

Breaking bad news in the veterinary consultation

Although this type of consultation has its own skills, it is important to remember that the content and process skills, which apply to any consultation, also apply here.

In this handout we will concentrate on the specialised skills that may be utilised when breaking bad news to clients. We will use the consultation structure outlined in the NUVACS model, based on the Calgary-Cambridge Observation Guide¹

1) Preparation

For any consultation that involves breaking bad news, it is important to ensure that you have carried out thorough preparation. This includes:

- Arranging a suitable appointment length (many practices would allocate a double appointment for this type of consultation, or a special appointment outside normal surgery times)
- Arranging the room. It does make a difference if you remove the “barrier”, i.e., the consulting table. Chairs should be arranged so that they are in a semi-circle, not too close to each other, with each chair at a slight angle
- Reminding yourself of the owner’s name, the animal’s name and sex, and making sure that you get these details correct throughout the consultation
- Preparing the information. If discussing treatment options for a serious condition, make sure that you know expected side effects, survival times, quality of life given by the treatment and approximate costs involved
- Collecting all the paperwork. Make sure that you have test results to hand, referral letters, case notes and the appointment diary so that you can schedule the next visit
- Making sure that you won’t be disturbed. For any reason.
- Placing a box of tissues in a convenient location

2) Initiating the consultation

- It is useful to summarise where things have got to so far. For example, *“As you remember, we talked about X-raying Sheba’s chest before deciding what to do with the lump that you found.”*
- Enquire about the animal’s current condition, using an open question, *“How’s she been since I saw you last?”*

The client may be prepared for possible bad news, or they may not. It is helpful to use a “warning shot” at the start of the consultation, to tell the client that bad news is on its way.

Examples of warning shots:

- The room set-up (not the usual consulting room arrangement)
- The fact that you sit down with the client(s)
- “I’m sorry, I have some bad news to tell you”
- “I’m afraid the news is not as good as we’d hoped”

What if the client is not prepared for bad news, and comes into the room chatting brightly? It is important to let the client finish what they are

saying, then gently ask them to sit down. This in itself may serve as a warning shot.

Sometimes it's possible to use the topic of conversation to introduce the warning shot.

Client: *"It's such a nice day. We've just been for a lovely walk with Barney – he seems so well"*

Vet: *"Yes, that makes it more difficult to give you the results of his biopsy. I'm sorry, it's bad news."*

3) Responding to emotional cues

What happens if the client breaks down in tears, or is completely silent, or gets up and paces round the room when you tell them the bad news?

First of all, these are all predictable reactions. Secondly, the client needs time to deal with the news you have given them. There is no point in ploughing on with difficult explanations of treatment options until they are ready to listen. How do you know that they are ready to listen? First, you must deal with the emotional response appropriately (e.g., by remaining silent, but maintaining eye contact, OR by acknowledging their emotions *"I can see that this has been a shock to you"* *"I can see that you are very upset by this news"* and offering tissues, then remaining silent), you will know that they are ready to take in more information when they renew eye contact, or ask a question.

Blocking behaviours

These behaviours are common in doctors when they are breaking bad news², and I'm sure that the same applies to veterinary surgeons – we certainly see them happening in students.

What are blocking behaviours?

They include:

- Offering premature advice and reassurance before the client's main concerns have been addressed
- Explaining away distress as normal
- Attending to physical aspects only
- Changing the subject
- Being falsely hearty and jolly (*"Come on, pull yourself together"*)

So why do they happen? Many clinicians fear that probing the emotional aspects of a case will increase the client's distress, or take up too much time, or have a deleterious effect on their own emotional state. It's much easier to use blocking behaviours to keep emotions at bay.

What should you do when faced with emotion? The most effective response is empathy.

First of all, you need to identify the emotion that the client is experiencing (most commonly grief, anger, denial, guilt).

You should then identify the source of the emotion. In most cases, this will be the bad news that you have just given them, but sometimes this is the trigger that allows outpourings of emotion linked to something else going on in their lives. You cannot possibly know that!

Empathic response links the emotion with the source, in a way that lets the client know that you have made the connection.

For example, *"I can see that the news about Brandy's condition has made you very sad."*

That's all. You don't have to understand how they feel. You don't have to put yourself in their shoes. You just need to recognise the emotion, why they are experiencing it, and verbalise this information. If you then remain silent, they may tell you why they are so upset, and if there are other reasons for their distress. They will let you know when they are ready to continue.

4) Giving Information

The client may not be ready to receive large amounts of information. It may be better to give them a summary of any treatments that are available, or give them written information to take away, and then schedule another appointment to go through the options in detail.

Whenever it is carried out, the process of giving information must still rely on the associated process skills, i.e.,

- Keeping it simple & avoiding jargon
- Pausing to allow the owner to ask questions. Checking that all their concerns have been answered.
- Checking their understanding (*"Would you like me to run through that again?"*)
- Offering to speak directly to any other party not present (Spouse etc)
- Signposting (*"Let's discuss the options for treatment first, then we'll talk about the cost and side-effects of each one"*)
- Chunking and checking (giving small pieces of information, and checking that the client has understood before moving on)
- Taking the client's concerns and beliefs into account (*"Do you have any worries about going ahead with treatment?"*)
- Summarising. You can never do too much of this. Clients take very little in when they are anxious, and repeating all the options over again, or providing a written summary, is always appreciated
- Safety-netting. Always provide the client with support. Give them times when they can ring the surgery, or come back for another appointment, to discuss things further. Some practices run support groups for clients whose pets are receiving chemotherapy, or can arrange contact with such clients for anyone trying to decide on treatment options.

Should you apologise? It is often said that a client will pick up on any expression of sympathy as an admission of guilt. However, a well timed *"I'm sorry that this has happened"* conveys empathy to the client.

5) Closing the consultation

- Summarise (again)
- Don't rush the owner into a decision - few cases are so serious that a decision needs to be made that moment. Arrange further appointment/contact and time frame (see safety-netting, above)

And finally, it has been said that breaking bad news is a pivotal skill in veterinary practice.

Do it well, your client will never forget

Do it badly, your client will never forgive



References

- 1 Maguire P and Pitceathly C (2002) Key communication skills and how to acquire them *BMJ* 325: 697-700
- 2 Kurtz, Silverman and Draper (1998) Teaching and Learning Communication Skills in Medicine. Radcliffe Medical Press Ltd, Oxon.