

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

1. PURPOSE

To define a framework / system to provide the uniformity in breaking of bad news and ensure emotional support of family, both during a person’s illness and after their death.

2. SCOPE

This policy is applicable to all the patients and legal representative of the patient being treated at INODAYA Hospitals, Kakinada

3. INTRODUCTION

This procedure aims to offer guidance and support to members of a multidisciplinary team involved in breaking bad news to patients, their families and/or significant others. It is to ensure that, as far as possible, any trauma involved in hearing bad news should relate to the actual news and not to the manner in which it is imparted.

4. WHAT IS BAD NEWS?

- Buckman says bad news is “any news that drastically and negatively alters the patient’s view of his or her future.”
- “Bad news is information that has an adverse and serious effect on an individual’s view of his or her future, noting that bad news is always a subjective appraisal by the individual receiving the news” (Baile et al. Oncologist, 2000).

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

- Bad news is “any information that produces a negative alteration to a person’s expectations about their present and future” (Fallowfield, Lancet, 2004).

5. PRINCIPLES OF BREAKING BAD NEWS TO PATIENTS

Patients have a right to

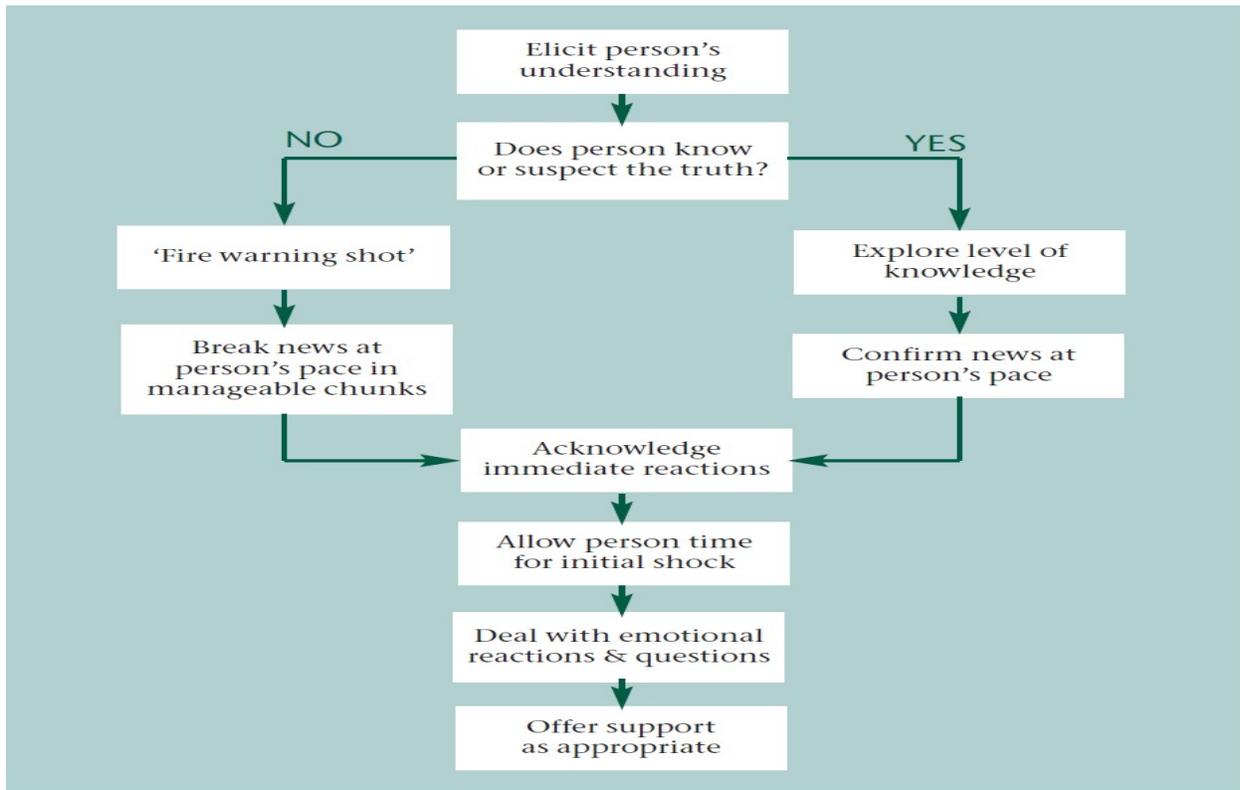
- Accurate and true information
- Receive or not receive bad news
- Decide how much information they want or do not want
- Decide who should be present during the consultation, i.e. family members including children and/or significant others
- Decide who should be informed about their diagnosis and what information that person(s) should receive

