



Breaking Bad News - A Neglected Aspect in Dentistry: A Brief Review

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Abstract

An effective communication between the doctor and patient is heart and art of medicine. Though the art of diagnosing is taught in medical and dental schools the art of effective communication still needs to be worked on. With dentist being a primary contact point for diagnosing oral cancer cases, the diagnosis can alter the life of patient as well as their families. Unfortunately the dental practitioners are least exposed to situations where in they have to communicate the bad news to the patient. This review aims at shedding light on different aspects of breaking bad news to the patients in a dental set up.

Keywords: World Health Organization (WHO); Communication; Patient

Introduction

World Health Organization (WHO) defines Palliative care as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” [1]. In 2014, WHO emphasized that palliative care should be considered from diagnosis onwards and integrated into care for people with any condition that may lead to their death in the foreseeable future [2]. Palliative care can improve the quality of life of patients and their families through timely identification of deteriorating health, holistic assessment of needs, management of pain and other problems (physical, psychosocial, and spiritual), and person-centered planning of care [2].

An important aspect of communication is breaking bad news. Bad news is defined as any information which may adversely affect a person's life. Breaking bad news to a patient and family members is a delicate situation and it requires good communication skills. Bad news when delivered in a structured way helps the patient to

accept it in a better way. While it may be a common situation for healthcare professionals to deliver life-altering news to a patient, a dentist rarely has to face such a situation where he/she has to reveal such news to a patient. A dentist may happen to examine a probable oral or oropharyngeal cancerous lesion in an outpatient department or a clinic. It becomes the duty of the dentist to reveal the diagnosis to the patient after confirmatory radiographs or tests.

Oral cavity is recognised as harbinger of early onset systemic diseases [3]. Some of the systemic diseases diagnosed based on these symptoms can again alter the patients quality of life. Although dentists are trained well to diagnose such conditions and treat their manifestations, the importance of communication with such patients is mostly ignored. Hearing a diagnosis like cancer is a grievous situation for the patient and the news should not be casually and bluntly delivered to the patient. Understanding the gravity of the situation and revealing bad news in a sensitive and structured manner is crucial for patient's treatment. Still till date the training regarding the approaches to breaking bad news in a dental setup is not common. Hence, this paper discusses the approaches of breaking bad news and associated barriers with respect to dental set up.

Approaches for breaking bad news in dental set up

Most of the dental setups work in an outpatient basis in private clinics all over the globe unless the setup is associated with a hospital or educational institution. The patients once diagnosed with life threatening condition needs to be referred to a higher centre for further management. Some dentist may avoid addressing the issue due to fear of negative impact on patient or may down play the seriousness of the diagnosis and refer them without proper education of the patient regarding their diagnosis. Most frequently this could also be due to uncertainty about the actual prognosis or how to communicate this. Lack of training and insufficient time to attend to the patient’s emotional needs are also some of the reasons that have been observed to be cause of improper communication [4]. This may lead to patients not taking right decisions regarding their

condition and missing out on further treatment. Hence the onus falls on the dentist to not only delivering the news to them but to introduce them to the next steps to be taken in a non threatening and understanding way to make informed decisions.

To help the healthcare professional break the news in an empathetic and sensitive manner several strategies have been mentioned in literature. The most commonly described are SPIKES, BREAKS and ABCDE protocols [5-8] (Table 1, Table 2, Table 3) The goal of all these strategies is to help the healthcare professional to fulfil the four most important objectives of the interview disclosing bad news: collecting information from the patient, providing the medical information, lending support to the patient, and eliciting the patient’s collaboration in developing a treatment plan for the future.

