ACADEMIC RESIDENT SECTION

On behalf of the SAEM GME Committee, we are pleased to re-introduce the "Academic Resident" section of the SAEM newsletter. Quarterly articles will focus on topics of interest and importance to emergency medicine residents, with topics recurring on a roughly 3-year cycle. It is our hope that you will find these articles to be useful tools in your academic/professional development. We encourage your feedback and suggestions regarding additional content areas that would be of value to residents and recent residency graduates. Feel free to email comments and suggestions to techsupport@saem.org

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A Strategy to Help Get You Through the Most Emotionally Trying Part of Your Day

Breaking Bad News in the Emergency Department

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Telling surviving family members that their loved one has died is one of the most emotionally stressful tasks for physicians.[1] It may be particularly challenging in clinical settings in which episodic care is provided. The impact of this duty is illustrated in a physician's statements about her interactions with the parents of a dead teenager: "We knew each other not at all only fifteen minutes ago, and now I have shared with them what will probably be one of the defining moments of their lives together."[2,3] Conveying information about the death of a loved one to survivors is a challenging and essential skill for emergency medicine physicians.

When a patient dies in the emergency department, the surviving family members suddenly become the "patients". They do not require medical treatment, but they do need the full support and empathy of the medical team during this very stressful, life-changing experience.[4] Developing a personal strategy and departmental protocol to deal with death in the emergency department benefits both the surviving family members and the staff. The pearls and pitfalls of breaking bad news to survivors are outlined in Tables One[5-11] and Two[5-11].

Few conversations have as much significance in one's life as those surrounding the death of a loved one. The manner in which this news is communicated to surviving family members has a lasting impact.[12] For some survivors the way the information is conveyed is as significant as the message itself.[9] Research has demonstrated that poorly communicated bad news can cause confusion, distress, and resentment in survivors. Whereas effectively communicated information can facilitate understanding, acceptance, and adjustment during the grieving process.[13] Table Three outlines some suggestions for helpful and unhelpful statements when talking with the recently bereaved.

When delivering the news of the death of a loved one to survivors, the physician's message should be presented in a caring way that demonstrates empathy for the receiver. Patients and families want physicians to be sincere, compassionate, and informative.[5] When being given bad news, they want to know that the physician who cared for their loved one is competent and knowledgeable. Jurkovich et al surveyed the survivors of trauma patients who died.[12] The survivors identified the following qualities as very important in the delivery of bad news: the attitude of the person providing the information, the clarity of the communication, the privacy afforded when given the news, and the knowledge of the physician and ability to answer questions. The attitude of the physician was ranked as "highly important" by three fourths of the respondents. Survivors indicated that physicians performed the most poorly in advising them of the requirements for an autopsy, offering clergy support, and delivering the news in a private location.[12]

It is easy to appreciate that the receipt of bad news is difficult, but the discomfort for the physician delivering the news may be less apparent.[5] The responsibility of breaking bad news can be challenging for clinicians.[11] Many physicians report a wide range of emotions when delivering the information including sadness, guilt,

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feelings of failure, and identification with the patient or family.[13] Moreover, more than 90 percent of physicians in a survey study reported that they were dissatisfied with the way bad news had been disclosed to a patient. Therefore, most physicians believe that they need to take steps to improve how this information is conveyed.[10] Physicians who follow published advice about how to deliver bad news were found to be particularly skillful in this difficult task.[6] For these reasons it is important to have a personal strategy for communicating with grief-stricken families.

Delivering the news of the death of a loved one to survivors in a way that promotes understanding and adjustment is an acquirable skill, not an inherent gift.[12] In the practice of medicine, conveying bad news is a task of great importance.[14] Medical students and residents believe the optimal way to learn these essential skills is to observe the delivery of bad news, practice the task in a simulated setting, and to deliver bad news while supervised.[12,14] Just as a senior physician should be present for the performance of a medical procedure, the same standard of supervision should apply to notifying survivors about the death of a loved one.[14] Residents and medical students should take full advantage of the opportunities available during training to learn about and refine their skills in delivering bad news. Developing a strong foundation in the delivery of this information will allow them to compassionately assist grieving families and will be beneficial throughout their career.

The care of the acutely bereaved should be an area of expertise for emergency medicine physicians. Delivering the news of the death of a loved one to a family member will never be easy. By having a strategy for providing this information and relying on the available literature about what is most helpful for survivors, the physician can have a planned, organized approach which will facilitate the initiation of the grief process.[1] Supporting survivors through this milestone event in their lives can be a very rewarding professional experience for emergency physicians.

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SAEM Member Campaign Steams on to New Orleans 100 for $1,000 / 1,000 for $100

Despite the recession SAEM members have dug deep to support the 100 for $1,000 / 1,000 for $100 Campaign for the SAEM Research Foundation. We have a record breaking twenty-eight $1,000 contributors and a record amount of money raised at over $81,000 in the past year. The Campaign goal is to raise $200,000 by the end of the Annual Meeting in 2010, so we have a bit of work to do to get to the halfway mark by the end of the Annual Meeting in New Orleans this May.

