral etc [49(68%)] and assess the relatives existing knowledge and perception before breaking the news of death[51(71%)]. A majority i.e. 51 (71%) respondents said that they always assess the relatives existing knowledge and perception before breaking the news of the patients death.

A majority i.e. 57(79%) said that they were always sensitive to the family/ patient, patient's culture, race, religious beliefs and social background .A majority i.e. 54(75%) residents said they never avoid conveying bad news while 17 (24%) residents said that they always ensure that they were not alone and were accompanied by their colleagues, staff members or security when communicating the bad news.

Only 31(43%) residents said they addressed the diseases by name. Though only 8(11%) said they always converse longer after telling the bad news, many i.e. 65(90%) said that they respond appropriately to relatives reactions and give them time to ask questions, 57(79%) residents said they always answered all their questions and 41(57%) residents said they always tell about their role in the patient management.

The residents reported varied reactions of the relatives after the news of death was communicated to them viz. acceptance, disappointment, sorrow, despair, sense of loss, grief, sadness, be calm, anger, refusal to accept, cry, blame doctors and shock. Sometimes the relatives insist that they want to talk with the senior doctors.

Of the 72 respondents, 24 (33.33%) reported to have experienced a violent reaction from the relatives on at least one occasion.

Out of the 72 residents, a majority i.e. 52(72%) reported that communicating news of patients death was stressful, for nine (13%) residents it was very stressful and 11(15%) residents said such communication was not stressful. (Figure 1)When asked whether they felt guilty while

communicating the news of death, 4(5) reported to feel guilty always, and 55(76%) said they sometimes feel guilty while 13(18%) residents said they never felt guilty while communicating news of patient's death to the relatives. In addition, 21(29) respondents reported a sense of fear. Many reported fear of being blamed, unleashing a violent reaction or expressing emotions. A few reported fear of not knowing the answers or fear of losing control of the situation.

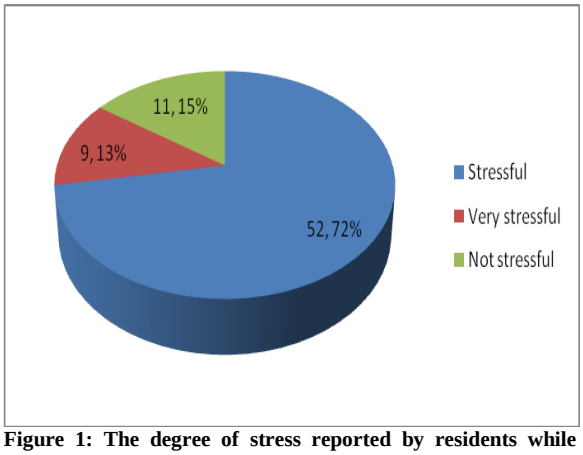

Figure 1: The degree of stress reported by residents while breaking news of patient's death to their relatives

Table 4: Suggestions of the residents regarding the Dos and Don'ts while communicating the news of death

	Dos	Don'ts
Doctor	Calm; Cool; Confident; Sensitive; Tolerant; Honest; Polite; Empathetic; Gentle; Respect feelings	Panic; Be aggressive; Show nihilistic attitude; Feel guilty; Be negligent; Hesitate; look tired; Be frustrated; Be emotional; Be careless
Content of communication	Give Complete explanation; Explain current situation along with treatment options; report true cause of death; true prognosis; regular updates; logic behind treatment; stick to facts ;answer all queries; severity of diseases; patients failure to respond ;non availability of facilities and equipment at the health centre	Blame anyone for being ignorant ,late reporting; hide diagnosis ;bring out hospital lacunae; change the subject; raise false expectations; fake; commit omissions
Language of communication	Use Local; Vernacular ;Understandable language	Shout; Use Provocative language
Method of communication	Stepwise; Gradually; Keep the relatives in the loop throughout the treatment	Hurriedly; Suddenly; Unexpectedly
Person chosen to communicate	Educated; With whom the doctor has interacted throughout the period of treatment	Crowd
When to communicate	On admission; regularly	Delay

Table 4 summarizes the Dos and Don'ts suggested by the residents while communicating the news of patient's death to their relatives.