Key findings of the protocol at each stage		Applied in A dental setting
Setting up the interview	Arrange for a private room or area. Have tissues available. Limit interruptions and silence electronics. Maintain eye contact Include family or friends as patient desires.	If no separate room available in the clinic, schedule an appointment preferably when there are no other patients Do not deliver the news when patient is on the dental chair
Assessing the Patient’s Perception	Use open-ended questions to determine the patient’s understanding. Correct misinformation and misunderstandings. Identify wishful thinking, unrealistic expectations, and denial.	Patient might have searched the information on internet regarding their ulcer or white patch. Ask if they have researched for any information on it or if they have contacted anyone before. In case of a painful malignant ulcer, the patient might get some relief using topical anti-inflammatory or analgesic agents, which might lead to a wrong perception of a healing ulcer and hence denial regarding a diagnosis of cancer. Such wrong perception should be corrected
Obtaining the patient’s Invitation	Determine how much information and detail a patient desires. Ask permission to give results so that the patient can control the conversation. If the patient declines, offer to meet him or her again in the future when he or she is ready (or when family is available)	Since most of the dental treatment and tests are done in outpatient basis patient may not have come with a family member. Find out if they want to discuss the results with a family member as they might have an unfavourable diagnosis.

<p>Giving Knowledge and information to the patient</p>	<p>Briefly summarize events leading up to this point.</p> <p>Provide a warning statement to help lessen the shock and facilitate understanding, although some studies suggest that not all patients prefer to receive a warning.</p> <p>Use nonmedical terms and avoid jargon.</p> <p>Stop often to confirm understanding.</p>	<p>You can start by informing that based on the findings something serious was expected and the tests confirmed the suspicions</p> <p>You may have to explain to the patient how a small white patch that was not bothersome can turn out to be cancer</p>
<p>Addressing the patient's Emotions with Empathic responses</p>	<p>Stop and address emotions as they arise.</p> <p>Use empathic statements to recognize the patient's emotion.</p> <p>Validate responses to help the patient realize his or her feelings are important.</p> <p>Ask exploratory questions to help understand when the emotions are not clear.</p>	<p>Sometimes patients may be upset that they got diagnosed with cancer even without any ill habits. They should be given time in between to grasp their own feelings and emotions</p> <p>Ask the patients if they are following what we are saying and if they want us to stop.</p>
<p>Strategy and Summary</p>	<p>Summarize the news to facilitate understanding.</p> <p>Set a plan for follow-up (referrals, further tests, treatment options).</p> <p>Offer a means of contact if additional questions arise.</p> <p>Avoid saying, "There is nothing more we can do for you." Even if the prognosis is poor, determine and support the patient's goals (e.g., symptom control, social support).</p>	<p>Since many a times you may have to refer the patient, you can tell them "I am referring you to certain centre as they are more facilitated to treat your condition. I would like to discuss the case with you after the specialists' opinion. In between if you have any doubts please make a note of it and you can talk to me in the next visit." Or "if the specialist wants to know what has been done so far please do not hesitate to contact me I will definitely provide him the details of your treatment so far".</p> <p>Also schedule an appointment for their palliative dental care if needed so as to reassure them that they are not being abandoned but just being referred for better facility.</p>

Table 1: SPIKES protocol and its key findings [6].

Steps	Key findings
Background	Know the patient's background, clinical history, and family or support person.
Rapport	Build rapport, and allow time and space to understand the patient's concerns.
Explore	Determine the patient's understanding, and start from what the patient knows about the illness.
Announce	<p>Preface the bad news with a warning; use nonmedical language.</p> <p>Avoid long explanations or stories of other patients.</p> <p>Give no more than three pieces of information at a time.</p>
Kindle	<p>Address emotions as they arise.</p> <p>Ask the patient to recount what you said. Be aware of denial.</p>
Summarize	<p>Summarize the bad news and the patient's concerns.</p> <p>Provide a written summary for the patient.</p> <p>Ensure patient safety (e.g., suicidality, ability to safely drive home) and provide follow-up options</p>

Table 2: BREAKS protocol and its key findings [7].

