

COMMUNICATION IN ICU – BREAKING BAD NEWS

Breaking bad news – most difficult part of critical care practice

Common communication problems in ICU:

1. Family and patient
 - unfamiliar surroundings
 - noise
 - “serious event” trauma
 - sedation, intubation
 - restricted access
 - results in fear/helplessness, insignificance, anger, depression, stress
2. Staff
 - busy
 - stressed
 - unskilled, no formal training
 - fear of blame, emotion, inability to cope
 - language/cultural

Communication techniques

1. Preparation for the interview
 - time of the interview
 - convenient time, no interruptions
 - consider making appointments
 - nominate a family representative for a large group
 - have support network present
 - identify yourself/dress appropriately
2. Location
 - interview room
 - quiet, comfortable, private place
 - telephone/hand basin
 - information leaflets if available
3. Manner of breaking news
 - start of well (know patient’s name etc)
 - find out how much the patient/relatives know
 - find out how much they want to know
 - face-to-face, make eye contact, sit close to patient/family
 - avoid physical barriers
4. Language
 - simple, direct, careful word choice
 - no technical diagnostic terminology

- give news at person's pace
5. What should be said
- prepare: give a warning shot
 - convey some measure of hope, if appropriate
 - acknowledge patient's reaction and allow emotion
 - allow questions

Summarize and document the discussion in the patient's case notes