The high risk situations identified by the residents when there could be a violent reaction from the relatives were:

- Sudden, Unexpected death
- Death after accidents, due to injuries
- Age of the patient: Young age of patient, neonatal death
- Patient brought dead or dies in a short while after reaching the hospital
- Post operative death
- When there is a need to do postmortem

DISCUSSION

The responsibility of communicating the news of death rests with different health personnel in different set ups. Many studies on this topic have been carried out in the field of Nursing. [5,6] In the medical college hospitals in India however the resident doctors play a major role in health care provision and are available in the wards for longer periods of time and have more interactions with the patient's relatives .Usually they have the responsibility of communicating the news of death of a patient to the relatives. The situation becomes more challenging because the residents are not formally trained for such communication. They usually learn by observing and trial and error but gaining this experience takes time. In a study it was reported that first-year residents have modest-to-low skills in death notification. [7]

Breaking the news of patient's death to the relatives is one of the very sensitive and challenging jobs the residents have to do from the beginning of their residency. If this communication is not done properly it can have a negative impact on the relatives as well as the hospital staff. In a study it was reported that sudden death is the most

common trigger of assaults on public hospital staff by patients and their relatives. [8]

In this study it was found that the place where such communication takes place is far from appropriate. The wards must be provided with separate rooms to communicate sensitive information to the patients or their relatives. This will ensure privacy. Limitation of space compromises the privacy that is needed while breaking bad news to the family. [9]

The resident should be able to identify a suitable person to whom the information will be communicated.

Adequate seating arrangements should be made in the room for the doctors and the relatives. Being seated makes one relaxed and indicates that there is no hurry or rush. The residents should be given instructions to switch off their mobiles and other disturbances during such communication. Keeping eye contact as and when necessary is an important aspect in interpersonal transaction, as it shows interest. [10] Besides verbal sensitivity, the empathic gestures of professionals have a healing effect for parents both when caring for the dying child and during the bereavement period. [11]

It is important to address the diseased by name to prevent any confusion. The residents should be trained to always assess the relative's existing knowledge and perception to avoid taking the relatives by surprise.

Communicating the news of death is essentially the job of a team. It is ideal to meet as interdisciplinary team to discuss the patient's condition, family's needs and preferences. [12]

The junior doctors are available for a major period of time and are the primary care givers and hence interact with the relatives. However the senior faculty has to be available to communicate with the relatives if they make such a demand. Medical Social Workers should be roped in while carrying out such communication to help out relatives as they need guidance and support in many practical aspects e.g. convincing for postmortem, guiding for paper work. The security personnel should also be called in during high risk situations.

Training in communications skills including breaking bad news is essential for the residents as they have to carry out this responsibility frequently. Communication skills can be improved through structured training programs with appropriate feedback to the trainees. Curricula for teaching the task of breaking bad news include didactic lectures, small-group discussions, role-playing, and teaching in the context of patient care. [13] However it should be noted that the evidence base of the current practice and training of breaking bad news is not sound. Education and practice in breaking bad news may be ineffective for improving patients' well-being unless it is informed by a strong evidence base. [14]

The residents should also be taught to handle the emotional and psychological impact of such communication early on during the residence. Security should be provided and more care should be taken in the high risk situations identified in this study.

There is a need to make corrections and improvements in many aspects of the process of communicating news of patient's death to their relatives. Appropriate body language, conversation skills as well as the Dos and Don'ts suggested by the residents in this study should be included in such training sessions.

CONCLUSION

Breaking the news of patient's death to the relatives is one of the very sensitive and challenging jobs so the training in communications skills including breaking bad news is essential for the residents as they have to carry out this responsibility frequently.