You will be hearing a lot about the SAEM Research Foundation at the Annual Meeting. Look for posters that list our generous donors, a special oral abstract at the plenary session, and the Donor Luncheon on Saturday May 16th. We will also be highlighting the research of past SAEM Research Foundation grant recipients. The SAEM Research Foundation mission WORKS and to keep it thriving we all need to support the mission.

New Orleans is the perennial city of hope, mirth, revelry, and rebirth. It will be a great atmosphere to band together as academic emergency physicians and move this Campaign like a steamship on the mighty Mississippi toward our goal. See you in New Orleans – don't forget your wallet!

Brian Zink, MD
SAEM Development Committee Chair;
SAEM Past President

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Table 1: Pearls for Breaking Bad News [5-11]

Pearls for Breaking Bad News

PREPARATION and INTRODUCTION

- Escort the family to a comfortable, private room.
- Identify a staff member (social worker, chaplain, or nurse) to serve as liaison between the medical team and the family during the resuscitation efforts.
- Have the liaison update the family frequently.
- Prepare for the meeting with the family before entering the room by reviewing the chronology of events leading up to the death, clearly establishing the identity of the deceased, and taking a personal inventory of one's appearance (be prepared to change clothes before meeting the family if necessary).
- Introduce oneself by name and title to each family member with a handshake. "I'm Dr. Smith. I was in charge of your wife's care since she arrived." Determine the relationship of each individual present to the deceased.
- Maintain good eye contact and sit at eye level with the family.

THE PAST

- Assess the family's knowledge of the situation using an open ended question such as "Tell me what you know so far" or "Tell me what happened at the house".
- If the family made resuscitation efforts, be prepared to support them in these attempts. "You did the right thing. That was the best that anyone could have done."
- Speak in a manner that the family will easily understand.
- Provide a brief summary of the paramedic and emergency department resuscitation efforts.

THE PRESENT

- Consider a "warning shot" statement to alert the family that the news about their loved one is not good. "Unfortunately, I have some bad news."
- Use the words "died, dead, or deceased" in your conversation. "There was nothing further that could be done, and so she died."
- Assure the survivors that every effort was made to help their loved one.
- Advise the family that pain was absent or minimized. However, never lie. "I think it went very quickly for her. From the time she lost consciousness at home, she was not responding to any of us, and I don't think she suffered after that." If the death was obviously painful, it can still be put into a more comforting light: "soon after she arrived here, we gave her pain medications and sedatives, and I don't believe that she suffered from that point on." [if true]
- Be silent immediately after disclosing the death.
- Expect emotional responses to the news. The most common emotion is sadness followed by anger. Be aware, however, that there is a great deal of cultural and individual variation to acute grief.
- Be supportive and empathic.
- Be sure questions are answered openly and honestly.
- Offer clergy support.

THE FUTURE

- Offer to have the family see the deceased. "Would you like to see her?" This is almost always appropriate and helps to initiate the grieving process. If the family does wish to view the body, prepare them for what they will see, especially if an endotracheal tube or other catheters will be left in place.
- Disclose information about the involvement of the coroner and possible autopsy requirements. "Since this was an unexpected death, we have to notify the coroner. The coroner may conduct an investigation; including speaking with you and possibly an autopsy if they believe it is necessary. If the coroner does not need an autopsy, you could still request one and the hospital will do that for you."
- Inquire about organ donation if appropriate. In many states, this is a legal requirement. "We noticed on the back of her driver's license she had indicated that she wanted to be an organ donor. Have you talked about that?"
- Provide contact information for future questions.
- Have the staff liaison explain what happens next with the body.
- Provide printed information about important legal and financial issues as well as local grief support groups.

THE EXIT

- Another handshake and the words, "I'm sorry that I had to bring you that news." Avoid just saying "I'm sorry" because you don't want that to be misconstrued: "The last thing the doctor said to me was that he was sorry and I think that is because they made a mistake. I don't think this death may have been necessary."

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("A Strategy to Help Get You Through the Most Emotionally Trying Part of Your Day" Continued)

Table 2: Breaking Bad News Pitfalls [5-11]

Breaking Bad News Pitfalls

- Using medical terminology that the family will not understand, or euphemisms, such as "passed on" or "no longer with us".
- Disclosing the news in an area that lacks privacy such as in a hallway or waiting room.
- Not disclosing news while seated with the family.
- Failing to offer support from clergy or others.
- Being unfamiliar with the medical information or unable to answer questions. Worse still, however, is to guess at an answer that is not known.
- Neglecting to use a translator when some family members do not speak English.
- Not preparing family members for the likelihood of an autopsy when one may be required by the coroner.

Table 3: Helpful and Unhelpful Statements When Delivering Bad News

Delivering Bad News

Unhelpful Statements	Helpful Statements
• It was God's will. • I know how you feel. • It could have been worse. • Be grateful you still have other children. • He lived a good life, and it was his time. • Don't worry it will be okay.	• I can't imagine how difficult this is for you. • I would do anything to make it different for you but I know I can't. • You are not alone. I am here to help you. • When you can think of nothing to say, don't say anything.

Adapted from Death and bereavement. Connecticut College of Emergency Physicians, 2000.[8]

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