We should also respect denial of bad news, which is a natural response. Communication happens through time, not only in one place and location. Consider communication as a process, and plan for follow-up. Different types of communication are appropriate in different situations, such as communications between patient/family and professional; between patient and family; and between professionals

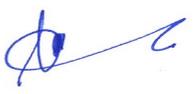
Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

6. PROCESS FOR BREAKING BAD NEWS



Recommended manner of breaking bad news (Faulkner, 1998)

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

The standard by which we should assess the quality of how we have broken bad news to patients is to ask ourselves:

If the person was my relative would I have been happy with how the news was given?

7. HOW SHOULD YOU TELL BAD NEWS?

a. Identify correct patient and family

It is vital that the team first identify the correct patient, and where appropriate the correct family members and/or significant others, who have permission to be informed. The person breaking the bad news is responsible for ensuring that all information available is accurate and relates to the correct patient. All shared information must be documented in the patient's record.

b. Who should break bad news?

Ideally, bad news should be impacted by the lead consultant or senior non-consultant hospital doctor, who is known to the patient or in whom the patient has trust. In the exceptional circumstances of sudden death a senior member of the nursing staff may have to break bad news. In essence, the task of breaking bad news should not usually be given to junior staff. It is recommended that one other member of the multidisciplinary team, such as a nurse or social worker or

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

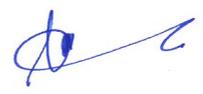
should be present (or at least available) when bad news is being broken and during ongoing consultations.

c. Who else should be informed?

If members of the multidisciplinary team actively involved in the immediate direct care of the patient are absent during the breaking of bad news, the absent members of the multidisciplinary team should be informed as soon as possible. Such discussions should be documented in the patient’s clinical notes and should include the key phrases that were used. With the patient’s consent the general practitioner, and other medical advisers, should be promptly informed about what the patient has been told and how he/she has responded to the information.

d. Where should you tell bad news?

The location for telling bad news is important. Every effort should be made to ensure privacy and confidentiality and to help the patient feel comfortable. If the patient is bed-bound it may be necessary to transfer the patient in his/her bed to a suitably private room. If possible, but only with the patient’s permission, try to ensure that the patient has the support of a key relative or friend of their choosing while the bad news is being broken. It is ideal if you can get a private room, with comfortable chairs at an even height, and with no objects or furniture,

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

such as a desk, between the person giving the information and the patient and/or others in receipt of the bad news.

Mobile phones can be disruptive. It is best to leave them with a colleague or ensure the volume is turned down. You should also apologize if it is vital to bring a mobile phone into the meeting. A ‘Meeting in Progress’ or ‘Do not Disturb’ notice on the door is also helpful as it can help to avoid unnecessary and distressing interruptions.

The discussion might need to be conducted by the patient’s bed side. Check with the patient that this is agreeable. If so, the curtains should be drawn. The person relaying the bad news should also try to sit near the patient, at eye level, rather than standing at the end of the bed.

e. When do you tell bad news?

Bad news are not only when the patient has died it is also related to a diagnosis which can affect the thinking and mental peace of the patient. Few of the situations are listed below but not limited to:

Examples of Illnesses	
Category	Examples
Life-limiting	<ul style="list-style-type: none"> • cancer,

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

serious illnesses	<ul style="list-style-type: none"> • hematological malignancies, • advanced heart disease of any etiology, • advanced lung disease of any etiology, • advanced neurological disease of any etiology, • advanced renal disease of any etiology, • advanced liver disease of any etiology and • Acquired Immuno Deficiency Syndrome(AIDS)
Life-altering chronic illnesses	<ul style="list-style-type: none"> • diabetes, • hypertension, • rheumatologic illnesses (rheumatoid arthritis, lupus, fibromyalgia), • chronic heart failure, • coronary heart disease, • cirrhosis, chronic renal failure, • chronic lung diseases (chronic obstructive pulmonary disease, cystic fibrosis)

f. What should a patient be told?

