

# Are clinicians prepared to give bad news?

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Delivering news about end-of-life issues is one of the most difficult tasks clinicians encounter in medical practice. Researchers from the Texas Medical Center on behalf of the ETHICS study investigators, in Houston, Texas, aimed to assess how prepared health-care providers feel in communicating end-of-life issues and determining if proper training had been given to health-care providers.

A 30-question survey addressing opinions regarding ethical issues, religion, and attitudes on specific group of patients, and [communication skills](#) was administered in 174 different institutions across 40 countries. 10,106 surveys were completed, showing that 30% of all health-care providers, and 11.5% of physicians let someone else give notice of a patient's death to the patient's relatives.

The authors concluded that only one-third of the health-care providers surveyed had undergone formal training in delivering [bad news](#). Medical students received less training than other health-care professionals. Among physicians, more years of experience appear to compensate for the lack of training in delivering bad news. The study also found that nurses with no ICU experience do not deliver bad news to patients or their families. Women were more likely to communicate the death of patients than men.

"Learning good interpersonal communicationskills, including delivering bad news, should be part of all health education programs globally," states lead researcher Dr. Joseph Varon, "efforts to provide tools for communication skills are necessary in delivering better patient care."

Further results from this study will be shared at CHEST Annual Meeting 2017 in Toronto on Wednesday, November 1, 1:30 PM-2:30 PM at the Metro Toronto Convention Centre, Exhibit Hall, Poster Number 105. The study abstract can be viewed on the journal *CHEST* website.

**More information:** Andrea Almaguer et al, Are We Prepared to Give Bad News? An International Survey Analysis, *Chest* (2017). [DOI: 10.1016/j.chest.2017.08.869](https://doi.org/10.1016/j.chest.2017.08.869)

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