The residents should also be taught to handle the emotional and psychological impact of such communication early on during the residence. The resident should be able to identify a suitable person to whom

the information will be communicated. The wards must be provided with separate rooms to communicate sensitive information to the patients or their relatives. This will ensure privacy. Adequate seating arrangements should be made in the room for the doctors and the relatives.

Keeping eye contact as and when necessary is an important aspect in interpersonal transaction, as it shows interest. It is important to address the diseased by name to prevent any confusion. Medical Social Workers should be roped in while carrying out such communication to help out relatives as they need guidance and support in many practical aspects e.g. convincing for postmortem, guiding for paper work. Security should be provided and more care should be taken in the high risk situations identified in this study.

ACKNOWLEDGEMENT

We gratefully acknowledge the residents who participated in our study for sparing time and taking keen interest in answering the questionnaire.

REFERENCES

1. Ptacek JT, Eberhardt TL. Breaking bad news. A review of the literature. JAMA. 1996; 276(6):496-502.
2. Buckman R. Breaking bad news: why is it still so difficult? BMJ. 1984; 288(6430):1597-1599.
3. Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES-A six-step protocol for delivering bad news: Application to the patient with cancer. Oncologist. 2000; 5(4):302-11.
4. Rabow MW and McPhee SJ. Beyond Breaking Bad News: How to Help Patients Who Suffer. *West J Med.* 1999; 171(4):260-3.
5. Reid M, McDowell J, Hoskins R. Breaking news of death to relatives. Nurs Times. 2011 Feb 8-14; 107(5):12-5.
6. Reid M, McDowell J, Hoskins R. Communicating news of a patient's death to relatives. Br J Nurs. 2011 Jun 24-Jul 7; 20(12):737-40, 742.
7. Suzanne Reed, Karyn Kassis, Rollin Nagel, Nicole Verbeck, John D. Mahan and Richard Shell. Does emotional intelligence predict breaking bad news skills in pediatric interns? A pilot study. Med Educ Online. 2015; 20: 10.3402/meo.v20.24245.
8. Madhiwalla N, Roy N. Assaults on public hospital staff by patients and their relatives: an inquiry. Ind J Med Ethics 2006; 3(2):51-54.
9. Dighe PL, Marathe M, Muckaden MA and Manglani M. Breaking Bad News to Families of Dying Children: A Paediatrician's Perspective, Contemporary and Innovative Practice in Palliative Care, Prof. Esther Chang (Ed.), (2012) ISBN: 978-953-307-986-8.
10. Goldberg DP, Jenkins L, Millar T, Faragher EB. The ability of trainee general practitioners to identify psychological distress among their patients. Psychol Med. 1993; 23(1):185-193.
11. Lawrence Martis and Anne Westhues. A Synthesis of the Literature on Breaking Bad News or Truth Telling: Potential for Research in India. Indian J Palliat Care. 2013 Jan-Apr; 19(1): 2-11.
12. Mieke Visser, Luc Deliens and Dirk Houttekier. Physician-related barriers to communication and patient- and family-centred decision-making towards the end of life in intensive care: a systematic review, Critical Care 2014, 18:604 Available from: http://ccforum.biomedcentral.com/articles/10.1186/s13054-014-0604-z
13. Rosenbaum ME, Ferguson KJ, Lobas JG. Teaching medical students and residents skills for delivering bad news: A review of strategies. Acad Med. 2004;79(2):107-17.
14. Paul CL, Clinton-McHarg T, Sanson-Fisher RW, Douglas H, Webb G. Are we there yet? The state of the evidence base for guidelines on breaking bad news to cancer patients. Eur J cancer. 2009; 45(17):2960-6.

How to cite this article: Pardeshi G, Gupta A. Communicating news of patient's death to the relatives: experiences of resident doctors at a tertiary care hospital. Int J Health Sci Res. 2016; 6(4):38-43.

****