*How To Do It*

# Communicate with cancer patients: 1 Handling bad news and difficult questions

Peter Maguire, Ann Faulkner

We suggest how to handle situations in communicating with patients with cancer which doctors and nurses commonly find difficult.[1]

**Breaking bad news**

It is important to accept that you cannot soften the impact of bad news since it is still bad news however it is broken. The key to breaking it is to try to slow down the speed of the transition from a patient's perception of himself as being well to a realisation that he (or she) has a life threatening disease. If you break the news too abruptly it will disorganise him psychologically and he will have difficulty adapting. Alternatively, it may provoke denial because the news is too painful to assimilate. Thus you should avoid stating baldly, "I am afraid you've got cancer," and instead warn him that you are about to communicate serious information by saying, for example, "I am afraid it looks more serious than an ulcer."

While you may be tempted to soften this immediately by adding: "Even so we should still be able to do something about it," resist this and pause to let your warning sink in. This will also allow you time to monitor how your patient is reacting. What you say next depends on his response. A question like: "What do you mean not just an ulcer?" suggests that he wants more information. If, however, he says, "That's all right doctor I'll leave it up to you," he is suggesting that he does not wish to learn more at this time. By using a hierarchy of euphemisms for the word cancer, such as a few odd cells, a kind of tumour, a bit cancerous, it is possible to manage the transition so that you can establish how far your patient wants to go at each stage.

Doctor: I'm afraid it's more than just an ulcer. . . .
Mr K: What do you mean more than just an ulcer?
Doctor: Some of the cells looked abnormal under the microscope. . . .
Mr K: Abnormal?
Doctor: They looked cancerous.
Mr K: You mean I've got cancer?
Doctor: I am afraid so, yes.

You should next explore how he feels about this information and why. This will usually reveal that there are good reasons for his responses.

Doctor: How does this news leave you feeling?
Mr K: Terrified! I've always had this thing about cancer. I've always been frightened of getting it. Two of my uncles died of it. They both had a bad time. Suffered terrible pain and wasted away . . . to nothing.
Doctor: So you're frightened you're going to go the same way.
Mr K: I'm bound to be scared, aren't I?
Doctor: Yes, you are in view of those experiences. It must be hard for you. Any other reasons you are terrified?
Mr K: I hate being a burden. My wife has enough to contend with.

Sometimes a patient's responses are better signalled by non-verbal behaviour. It then helps if you acknowledge this and invite him to discuss his feelings.

Doctor: I'm sorry I've had to give you this news. I can see you're distressed. Would you like to talk about it?
Mr C: It is so incredibly unfair. I have always been careful with what I eat. I've not been a drinker. I have exercised regularly. To get cancer now, just when we're getting on our feet as a family, seems so unfair. It makes me feel very bitter.

Having established his immediate responses you should establish any other concerns before attempting to give information about the treatment you propose and the likely outcome. Otherwise he will remain preoccupied with these concerns, will not heed your advice, and may misperceive what you say.

Doctor: We have explored why you feel so terrified at knowing you have cancer. Has it caused you to have any other worries?
Mr C: Yes.
Doctor: Would you like to tell me about them?
Mr C: I'm not sure whether I should go ahead with my plan to move house.
Doctor: Sounds as though you're worried that we may not be able to do anything for your cancer.
Mr C: Yes I am.
Doctor: I'll come back to that in a minute. Before I do, do you have any other concerns?
Mr C: Yes. Who will look after the children if I don't make it?
Doctor: So, you are concerned about whether or not to move house, about your children.
Mr C: Yes I am.
Doctor: Anything else you're concerned about?
Mr C: No.
Doctor: Are you sure?
Mr C: Yes.

Once you have established your patient's concerns you should be able to decide if they can be resolved. It is important that your statements about these concerns are realistic but maintain hope.

Mrs H: It is the prospect of pain that terrifies me.

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Doctor: I can understand that.

Mrs H: Can you do anything?

Doctor: There is every chance that we can. So, it is very important you let me know if you have any pain, and we can see what we can do.

Similarly, efforts to foster and maintain hope about the outcome of treatment should be appropriate.

Doctor: When we removed your cancer we found that a few of the nodes under your arm were affected and removed those as well. To be sure we mop up all the cancer we ought to give you some chemotherapy. There is then a good chance you'll be ok.

Mrs M: You're not certain?

Doctor: No I can't be certain, but I do think there's every chance of a reasonable outcome in your case providing you have some chemotherapy.

When the prognosis is poor the doctor can usually indicate that something can be done.

Doctor: You're right, you have got lung cancer.

Mr S: That's what I thought. I keep coughing up blood and I've lost so much weight. Are you going to be able to do anything about it?