Steps	Key findings
Advanced preparation	Review the patient’s history, mentally rehearse, and emotionally prepare. Arrange for a support person if the patient desires. Determine what the patient knows about his or her illness.
Build a therapeutic environment/ relationship	Ensure adequate time and privacy. Provide seating for everyone. Maintain eye contact and sit close enough to touch the patient, if appropriate.
Communicate well	Avoid medical jargon, and use plain language. Allow for silence, and move at the patient’s pace.
Deal with patient and family reactions	Address emotions as they arise. Actively listen, explore feelings, and express empathy.
Encourage and validate emotions	Correct misinformation. Explore what the bad news means to the patient. Be cognizant of your emotions and those of your staff.

Table 3: ABCDE Protocol and its key findings [8].

All the protocols commonly advise the need for establishing rapport in an appropriate setting, based on patient’s previous knowledge and desire for details, delivered in an understanding manner while supporting patient emotions.

The common steps in delivering the bad news are:

Establishing an appropriate setting

Communication with patients while delivering bad news requires a personalised approach. All the current protocols agrees on arranging the set up where in there is less disturbance in a seated manner [5,9]. Seating across the patient where in patient can maintain eye contact can help one achieve a good rapport. Delivering the news while patient is sitting in a dental chair must be avoided to avoid anxiety. As dental anxiety has been cited as the fifth-most common cause of anxiety and it can impede patients level of comprehension about the point of discussion [10]. Also, though presence of a family member can be assuring, whether the patient wishes to include the family member in the discussion or not needs to be asked.

Determining the patient’s previous knowledge and desire for details

The amount information available on the internet has made patients more aware of their conditions than ever before. Patient

visiting a dentist might have already searched their findings on the internet or would have come for second opinion. Also tests like biopsies and FNAC can elicit a type of suspicion amongst the patient which needs to be addressed. The amount of information the patient knows determines whether the dentist is breaking the bad news to the patient or merely confirming their suspicion. In either of the situations one should proceed at the patient’s pace so that they can indicate when they want to stop. Some may want to hear the diagnosis directly and some more concerned about the treatment planning and after effects. A research on cancer patients’ communication needs reported that 50% of cancer patients desired quantitative (e.g., a cancer patient’s estimated survival time) and 80% wanted qualitative (e.g., whether the patient’s disease can be cured) information [11]. Another study showed that not all patients wanted specific information. If the patient does not wish to continue the discussion a fresh appointment needs to be scheduled with patient’s approval. The skills of communication are needed here to persuade the patient in a manner where they are willing to further discuss about the condition rather than being in denial.

Explaining in a language comprehensible to the patient

The key to delivering the news is to explain the diagnosis and prognosis in language that is comprehensible to the patient. Again

all the existing protocols agree that avoiding medical terminologies and euphemisms as the best approaches [5,12]. The use of medical terms while breaking bad news may lead to doubts in the patient or attendant's minds. On revealing a diagnosis like cancer, the patient is already in a whirlwind of emotions and when the conversation is mixed with medical terms, the patient often leaves without proper understanding of the situation.

Previous studies have also noted that while receiving a bad news patient prefer honesty over optimistic messages [13].

Supporting patient emotions

A patient might have varied reactions like shock, denial or acceptance on hearing serious medical news. This can be elicited by patient's body language, verbally or silences. Verbal conversations are often acknowledged by dentists but other emotional signs like body languages are missed. In some instances, an emotional cue is often ignored or not addressed as they fear overflow of emotions from the patient's side which will divert from the important matters in hand.

If it is not recognised by dentist and the conversation immediately diverted to more common topics like treatment options, can easily leave the patient in an emotional state.

In such unnoticed situations, any further information given by the dentist would not be absorbed by the patient and which may lead to communication gaps.

Allowing for questions

Once the dentist recognizes that the patient is calm or accepting the bad news, the patient should be allowed to ask any questions or clarify their doubts about their disease. Since many a times patient would have visited for an ulcer or toothache and if they are given diagnosis like cancer, they may be in a state of disbelief. Also many would like to know how they got the disease in the first place without any pain or other symptoms. Hence, allowing them to ask questions is important in making them accept their diagnosis. This will in return help build a sense of trust in the dentist and also involve them in treatment planning.