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

The definitive answer is the truth. The doctor’s primary responsibility is to the individual patient. Responsibility to relatives and/or significant others is important but secondary. However, always ask the patient how much information they already have about their condition and how much they want to know. Knowing how much information the patient wants to receive will guide you in informing them without overloading them with information. It also gives the patient a sense of some control over the process.

8. VARYING RESPONSES TO BAD NEWS

People have varying responses when receiving bad news.

Some common ones are:

- Denial
- Shock
- Anger
- Guilt
- Blame
- Agitation
- Helplessness
- Sense of unreality
- Misinterpreting information
- Anxiety/Regret.

9. TELLING THE BAD NEWS

9.1 How do you give information?

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

Before proceeding to tell the bad news, it is important to assess the patient, the family and/or significant other understands of the situation. This should be done prior to and throughout the meeting. This allows the patient to recap and to tell you what they know about their medical situation. You will then get a sense whether the patient has an idea of the seriousness of his or her condition. Here are a few questions that suggests can be used to ascertain this information:

- “What did you think was going on with you when you felt the lump?”
- “What have you been told about all this so far?”
- “Are you worried that this might be something serious?”

Before you break bad news, prepare your patient that bad news is coming, for example: “The results are not as good as we expected....” “Yes, it could be serious” “We are concerned by the test results” “Your test results are due back later today.....” “I’m afraid I have bad news” This ‘warning’ gives your patient a few seconds longer to psychologically prepare for the bad news.

Information must be given honestly but sensitively, without euphemisms. Again, use language that is appropriate to your patient’s comprehension, with minimal use of medical and technical jargon. Avoid words such as ‘myocardial infarct,’ say “he has had a heart attack.” “He has died,” rather than “he has passed on.” “He has cancer,” rather than “He has a tumor.”

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

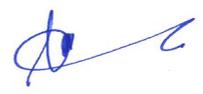
	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

It may be useful to use drawings, diagrams, and leaflets to reinforce the information, if appropriate. Go at the patient’s or relatives’ pace. Pause to allow them reflect on information given. When necessary repeat the information. Allow time for people to express feelings. Be aware of your own and other people’s body language. Check regularly that information is understood and repeat when necessary.

9.2 Demonstrating empathy

It is important to demonstrate empathy during and following the breaking of bad news. One of the hardest things about breaking bad news is responding to the patient’s emotions. It is sometimes tempting to relieve our own and the patient’s anxiety by downplaying the seriousness of the news (Buck man, 2007), or by avoiding the patient’s emotional reaction to the news. It is far better to acknowledge the patient’s emotions as they arise. Three simple techniques can assist you:

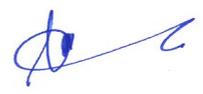
- Listen for and identify the emotion(s) that the patient is feeling. If you are not sure which emotion(s) the patient is experiencing, you can use an exploratory response, such as “How does that make you feel?” or “What do you make of what I’ve just told you?”

