

# Breaking bad medical news in a dental care setting

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Oral manifestations may be the first indication of a number of systemic conditions,<sup>1</sup> and providing oral care treatment to these patients may result in significant and even life-threatening complications. Oral cancers—including oropharyngeal squamous cell carcinoma, Kaposi sarcoma, metastatic disease to the head and neck, and hematologic and lymphoproliferative disorders—may develop in the head, neck and oral cavity. They need to be diagnosed before dental treatment to prevent further complications and to facilitate early initiation of medical care. Furthermore, patients receiving cancer therapy, cancer treatment survivors (who represent 3.9 percent of the U.S. population<sup>2</sup>) and patients receiving palliative care or hospice care may be seen in dental offices owing to subsequent oral complications.

Patients with sexually transmitted diseases such as syphilis, gonorrhea, human immunodeficiency virus, herpes virus infections, human papilloma virus-associated cancer and other viral-related diseases may seek care from a dental care provider. Patients with serious systemic conditions—including endocrine, neurological, mucocutaneous and gastrointestinal diseases; hemato-

## ABSTRACT

**Background.** Dental care providers may diagnose diseases and conditions that affect a patient's general health. The authors reviewed issues related to breaking bad medical news to dental practice patients and provide guidance to clinicians about how to do so.

**Methods.** To help reduce the potentially negative effects associated with emotionally laden communication with patients about serious health care findings, the authors present suggestions for appropriately and sensitively delivering bad medical news to both patients and their families in a supportive fashion.

**Results.** Preparing to deliver bad news by means of education and practice is recommended to help prevent or reduce psychological distress. One form of communication guidance is the ABCDE model, which involves Advance preparation, Building a therapeutic relationship or environment, Communicating well, Dealing with patient and family reactions, and Encouraging and validating emotions. An alternative model is the six-step SPIKES sequence—Setting, Perception, Invitation or Information, Knowledge, Empathy, and Strategize and Summarize. Using either model can assist in sensitive and empathetic communication.

**Conclusions.** For both practitioners' and patients' well-being, empathetic and effective delivery of bad medical news should be included in dental school curricula and continuing education courses.

**Practical Implications.** Dental care providers should be familiar with the oral manifestations of diseases and the care needed before the patient undergoes medical treatment and use effective communication necessary to share bad news with patients.

**Key Words.** Communication; dental education; dentistry; dentists; diagnosis, oral; disclosure; lesions, oral; mouth mucosa. *JADA 2013;144(4):381-386.*

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logic, cardiovascular and respiratory disorders; and autoimmune syndromes—may experience oral manifestations.<sup>3-16</sup>

Thus, oral findings could indicate significant local oral disease and represent manifestations of systemic conditions that must be recognized and diagnosed expeditiously,<sup>17</sup> which can lead not only to a better prognosis but also to reduced morbidity and cost of care.<sup>18</sup> Oral health care providers must recognize abnormalities, take steps to achieve diagnosis and be familiar with the treatment modalities for these conditions.

In addition, the changing nature of the practice and evolution of disease and medical care management requires that oral health care providers be comfortable providing appropriate and necessary care to people with advanced disease and variable prognoses. This ability requires both competency in and comfort with assessing a complete medical and dental history, including habits such as tobacco, alcohol and illicit drug use; sexual history (owing to sexually transmitted diseases that have the possibility of oral involvement); and symptoms and diagnoses of potentially significant medical conditions, in a positive, nonjudgmental way.<sup>19</sup>

In doing so, the oral health care provider needs to avoid lecturing the patient about his or her behaviors, even if doing so is well intended.<sup>20</sup> Using phrases such as “Now you know you should (should not) ...” are not conducive to encouraging behavior change and can result in resistance to change.<sup>21</sup> Identifying the patient’s reasons for the behavior, assessing his or her current readiness for change and using motivational interviewing techniques are significantly more effective.<sup>20-22</sup> If a life-threatening condition is suspected in a patient, the steps needed to arrive at a diagnosis, by means of testing or referral, need to be communicated in a sensitive and supportive manner, and they need to address any potential concerns regarding the diagnosis of the condition. Using communication to address potential concerns related to diagnosis will help ensure that the patient understands the importance of compliance with further testing and referrals. Taking this approach also will help the practitioner address the patient’s concerns regarding compliance. Breaking bad news is a difficult task for which most dental care practitioners often have received little or no education.

### BREAKING BAD NEWS

Information that produces a negative expectation can be considered bad news.<sup>23</sup> Receiving and breaking bad news are difficult for both patients

and health care professionals.<sup>24-26</sup> For example, a cancer diagnosis often is associated with fear of dying, exhausting treatment with significant complications and poor quality of life; therefore, the effect of receiving a diagnosis of cancer might be devastating.<sup>27</sup> Despite advances in medicine and communication education, patients with cancer often are dissatisfied with the way the bad news is delivered.<sup>28,29</sup> This dissatisfaction could be because receiving bad news can be influenced by a patient’s life experiences; personality; spiritual principles; philosophical, religious or cultural beliefs; perceived social support; and emotional stamina.<sup>30</sup>

The way that bad news is delivered can have a profound effect on both the recipient and the caregiver.<sup>28,31,32</sup> Most clinicians are uncomfortable with breaking bad news because they may be reluctant owing to their own discomfort in doing so, as well as their concerns about their lack of knowledge and skills.<sup>25,32</sup> Although nondisclosure is considered unethical, providing additional information in a manner that is overwhelming to the patient also is inappropriate.<sup>33,34</sup> Patients prefer to be informed directly with sensitivity about the diagnosis of, prognosis of, treatment plans for, and potential adverse effects of and complications of the treatment for their conditions.<sup>34</sup> A lack of effective communication during the delivery of bad news may cause the patient to become confused, distressed and angry, whereas an appropriate and sensitive interaction can help the patient adjust to the difficult situation.<sup>30</sup> A patient’s need for and acceptance of information is of great concern throughout the continuum of disease treatment and survival.<sup>34</sup>

The ability to deliver bad news to a patient requires knowledge not only of the diagnosed condition and its treatment but also of the integration of fundamental communication competencies and professionalism. It is essential that all health care workers, including dental professionals, develop these skills.<sup>35,36</sup> Educational curricula and continuing education programs need to address these communication skills, which also include sensitivity to the cultural background and sociocultural environment of both the health care practitioner and the patient, as

**ABBREVIATION KEY. ABCDE:** Advance preparation, Building a therapeutic relationship or environment, Communicating well, Dealing with patient and family reactions, and Encouraging and validating emotions. **CUDSH:** Cork University Dental School and Hospital. **SPIKES:** Setting, Perception, Invitation or Information, Knowledge, Empathy, and Strategize or Summarize.

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