Doctor: Yes, I think so. I'm hopeful that we'll get some response with radiotherapy and that you will feel much less ill.

Mr S: Only some response?

Doctor: While we should be able to shrink it considerably, I'm not certain we'll be able to get it all.

Mr S: You mean some could be left?

Doctor: There could be. But we would then consider giving you a course of strong drugs. I think we ought to start with radiotherapy first. I'm pretty certain we can get it under control and that will make you feel better.

Mr S: I suppose I have to be grateful for that.

Doctor: I can understand that you are disappointed that I can't guarantee getting rid of it all, but I think it likely you'll feel better once you start radiotherapy. Then maybe you won't be so worried. We will still have the drugs at our disposal should they be necessary.

Even when you cannot eradicate the disease it is still important to explore your patient's feelings and concerns since it is likely that you can still do something.

General practitioner: You remember that you came to see me because you were feeling so weak and were worried your cancer had come back and was spreading . . . and I sent you to the hospital for tests?

Mr F: Yes I do.

General practitioner: Good. The reason I came round this morning is to give you the results of those tests they did at the hospital.

Mr F: Yes, I guessed that. What did they find?

General practitioner: I am afraid your guess was right, the cancer has come back. That's the reason why you've been feeling so weak and tired.

Mr F: I thought so. Are you going to be able to do anything for me?

General practitioner: I'm afraid I do not feel that further treatment is going to make much difference to the cancer.

The general practitioner then explored Mr F's resulting concerns and an important issue emerged. He was worried that he might suffer severe pain.

General practitioner: I'm sorry to have to tell you this. It can't be easy for you. Do you have any particular worries?

Mr F: I'm terrified of getting bad pain.

General practitioner: If that happens I hope we will be able to control your pain with strong pain killers. Let me know if you're having any problems with pain, or any other symptoms, come to that. The sooner we know about it the sooner we should be able to do something.

Mr F: Yes I can see that.

General practitioner: Apart from getting pain, are there any other concerns?

Mr F: No.

General practitioner: I'm sorry it's worked out this way, but we certainly should be able to do something to help you if there are any problems with pain. It's very important we keep in close touch.

The doctor did not say that he could eliminate any pain, for this would be false reassurance. Instead, he indicated that there was every chance he could palliate the pain. He also showed that he was prepared to discuss other concerns.

This strategy of moving from acknowledging and exploring the nature and basis of any strong feelings to identifying key concerns is essential if the breaking of bad news is to be managed effectively. It allows the patient to be "lifted" from being overwhelmed to feeling hopeful that something can be done.

**Handling difficult questions**

Many doctors and nurses fear that if they get into a dialogue with patients with cancer they will be asked difficult questions—for example, Is it cancer?[2] When such a question is asked it is difficult to know what response is wanted by the patient. Does he (or she) want reassurance that it isn't cancer (because he wants to deny the reality of his illness) or the truth? Only the patient can suggest the direction he wishes to follow. You can usually discover this by saying, "I would be happy to answer your question" and then reflecting his question back to him by asking, "But what makes you ask that question?" You should then explore if there are other reasons why he asked it. It will then become clear if the patient is asking the question because he has guessed what is going on and wants confirmation that he is right.

Mr M: Is it cancer?

Specialist nurse: I would be happy to answer your question, but can I first ask you why you're asking me?

Mr M: It's obvious isn't it?

Specialist nurse: Why obvious?

Mr M: I have lost two stones in weight, I'm feeling weaker day by day and still coughing up blood. It's got to be cancer.

Specialist nurse: Any other reasons why you are so sure that you've got cancer?

Mr M: I've been a heavy smoker all my life. The doctors want to give me radiotherapy. You only get radiotherapy for one thing and that's cancer.

Specialist nurse: Yes, I'm afraid you're right.

Mr M: I knew it, I'm not a fool. Why did they tell me they were just giving me radiotherapy as an insurance?

Specialist nurse: I honestly don't know. But look, would you like to talk more about it?

Mr M: Yes I would. What I really want to know—is radiotherapy going to make any difference?

Specialist nurse: We're hopeful that it will get the cancer under control and that some of the symptoms you're complaining about will improve considerably.

Mr M: That sounds better than I thought, I thought I was a goner.

Specialist nurse: A goner?

Mr M: I thought I'd only a few days to live at the most.

Specialist nurse: That's not the case. There is a real

prospect that the treatment will help you feel better and keep you going for some time.

Some patients indicate that they wish to deny what is happening.

Mrs R: I'm going to get better aren't I?

Medical oncologist: What makes you ask that?

Mrs R: You and your team tell me that I have some kind of lymphoma. I can't accept that. I'm certain it is an infection I picked up when I was out in the tropics.

Medical oncologist: I don't want to argue with you about that. The key thing is that you continue with our treatment.

