# "Break it to them gently, you might be breaking their hearts too…💔" Breaking the Bad News!

Deepali Dhawan[1], Abbas Ali Khatai[1*]
1. Head and Consultant Emergency, Moolchand Hospital, India
2. Attending Consultant, Emergency Medicine, Max Super Specialty Hospital, Dwarka, India
**Correspondence to:** Abbas Ali Khatai
*Head and Consultant Emergency, Moolchand Hospital, India.
**Email:** abbasalikhatai@gmail.com
**DOI:** 10.24911/SJEMed.12-2537

Any news that drastically and negatively alters a patient's view of their future (Buckman, 1992) is considered bad news. Despite the commitment to the right to information, the decision of whether to withhold or disclose difficult information continues to trouble doctors. Conveying bad news is a process rather than an event, often resulting in cognitive, behavioural, or emotional deficits. These deficits influence how a person thinks and behaves in response to changes, both in the short and long term.

For this reason, it is vital to employ a structured framework for delivering news that not only dispenses the required information but also enables patients to engage in decision-making about their care by allowing them to ask questions.

Breaking bad news plays a critical role in the patient–physician relationship, and a variety of guidelines have been developed, including SPIKES, ABCDE, BREAKS, PEWTER, and SUNBURN protocols.

However, little is known about physicians' attitudes toward breaking bad news and the level of training they have acquired to deliver it effectively.

This paper aims to provide guidance regarding preparation for breaking bad news, responding to possible reactions, and supporting patients after receiving such information by validating a self-report questionnaire.

This tool assesses physicians' attitudes toward basic principles and the need for further training.

Existing literature shows that the SPIKES protocol has been used for disclosing unfavorable information to cancer patients about their illness.

However, evaluation of this recommended guideline remains limited, and physicians' attitudes toward its implementation are not well understood.

This paper attempts to address this gap by encouraging physicians to complete a self-assessment form that fulfills the objectives of breaking bad news: gathering information, transmitting medical details, providing support, and eliciting patient collaboration in developing a treatment plan. This, in turn, enhances patient outcomes and adherence to treatment while also highlighting the need to improve communication skills and willingness among physicians to undergo further training.

**Keywords**: BBN, bad news delivery, SPIKES protocol.

**Conflict of Interests**
None.

**Funding**
None.