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Letter to Editor

Necessity to empower clinical teachers, especially surgeons and emergency medicine specialists in breaking bad news

Zahra Amouzeshi[1], Somayeh Keramatinejad[2], Reza Dastjerdi[3], Saeideh Daryazadeh[4]

[1] Ph.D. Candidate in Medical Education, Instructor at School of Nursing and Midwifery, Atherosclerosis and Coronary Artery Research Centre, Birjand University of Medical Sciences, Birjand, Iran

[2] MSc in public Health Nursing, Birjand University of Medical Sciences, Birjand, Iran

[3] Assistant Professor of Psychology, Department of General Courses, School of Medicine, Cardiovascular Diseases Research Center, Birjand University of Medical Sciences, Birjand, Iran

[4] Ph.D. in Medical Education, Medical Education Research Center, Isfahan University of Medical Sciences, Isfahan, Iran

Corresponding Author:
Tel: +989153617588
Email: skeramati95@gmail.com

Dear Editor

In the medical field, "breaking bad news" usually includes conditions in which a person has developed symptoms of a deadly disease, such as AIDS and cancer. However, in some other definitions, breaking bad news involved other situations, such as the symptoms of chronic diseases and painful situations, such as diabetes, failure of treatment plans, difficult and costly treatment plans, disability, amputation, and paralysis (1).

Breaking bad news is the most critical type of relationship between a doctor or medical staff and patients. During this process, the doctor or another medical staff is required to convey bad news and other unpleasant information to patients. This news and information can include diagnosis with a dangerous illness, recurrence of a bad condition, or treatment failure, or even death. The issue of breaking bad news was first raised by Buck man in clinical research. According to Buck man, the bad news is defined as any news that leads to negative changes in a person's attitude toward his future and can have significant psychological consequences for the person (2).

The way bad news is conveyed is very important. In ancient times, people who transmitted bad news were called bad people and it was believed that bad fate awaited these people. Therefore, it is natural for patients or their companions who receive bad news on patient'shealth status or his death from an inexperienced doctor to blame the doctor for the mentioned conditions and to behave aggressively toward the doctor(3).

Most patients expect to be approached with empathy and compassion when presented with bad news. They also expect to receive information clearly and are concerned about ambiguities during a dangerous illness (4).

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It should be noted that the pain of a news story is influenced by two important factors; the first is the amount of bad news received and the second is the ambiguity and confusion involved. Regarding the first factor, the more unimaginable the news for the patient and his/her family and the more deadly the disease, the more difficult it is to convey the news and the more painful it is for the patient's family. As for the second factor, it should be noted that when doctors do not have specific treatment strategies and they don't have a specific solution available, they are helpless in breaking the bad news, which adds to the ambiguity and uncertainty of the patient and the patient'sfamily (2).

Physicians and nurses, on the other hand, generally prefer to learn about the approaches and strategies of breaking bad news through trial and error or the advice and role modeling of an experienced physician; therefore, there is no formal training available for them in this regard (5-6.)

Stankova and Mihova (2018) believe that about one-third of medical staff including doctors and nurses do not have the necessary competency to breakbad news(7).

Burg et al. (2019) acknowledged that designing psychological and communication-themed training can enhance the performance of medical staff in breaking bad news (8).Alexander et al. (2006) examined the performance of medical staff in breaking bad news in a 16-hour intervention and found that a relatively short and intensive course of communication skills could lead to a significant increase in specific areas of information and response to emotional cues in participants. Moreover, they observed a statistically significant increase in the overall skill of medical staff in breaking the bad news (9).

Baran et al. (2019) examined effective communication strategies and skills that can help physicians to navigate difficult conversations more effectively when presenting bad news. They pointed out that clinicians should employ these tools according to their particular style, and that it is the patient's right to be aware of the disease and treatment process. They also found that communication skills are effective in delivering bad news (10).

On the other hand, having the right strategy and competency for breaking bad news increases the confidence of physicians or staff who undertake this task and can influence their job performance (11-12). Provision of training on how to break bad news and having preparedness for that is effective in reducing job stress in health personnel, including doctors and nurses (13), and affects patients and their families in turn(14-15)

Therefore, considering the importance of the issue and the aforementioned reports and facts, it seems necessary to empower clinical teachers, especially surgeons and emergency medicine specialists on how to break the bad news to their patients and their families.

Conflicts of interests

There is no conflict of interest.

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