

A cross sectional study on awareness regarding breaking bad news among medical interns

Subita Pranav Patil*, Ulhas Gandal and Seema Sanjay Bansode-Gokhe

Department of Community Medicine, Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Mumbai-400022, Maharashtra, India

Abstract: *Background:* Bad news is a situation where there is a feeling of no hope or a threat to person's mental or physical wellbeing. Disclosing bad news needs appropriate communication skills, resulting in a satisfied doctor-patient relationship. Most of the medical graduates acquire this skill through observation and not through specific training. *Objectives:* To study awareness regarding breaking bad news among medical interns. *Methods:* This cross sectional study was conducted among complete batch of 112 medical interns, attached to a tertiary care hospital between Jan-June 2016. A predesigned, pretested, semi-structured questionnaire was used. *Results:* Only 58% of the participants were aware about what is a bad news but 80% were not aware about how to break a bad news. Half of them felt no need to conduct training. Over $\geq 3/4^{\text{th}}$ agreed that doctors were primary deliverers and it can cause stress, anxiety in the recipient. 95% felt that it can alter patients view if conducted improperly. $3/4^{\text{th}}$ could not disclose comfortably, accepting need of specific training for the same. Discussing end-of-life issue was most difficult (48%). *Conclusion:* Formal training during internship can result in good communication skills, improved doctor-patient relationship and can achieve enhanced quality of services.

Keywords: Awareness, Breaking Bad News, Medical Interns.

Key Message: For better quality service, formal training of breaking bad news during internship will contribute increased satisfaction, communication skills, and improved doctor-patient relationship in future.

Introduction

Bad news is situation where there is a feeling of no hope a threat to person's mental / physical wellbeing or a risk of upsetting an established lifestyle [1]. Buckman states that it adversely affects individual's view for future and it's difficult to estimate its impact. Breaking bad news to a cancer patient can be stressful especially when the clinician is inexperienced and the patient is young [1]. Poor delivery of bad news leads to an unsatisfied doctor-patient relationship and increased risk of litigation [2]. Most of the medical graduates acquire this skill through observation without any specific training necessary to understand their knowledge and difficulties.

Aim: To study the awareness regarding breaking bad news among medical interns.

Objectives:

1. To assess knowledge of breaking bad news among Interns.

2. To ascertain the need for breaking bad news.
3. To understand interns' perception while breaking bad news.
4. To identify difficulties faced by interns while breaking bad news.

Material and Methods

This cross sectional study was conducted among medical interns who had passed their final year of MBBS and were undergoing internship training programme at Medical College attached to a tertiary care hospital. After taking their valid informed consent, they were considered for the study.

Study duration: Jan 2016 to June 2016.

Sample size & Sampling method: A complete batch of 100 medical interns currently undergoing internship at the institute along with 12 casual batch medical interns were included in the study.

Inclusion Criteria: All willing medical interns who had passed their final year of MBBS and were undergoing internship at the institute.

Exclusion criteria: Externs and Unwilling interns.

Study tools: Pre—designed, pre—tested, semi-structured questionnaire. The questionnaire included:

Part I: Their awareness regarding what is a bad News, breaking bad news, need of breaking bad news (with the help of Likert’s scale 1: Strongly agree to 5: strongly disagree), whether they had disclosed bad news.

Part II: Need for training, perception of communication, chronic disease & death. (rated with the help of Likert’s scale 1: Strongly agree to 5: strongly disagree)

Part III: Difficulties perceived.

Data Analysis: The data was analyzed using Microsoft Excel 2007. Tables and graphs were prepared accordingly. The result was presented in frequencies and percentages.

Operational Definitions: Buckman defines Bad news as an information affecting adversely and seriously on an individual’s view for future. Bad news is always, however, in the “eye of the beholder,” such that one cannot estimate the

impact of the bad news until one has first determined the recipient’s expectations or understanding [1]. Bad news can mean different things to different people. There is either a feeling of no hope, a threat to person's mental or physical well-being, risk of upsetting an established lifestyle, or a message is conveyed to an individual fewer choices in his or her life' [3].