Summarizing and determining next steps

Anxiety about having a life-threatening disease can make interpretation and comprehension of complex information even more difficult. A comprehensive review revealed that the patients usually

recall facts provided at the start of a consultation more readily than those given later. The review also noted that patients recall the topics deemed most relevant and important to them more accurately rather than what is more pertinent to the doctor [14]. Hence, at the end of the meeting it is imperative to summarise the points from their discussion. Patient should be informed what processes have been done so far for the patient and what has to be done can be explained. For example, for a case of squamous cell carcinoma, it can be explained to him/her that a biopsy have been performed to confirm the diagnosis. It can be emphasized thereafter what other tests (for example CT or MRI and PET etc) need to be done before the actual treatment. One of the mistakes often done at this stage is directly referring the patient to higher centres without a follow up visit and not giving them a second option. This can make them feel abandoned. Rather patient should be given a choice to take second opinion before they proceed with their treatment and also set them up for a follow up visit to discuss the treatment plan that has been provided at the higher centres. Though the dentist may not be the part of the curative team this gives the patient a sense of security and a point of contact in case of doubts.

Discussion

There are an estimated 657,000 new cases of cancers of the oral cavity and pharynx each year, and more than 330,000 deaths [15]. Research data suggests that about 15% of cancer patients are likely to develop second primary tumour following treatment for the index tumour. Almost all patients receiving radiotherapy for head and neck tumours and nearly 40% of patients receiving chemotherapy are likely to suffer from oral complications, such as mucositis, xerostomia, and functional disabilities. These complications are debilitating for the patients [16].

With increase in oral cancer and cancer treatment related oral complications, rise in lifestyle related systemic diseases with oral manifestations dentists are subjected to situations where responsibility of breaking the bad news to the patient falls on them.

The biggest barrier that dentists face in an effective communication is their lack of training. Though breaking bad news is a challenge across all disciplines, notably little time is devoted to formal training and practice at any stage of medical school training [17]. With very few life-threatening diseases arising in dental set up dentists training in this aspect of communication is even poorer. Giri, *et al.* reported inadequacy in knowledge level of both

dental and medical students regarding palliative care. The study also reported the knowledge level of dental students was poor as compared to medical students [18].

Apart from oral cancer there are several other serious systemic conditions involving endocrine, neurological, mucocutaneous and gastrointestinal systems; hematologic, cardiovascular and respiratory disorders; and autoimmune syndromes which may experience oral manifestations as their first sign [9]. As mentioned previously similar to cancer management these patients need to be approached with interdisciplinary approach. Hence the responsibility of guiding these patients to right specialist apart from providing oral care and diagnosing falls on the dentist.

The other side of the barriers of communication is the impact of delivering bad news on dentist. Several reviews have noted that delivering bad news can also be stressful to the healthcare physician. A sense of helplessness, fear of being blamed for the illness or a wish to shield the patient from the reality of the situation can have burdening impact on the dentist as well. Delivering bad news to patients is considered an acute stressor that may, in turn, lead to profound

psychological and physiological changes, such as increases in sympathetic nervous system activity (including blood pressure, heart rate and catecholamine secretion), as well as platelet aggregation and changes in the number and function of a variety of immune cells [9,19].

Güneri, *et al.* assessed the issues related to breaking bad medical news to dental practice patients and recommended that for both practitioners' and patients' well-being, empathetic and effective delivery of bad medical news should be included in dental education and continuing education [9].

Conclusion

Delivering negative news requires skills, patience and energy. In healthcare field, it is a daunting task and having more experience does not make much of difference unless trained for it specially. With newer studies and researches linking oral manifestations as the first sign of graver diseases, dentists play a crucial role in delivering the news to the patients about their health status in a gentler and acceptable way. Wrong communication can prevent the patient from availing further healthcare services leading to increased morbidity and mortality and in turn increasing the healthcare burden

on system. Hence, the training for palliative care especially communication, should be part of dental curriculum right from undergraduate level so as to prepare them for shouldering the pillars of healthcare system.

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