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BEARERS OF BAD TIDINGS: DOCTORS NEED TO BACK OFF WHEN DELIVERING BAD NEWS TO PATIENTS, SAYS STUDY

DAYTON, Ohio — Doctors who feel they need to provide exhaustive disease and treatment information when they give bad news to a patient should know that’s not the best way to treat the situation, according to a new study.

"The patient is likely to be stunned and in denial," said Teresa L. Thompson, communication professor at the University of Dayton and co-author of “Communicative Competence in the Delivery of Bad News,” a study presented in November at the National Communication Association meeting in Seattle. “Doctors should be straightforward when they talk about the diagnosis, but they shouldn’t attempt to communicate much additional information. The patient just can’t absorb much at that point.”

Physicians should schedule a follow-up session to more fully explain the medical condition and treatment options, said Thompson, who has studied health communication issues for 16 years and serves as editor of Health Communication, an academic journal.

Thompson conducted the study with co-authors Cathy Gillotti, assistant professor of communication at Purdue University Calumet, and Kelly McNeilis, associate professor of communication at Southwest Missouri State University. Both earned their bachelor’s and master’s degrees in communication at UD and worked with Thompson, former director of the communication graduate program, as students.

For the study, the researchers assessed videotapes of 54 third-year medical students who delivered HIV-positive diagnoses to actors posing as patients in one-on-one situations set up as part of a clinical performance evaluation.

The students were judged not very empathetic in their delivery of bad news, although they didn’t do a terrible job overall. Some included obviously misplaced small talk and humor in their conversations with the patients. Some did exceptionally well, listening to the patient and answering her concerns.

“You could tell the students were following what they learned in their medical
interviewing class,” said Gillotti, who used the same videotapes as the basis for her dissertation on bad news delivery by medical students. “After 10 hours of tape, you could see a pattern. Greeting, introduction and statement of level of experience, confirm the reason for the visit, deliver the bad news, answer the patient’s questions, secure the patient’s understanding of the disease, assess the patient’s social support network, provide information on social support, assess the patient’s psychological state, another round of answering the patient’s questions, set up a follow-up visit and exit. This checklist of items emerged in every interview. It was more clinical than compassionate.”

For the most part, they followed what they learned in class, she said. “It’s encouraging that they know their interview skills. Having a baseline is good, but they have to have the skill to go past that.”

The medical students judged the best communicators were the ones who did not solicit answers from the patients, expand on their remarks, offer extended explanations or restate their comments — in short, they didn’t overload the patients with information.

“On the whole, there was too much emphasis on giving information and verifying how much the patient understood,” Thompson said. “But the situation requires adaptation. If a patient voices concerns and asks questions, the doctor certainly should respond then and there with as much information as is appropriate. The doctor has to try to pick up on cues from the patient.”

The methods used by the medical students are entirely appropriate in other medical settings, Thompson said. “The emphasis in most health care provider interactions is on giving information and verifying that the patient is understanding it. That’s associated with more-competent care — in other settings.”

Veteran physicians may be expected to perform the bad news task better than medical students, “but we’ve all been to experienced doctors who are not as effective at communicating as they should be,” Thompson said. “Interestingly, most physicians are ineffective in all communicative tasks, but that’s exactly how patients judge what a good doctor is and what a bad doctor is.

“Most doctors are well-trained and competent medically. They just have a great difficulty with communication competence.”

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