Results

Diagram-1: Distribution of participant basis awareness of braking bad news:

- a) **Distribution of study participants according to knowledge of bad news:** It was observed that 58% of participants were aware about bad news and 29 % knew it partially while 13% were not aware about bad news
- b) **Distribution of study participants as per knowledge of breaking bad news:** While only 20% interns knew regarding breaking bad news, 47% were unaware and 33 % were partially aware about breaking bad news.
- c) **Distribution of study basis ability to break bad news:** Out of 112, only 31interns (28%) broke the bad news either completely or partially while 72 % could not carry out it.

Diagram-1:



Table-1: A) Distribution of Need for Training of Breaking Bad News: While 38% strongly agreed, 49% agreed that doctors have been primary deliverers of bad news to patients. 5% agreed that there is no need of training on breaking bad news, as it is the minor task while 82% disagreed and 3% were neutral.57% agreed and 36% strongly agreed that it can produce stress and anxiety among the recipient. 82%of participants thought

healthcare professionals need to consider the impact of breaking bad news not only on the patients but also on their families. It was observed that 81% believed that if breaking bad news is not been conducted properly, it can alter a person’s view on the future drastically and negatively. Only 22% strongly agreed and agreed that they were able to break bad news comfortably while 63% were neutral

and 15% felt they were able to break bad news comfortably. Only 50% of them felt necessity specific training for breaking bad news.

Table-1: B) Perception of communication, chronic disease, death: 26% felt they were confident but 74% felt non-confident. Only 40% felt that they were able to break the bad news, 53% were neutral while only 7% perceived that they were able to break the bad news. Almost all the participant (95%) expressed that not only talking with patient but also talking with his/ her relatives was important (94%). Majority (93%) perceived that, doctor to doctor communication plays important role in management of chronic

disease/ palliative care patient. Some of them (39%) told that they did not enjoy listening to patient reminisce. 76% of them thought that caring for dying patient may be a rewarding job for a Physician. Still, 17% believe that doctors should not worry when a patient dies. One fourth perceived not curing the patient is failure of a doctor, very little can be done by the doctor for dying patient and felt distressed while communicating with such patients. 32% believed dying patient should be told about his/ her end while 12% confessed that they avoid talking with dying patient, 21% being neutral.

Table-1: Key Findings					
Statement	Likert's rating Scale %				
	Strongly Agree	Agree	Neither agree / disagree	Disagree	Strongly Disagree
	(1)	(2)	(3)	(4)	(5)
(A) Distribution for Need for Training of Breaking Bad News					
There is no need as it is minor task	1	4	3	32	60
Drs have been primary deliverers of bad news to patients	38	49	6	5	2
Can produce stress and anxiety in the recipient	36	57	4	2	1
Healthcare professionals need to consider impact on patients, their family & themselves	33	49	13	3	2
Alters a person's view of the future: drastically & negatively if not done properly	30	51	14	3	2
Are you comfortable while breaking bad news?	2	20	63	15	0
Do you feel that any specific teaching / training for breaking bad news is necessary?	20	30	40	8	2
(B) Perception of communication, chronic disease, death					
Do you feel you can confidently Break Bad News?	5	21	64	10	0
Do you feel that you are able to break bad news?	3	37	53	6	1
Talking to patient is important	64	31	4	1	0
Talking to patient's relative is important	52	42	4	2	0
Communication between doctor-doctor is important	63	30	5	2	0
Like listening to patients reminisce	13	26	48	7	6
Caring for dying patient may be rewarding for a Physician	22	54	21	3	0
Doctors should not worry when patient die	2	15	21	36	26
Not curing patients is failure for doctors	8	18	23	38	13
I feel distressed while communicating with dying pts	5	20	52	19	4
Very little can be done by doctors for patients who are dying	0	23	36	36	5
Patients should be told they are dying	2	30	32	25	11
I avoid talking with dying patients	4	8	21	38	29