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

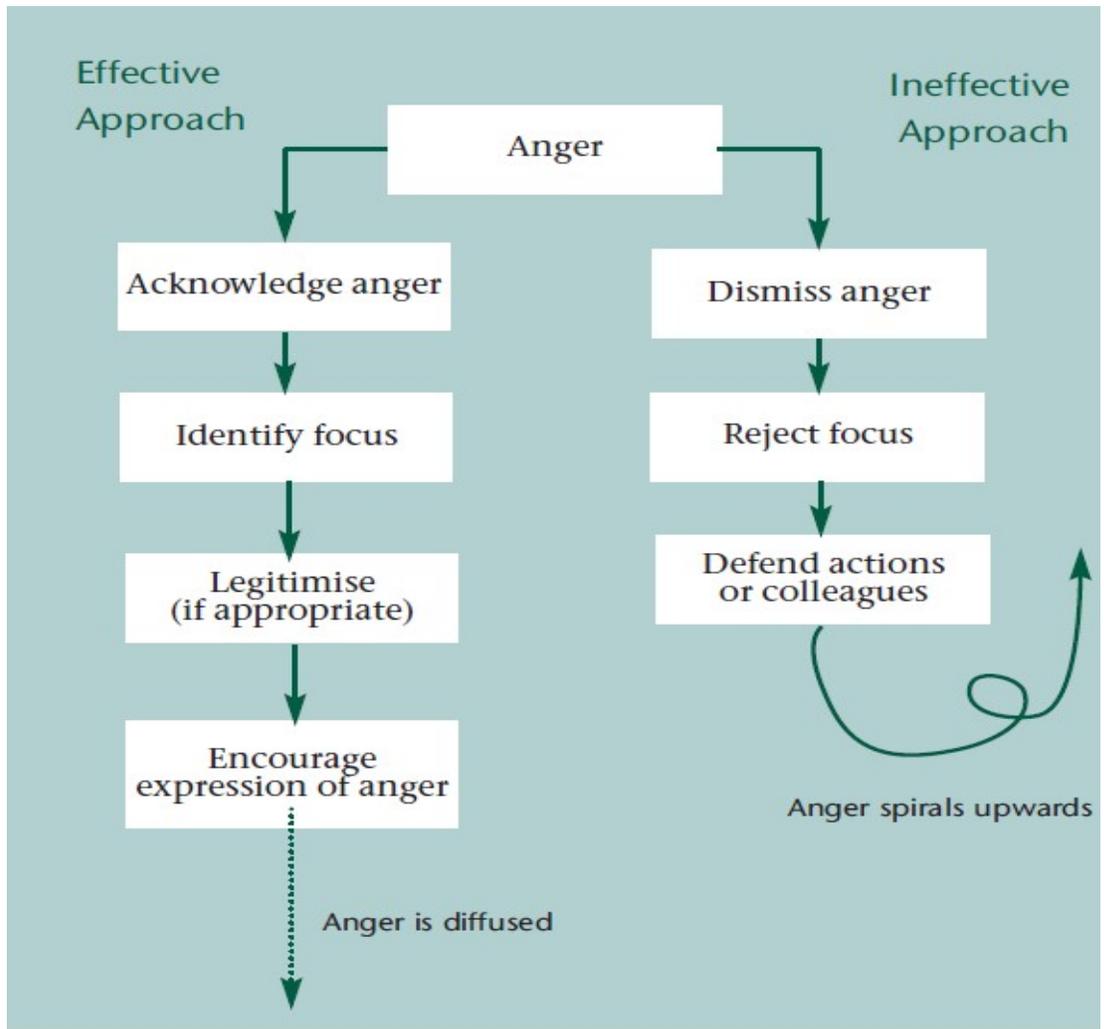
	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

- Identify the cause or source of the emotion (most likely to be the bad news that the patient has just heard).
- Show your patient that you have identified both the emotion and its origin, for example, “Hearing the result of the bone scan is clearly a major shock to you.” “Obviously this piece of news is very upsetting for you.” “I can see this is very distressing.” “That’s not the news you wanted to hear, I know.”

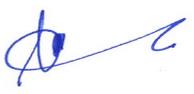
On hearing bad news, patients and/or family will often respond with strong emotions. There may be guilt, anger or blame, or all of these. Anger can be misdirected at the members of the multidisciplinary team. It is important that health professionals establish the cause of the anger, where it is directed, and whether it is justified. The recipient of the bad news can then be helped to understand the true cause of the anger

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
Issue no: 02	Review No: 1	Review date: 10/11/2026	



Methods of dealing with anger (Faulkner, 1998)

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

9.3 How to Handle Difficult Questions?

Difficult questions may include, “Am I going to get better?” “Am I going to die?” “How long do I have?” Listen to and acknowledge the question and check the reason behind it and if the answer is really wanted. You might say, “Would you like us to talk about that today or would you like to leave it to another day?” A sample answer may be: “That’s a difficult question, there are no simple answers. We can hope to control your illness, but can’t hope to cure it.”

