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RESEARCH ARTICLE

KNOWLEDGE AND PRACTICE OF BREAKING BAD NEWS AMONG PHYSICIANS IN KING FAHAD HOSPITAL IN MADINAH CITY 2018

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ABSTRACT

Physicians are trained and keen to treat their patient efficiently and effectively, and one of the important aspects of the consultation is communication skills especially breaking bad news. There is a limited number of studies done about the knowledge and practice of breaking bad news. The main objective of this study is to explore the knowledge and practice of breaking bad news among physicians in King Fahad Hospital Madinah 2018. This research is a Cross-Sectional descriptive study, sample size was 208 physicians working in king Fahad Hospital Madinah. About half of the participants are facing difficulties in breaking bad news, despite more than half of them have received training in Breaking Bad News (BBN). Although a good number of physicians showed acceptable knowledge in breaking bad news but their practice not as expected based on their knowledge. Effective training in breaking bad news will influence the patient-doctor relationship which will rise the quality of health service.

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INTRODUCTION

Physician are trained to deal with various medical situations but receive little or no training on communication skills (Kurer, 2008). One of the most difficult tasks faced by physicians is delivering bad news, and without proper training this can lead to negative consequences for patients, families, and physicians (Monden, 2016). Breaking bad news as defined by the famous oncologist Robert Buckman as, "any news that drastically and negatively alters the patient's view of her or his future" (Buckman, 1984). Many physicians may feel unprepared for breaking bad news, they may be fearful of the patient's or family's reaction to the news, or uncertain how to deal with an intense emotional response (VandeKieft, 2001). Majority of the patient's relatives in eastern countries including the middle east prefer not to tell the bad news to the patient,(Ozdogan et al., 2016; Al-Mohaimeed, 2013) and they try to conceal it from him, moreover, physician prefer to discuss serious diagnosis with close relatives first rather than the patient, but they found in one study done in Riyadh Saudi Arabia that most of the patients preferred to be informed about their serious illness (Zekri, 2015).

Many models have been proposed for breaking bad news and the best of them that embraced the patient-centered approach and includes the patient's family (Fine, 2017).

Objectives

- To assess the knowledge of physician in breaking bad news in King Fahad Hospital Madinah 2018.
- To assess the practice of physician in in breaking bad news in King Fahad Hospital Madinah 2018.

Literature Review: Study conducted in Qassim region on 2011 showed majority of physicians (70 %) prefer to inform the bad news to close relatives rather than the patient. Only (32%) said that they would inform the patient's family in case of serious disease without the patient consent (Al-Mohaimeed, 2013). Another study in Iran, The majority of the physician (86%) and nurses (74%) mostly the more experienced one revealed the bad news to the patient first. Only (8%) of physicians have been trained for BBN (Arbabi, 2010). In India, most participants (91.4%) agreed that bad news must be told to the patient. Only (11%) believed that all information should be told in a single visit, other felt that partial information be told on multiple

involved in the decision of resuscitation in terminal cases. More than half of the respondents (57%) agreed that they would benefit from further training in BBN (Kumar, 2009). A survey conducted in Peshawar Pakistan indicated (42%) of residents said that they will disclose cancer diagnosis to the patient even if relatives requested to conceal it. While (19%) said that they will withhold the disclosure of cancer diagnosis to the patient upon relative request. The study concluded that training in communication skills including BBN should be an important component in medical education (Jameel, 2012).

METHODOLOGY

Cross sectional study was conducted in AL Madinah Al Munawrah, king Fahad Hospital which has 454 physicians working in different medical and surgical specialties (MOH madinah). Sample size was calculated as 208 participant, a validated questionnaire which was used in the study conducted in Qassim region and published on Oman medical journal[6]. It consist of two sections; the first section about personal data, the second section was related to their knowledge and practices about breaking bad news. The questionnaire was send to physicians in king Fahad hospital through WhatsApp. The data analyzed by using SPSS16**.** Ethical Consideration: This study was ethically approved by the ethical committee, directorate of health affairs in Al Madinah Al Munawarah.

RESULTS

Socio-demographic data: A total of 230 questionnaire were distributed to physician working in different department at king Fahad hospital Madinah, only 215 have completed the questionnaire. Of these 215 participants, 132 (61.4%) were Males. The majority 167 (77.7%) were between 25 and 34 years of age, 167(77.7%) were of medical specialty, 48(22.3 %) were of surgical specialty, 79(36.7%) physicians hold MBBS, 104 (48.4%) hold PhD/board/fellowship. 187 (87 %) have experience less than 10 years.

Breaking Bad News To Patient: Out of 215 participants, 129(60%) attended training in breaking bad news. Regarding to whom would the doctor break the bad news; 161(74.9%) were said that they tell the patient and 54(25.1%) said they tell his/her family. In the case of a serious infectious disease e.g. (HIV infection) 45(20.9%) physician would tell the patient family without the patient's consent, while 170(79.1%) won't.