Mrs R: I'm happy to do that.

**Conclusion**

You may have noticed that the strategies we advise are determined by the patient's responses and not decided unilaterally by the doctor or nurse. We do not expect you to accept them unquestioningly but hope that you will try them out with patients in your care.

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1 Maguire P, Faulkner A. How to do it: improve the counselling skills of doctors and nurses in cancer care. *Br Med J* 1988 (in press).
2 Maguire P. Barriers to psychological care of the dying. *Br Med J* 1985;**291**: 1711-3.

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# Prophylaxis against B virus infection

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A report of four patients infected with monkey B virus in Pensacola, Florida, illustrates once again the importance of care in handling monkeys, and it throws some new light on the role of acyclovir in managing those who handle monkeys and are at risk of contracting this potentially lethal infection.[1] The Pensacola experience suggests that treatment with intravenous acyclovir arrested the progress of the infection in two patients who were treated early, but it was ineffective for the other two in whom diagnosis was greatly delayed. Oral acyclovir was given to two patients, but its efficacy cannot be judged from this report.

The activity in vitro of acyclovir against B virus is similar to that against varicella zoster virus,[2] and as a high dose of oral acyclovir is beneficial in patients with shingles,[3] there is now a case for reviewing our recommendations for preventive treatment for people who are exposed to B virus infection.[4] Oral acyclovir seems to be a safe drug, with hardly any side effects, and it seems wise to give it to any person who is exposed to this virus. We therefore recommend the following procedure in the event of an injury (bite, scratch, cut, or abrasion), however trivial.

**Recommendations**

(1) The employee washes the wound copiously with water and if possible allows it to bleed.

(2) The employee attends the occupational health service where: (*a*) the wound is cleaned and treated with 10% iodine in alcohol; (*b*) unless the monkey colony is known to be B antibody negative the employee is treated with oral acyclovir 800 mg five times a day for three weeks; (*c*) the employee is told to report any symptoms of ill health, particularly skin lesions or itching, pain, or numbness near the site of the wound; (*d*) an incident card is issued that warns other medical practitioners of the potential problem and gives the telephone number from which information and help may be obtained at any time.

(3) The monkey is observed while conscious, and then examined under anaesthesia or deep sedation by a veterinary surgeon for signs of the disease, especially in vesicles in or near the mouth. If the monkey is well it is kept under observation for the next two weeks, and any signs of ill health are immediately notified to the occupational health service. A follow up examination of the monkey is carried out on the 14th day.

(4) The employee attends the occupational health service weekly for seven weeks so that his or her health can be checked. After that the incident card is withdrawn.

(5) If during follow up any signs are found or later appear in the monkey (mild vesicular infection of the tongue, buccal mucosa, and lips analogous to primary herpetic stomatitis in man) or symptoms of ill health or signs develop in the employee he or she is referred to a consultant in an infectious diseases unit. The recommended treatment is acyclovir (10 mg per kg per dose) given eight hourly by intravenous infusion over one hour for 14 days. During treatment it is important to monitor renal function and maintain a high flow of urine.

(6) This procedure would also be used if an employee was injured when handling possibly infected unfixed monkey tissue, blood, monkey carcases, or dirty instruments used in the preparation of specimens. Where there has been an incident involving a monkey carcase or a monkey which is to be killed a postmorten examination is undertaken.

**Comment**

These procedures should give considerable protection against B virus infection, but a long period of observation is important as the use of prophylactic acyclovir may delay the onset of symptoms. A further point which has emerged from the outbreak in Pensacola is that the application of hydrocortisone cream at the site of infection may have potentiated replication of the virus.

All monkeys should be considered as potentially infected and should be examined under anaesthesia or deep sedation to ensure that they are healthy and have no lesions which might be due to infection with monkey B virus. Those who handle monkeys should wear protective clothing, including gloves, face mask and visor, and should be trained in the safe handling of monkeys and given information on the nature and risks of B virus infection. It is also a sensible precaution to shower after being in the monkey unit.

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1 Griffin DG, Sutton EW, Goodman PL, *et al.* B virus infection in humans, Pensacola, Florida. *MMWR* 1987;**36**:289-96.
2 Boulter EA, Thornton B, Bowen DJ, Bye A. Successful treatment of experimental B virus (Herpesvirus simiae) infection with acyclovir. *Br Med J* 1980;**280**:681-3.
3 McKendrick MW, McGill JI, White JE, Wood MJ. Oral acyclovir in acute herpes zoster. *Br Med J* 1986;**293**:1529-32.
4 Baker CC, Lambert HP, Wansbrough-Jones MH. Postexposure immunoprophylaxis against B virus infection. *Br Med J* 1982;**285**:1350-1.

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