10. SUMMARY

DO	DO NOT
<ul style="list-style-type: none"> • Allow time • Ensure privacy and confidentiality and respect both • Ensure honest and simple language is used • Let the patient talk • Listen to what the patient says • Be sensitive to the non-verbal language • Gauge the need for information on an individual basis • Allow for silence, tears and other patient reactions • Document and liaise with the 	<ul style="list-style-type: none"> • Overload with information • Distort the truth • Give false reassurance • Feel obliged to keep talking all the time • Withhold information • Assume that you know what is concerning the patient • Criticise or make judgements

 Prepared by:	 Verified by:	 Approved by:
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

multidisciplinary team	
------------------------	--

11. PROCESS TO BE FOLLOWED WHEN SUDDEN DEATH OCCURS

Each case of sudden death is unique and the needs of the family and/or significant others must be assessed on an individual basis. However, the general guidelines on breaking bad news may be helpful in cases involving sudden death. You could say, for example, “The news is not good” Inform the family/significant others as soon as death is confirmed. It is important to say what you mean, to use the word ‘dead’ and ‘died’ rather than he has ‘gone’ or ‘passed away.’ The deceased should be referred to by name

a. Viewing the body

- Provide a private, dignified environment for viewing the body.
- Viewing the body will help to confirm the death for the family/significant others.
- It provides an opportunity for positive identification.
- If there are disfiguring injuries, give informed choice prior to viewing.
- Advise the family that, if there is a post-mortem, intubation tubes and intravenous lines must be left in.

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

- Allow the family/significant others to decline viewing the body.
- In consultation with the family consider the needs of the children.
- During the viewing invite the relative or significant others to touch and hold the deceased as appropriate.

b. Attend to formalities

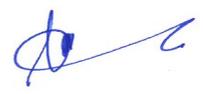
There are many formalities surrounding the death of a patient. You should document details of next-of-kin, information given, plans, interventions and, if necessary, reactions to bad news and/or changes in prognosis or outcomes

12. GUIDELINES ON GIVING BAD NEWS BY TELEPHONE

The telephone is the least desirable mode of communication for breaking bad news. It should only be used in exceptional circumstances. Each scenario is unique and needs to be assessed on an individual basis

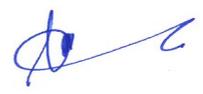
13. REFERENCES

- Barraclough J. (1999) Cancer and Emotion, 3rd ed. John Wiley, Great Britain.
- Buckman R. (1992) How to Break Bad News, a guide for health care professionals. University of Toronto Press, Toronto.
- Buckman R. (2007) SPIKES Makes Bad News Easier, Conversations in Care. http://www.conversationsincare.com/web_book/chapter05.html [accessed 12 March 2007].

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director

	INODAYA Hospitals - Kakinada		Documentation code: INH/PRE.Doc.No:11
	Policy on enhance communication with patients and families required		Prepared date: 11/11/2025
	Reference: PRE. 8.b. NABH Standards – 6 th Edition		Issue Date:11/11/2025
	Issue no: 02	Review No: 1	Review date: 10/11/2026

- d. Faulkner A. (1998) ABC of palliative care: Communication with patients, families and other professionals. British Medical Journal. 1998; 316;130-132
- e. McCartan P., Fanning. M and Conlon T, (1999) Breaking Bad News, a literature review and guidelines for breaking bad news to patients and relatives, Beaumont Hospital, Dublin, Ireland.
- f. Thayre K. and Hadfield Law L. (1995) Never going to be easy: Giving bad news. Nursing Standard 9 (50), 3-12.
- g. UKCC (1996) Code of Professional Conduct UKCC, UK.

Prepared by: 	Verified by: 	Approved by: 
Dr. Gowtham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive Officer	Managing Director