Diagram-2:

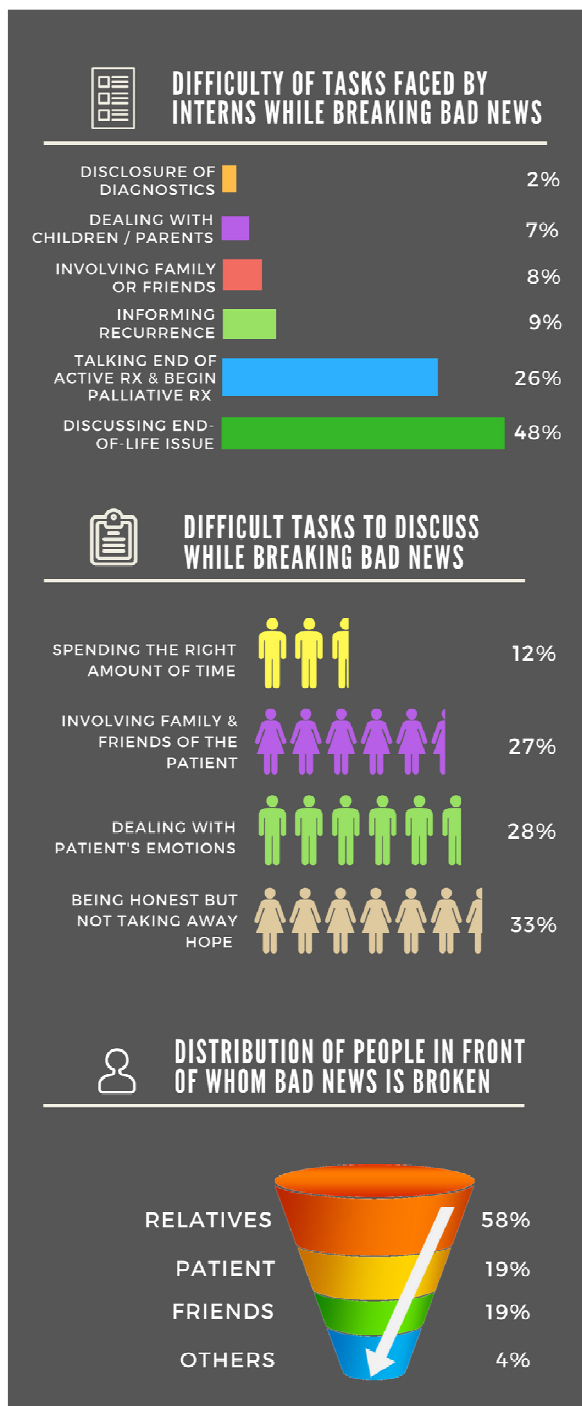


Diagram-2: A) *Difficult tasks to discuss while breaking bad news:* This diagramme shows tasks that participants felt could be difficult while breaking of bad news. Being honest and not taking away hope was difficult by 33% followed by 28% dealing with patient’s emotions, 27% involving family & friends and spending right amount of time by 12%.

Diagram-2: B) *Difficulty of tasks faced by interns while breaking bad news:* This diagramme shows the tasks that the participants found difficult while breaking the bad news: discussion of end of life with patient was felt difficult by 48% while 26% felt talking end-of-active treatment and beginning of palliative care. This was followed by informing about their recurrences, involving family/ friends, dealing with patients’ children/parents and disclosure of diagnostics.

Diagram-2: C) *Distribution of people in front of whom bad news was broken:* Out of 31 interns, 58% could do it in front of relatives, 19% to patients & friends each.

Discussion

Kumar M [4] found that over 50% oncologists did not have any formal training to disclose the bad news and most of them requested for it [5]. Ganesh A mentions that medical students in India expressed their desire that structured formal training in breaking bad news should be made part of their curriculum [6].