Physician Knowledge On Breaking Bad News: Considering breaking bad news to the patient; 17(7.9%) of the participant usually avoid telling their patients about their final diagnosis while 184 (84.7%) tell their patients about their final diagnosis. Breaking bad news is difficult and this is agreed upon by 123(57%) of the physicians. Around 21(10%) of the participants disagreed on that the patient has the right to know their final diagnosis. 19(8.9%) of the participants agreed that a multi-bed hospital room can be used to deliver the news while 156(72.5) disagreed. Regarding the "warning shot" before telling the bad news 31(14.4%) disagreed while 147(68.4%) agreed. Before telling the bad news, it is good to find out how much the patient already knows; 196(91.1%) of the participants agreed on the statement. 186(86.5%) of the participants agreed on that the patient should be asked about their fears before leaving the office. 191(88.8%) of the participants agreed on that the patient should fully understands the news that was given to him/her. 190(88.3%) of the participants agreed that the patient should have a follow up plan and provide him/her with some hope. 189(88%) of the participants agreed on that the patient is free to seek a second opinion. Physicians with higher qualification (PhD, board, fellowship) received more training in breaking bad news 68(65.4%) followed by MBBS holders 46(58.2%). It was found that about 67(84.8%) physician with lower qualification inform the bad news to the patient compared with physician with (PhD, board, fellowship) 72(69.2%).There was no difference between the qualification and the disclosure of serious infection to the patient's family without his/her consent. Females physician received more training 54(65.1%) than male physicians but disclosed the bad news to the patient less 60 (72.3%) compared with male physicians 101 (76.5%). Females physicians disclosed the serious infection (e.g. HIV) to the patient's family without his/her consent more 19 (22.9%) than male physicians 26 (19.7%) physicians with medical specialty received more training 112 (67.1%) than physicians with surgical specialty 17 (35.4%) but disclosed the bad news to the patient more 126 (75.4%) than surgical physicians 35 (72.9%). Medical physicians disclosed the serious infection (e.g. HIV) to the patient's family without his/her consent more 36 (21.6%) than surgical physician 9 (18.8%).

DISCUSSION

The study results showed that (74.9%) of the participants would break the bad news to the patient compared with only (30%) in the study conducted in Qassim region[6], but still not high like the study which was conducted in India (91.4%) [10] or Iranian study (86%) [9]. In the case of serious infectious disease only (32%) of the participants in Qassim study would inform the family without the patient's consent[6] compared to (20.9%) in our study which is considered better result. Only (8%) of the Iranian physician have been trained in breaking bad news[9] compared to (60%) in our study, (43%) in the Kimberly R et al study[2] and (5%) in the study conducted in Peshawar Pakistan[11]. As we can see in our study physicians have received more training in breaking bad news (60%), compared with the Iranian study only (8%)[9] and the study conducted in Peshawar Pakistan (5%)[11], but the result in our study showed that the they don't implement it in their practice which is reflected by the lower percentage (74.9%) in breaking bad news to the patient rather than his/her family compared to the study done in India (91.4%) [10] or Iranian study (86%).[9] In India only (11%)[10] believed that the information should be told in a single visit compared to (12.1%) in our study. only (31%) of the Indian physician participated in the study would disclose the bad news to the patient even if it is against the family wishes[10] compared to (51.2%) in our study and (42%) in the study conducted in Peshawar Pakistan[11].

About (57.3%) physician agreed that they are facing difficulties in breaking bad news as mentioned in Qassim study. [6] Regarding the knowledge of breaking bad news in our study we found that there is a good number of participants (84%) who knows that they should tell the patients about their final diagnosis, moreover (91%) assessed the background knowledge of the patients' illness before BBN and about the summary and the closure of the BBN session (i.e. plan, prognosis, appointment, fear and understanding) from (79-88%) of the participants have good knowledge in this part. Despite the good knowledge shown by the participants' responses but it is not reflected in their practices as there is (51.2%) wouldn't share the diagnosis with the patient if it is against the family wishes and there is still a percentage of physicians (9.8%) who agreed that the patients have no right to know their final diagnosis. Physicians with higher qualification received more training in breaking bad news (65.4%), but they disclosed the bad news to the patient rather than his/her family less (69.2%) compared to MBBS holder (84.8%). Physicians with medical specialty received more training in breaking bad news (67.1%), but there was minimal difference in delivering bad news to the patient between medical (75.4%) and surgical (72.9%) specialties.

CONCLUSION

About half of the participants are facing difficulties in breaking bad news, despite more than half of them have received training in BBN. Although a good number of physicians showed acceptable knowledge in breaking bad news but their practice not as expected based on their knowledge. Effective training in breaking bad news will influence the patient-doctor relationship which will rise the quality of health service.

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