As observed by Abid Jameel [7] et.al. 85% participants reported that they felt either not comfortable at all or only somewhat comfortable while breaking bad news to a patient alone. Besides, 66% were of the view that breaking bad news to patients was extremely stressful or very stressful for them. In the current study 93% felt that it can produce stress & anxiety not only in recipient but also in giver and 78% of participants were not comfortable while disclosing bad news. Studies by Supe [8] and Baliram V. Ghodke[9] describes difficulties faced and experienced by medical interns in India in the context of breaking bad news. K. M. Mohandas [10] enlightens the ethical dilemmas of breaking bad news for oncologist too [6].

Moreover, data was collected only from one medical college. Experiences of participants may be institution-specific, and the subset of students surveyed in this study may not be representative of all interns. Further studies are needed to reaffirm the findings.

Conclusion

This cross sectional study conducted in a Medical College revealed inadequate knowledge regarding breaking bad news among budding doctors. Though half of the participants were aware about bad news, three fourth were not having knowledge regarding breaking of bad news. More than 3/4th of them agreed that doctors were primary deliverers and it can result in stress, anxiety in the recipient. 95% felt that it can alter patients view if conducted improperly. 3/4th could not break bad news comfortably and found difficult to discuss end of life issue or end of treatment with the patients.

Only half accepted the need of specific training for breaking of bad news. This necessitates formal training in breaking bad news which is

essential component in palliative care medicine. According to Lawrence [11], Health care professionals cannot avoid telling truth. The capacity and ideas necessary to break bad news in a caring manner do not come naturally, but can be developed and nurtured by producing evidence-based theoretical frameworks and training programs [4]. It is recommended to ensure Formal training on breaking bad news during internship, that can result in effective communication skills, an improved doctor-patient relationship & can achieve enhanced quality of services.

Acknowledgement

Department of Community Medicine, Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Mumbai.

References

1. Vijayakumar N, Bibek B, Cheriyan K. BREAKS' Protocol for Breaking Bad News. *Indian J Palliative Care*. 2010; 16(2):61-65.
2. Baile WF, Buckman R. SPIKES-A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist* 2000; 5:302-311.
3. Regional Guidelines Developed from Partnerships in Caring (2000) *DHSSPS* February 2003. Published by Department of Health, Social Services and Public Safety, Castle Buildings, Belfast BT4 3SJ. www.dhsspsni.gov.uk
4. Kumar M, Goyal S, Singh K, Pandit S, Sharma DN, Verma AK et al. Breaking Bad News Issues: a survey among radiation oncologists. *Indian J Palliat Care* 2009; 15:61-66.
5. Francesca C. Dwamena, Churlsun Han. Breaking Bad News: A Patient-Centered Approach to Delivering an Unexpected Cancer Diagnosis. *Semin Med Pract* 2008; 11: 11-20.
6. Ganesh A, Ganesh G. Reflective writing by final year medical students: lessons for curricular change. *Natl Med J India* 2010; 23:226-30.
7. Abid Jameel, Sahibzada Mahmood Noor, Shahid Ayub. Survey on perceptions and skills amongst postgraduate residents regarding breaking bad news at teaching hospitals in Peshawar, Pakistan. *J Pak Med Assoc*. 2012; 62(6):585-589.
8. Supe AN. Interns' perspectives about communicating bad news to patients: a qualitative study. *Educ Health (Abingdon)*. 2011; 24(3):541.
9. Baliram V. Ghodke, Ipseeta Ray-Mohanty, Abhay R. Wagh, Yashwant A. Deshmukh. Perception and attitudes of medical students toward communication, chronic disease and death. *International Journal of Basic & Clinical Pharmacology*, 2014; 3(5):854-859.
10. Mohandas KM. Ethical dilemmas in breaking bad news. *Medical ethics* 1935; 3(4): 59-60
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; 19(1):2-11.

*All correspondences to: Dr. Subita Pranav Patil. Assistant Professor, Department of Community Medicine, Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Mumbai-400022, Maharashtra, India. E-mail: psubita@gmail.com