Breaking bad news 2: what evidence is available to guide clinicians?
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Authors' objectives
To review the literature relating to breaking bad news to medical patients, in order to provide guidance to clinicians.

Searching
The following electronic databases were searched for articles published between 1994 to August 1997: MEDLINE, PsycLIT and Current Contents. This updated a previous search described in Girgis andSanson-Fisher (see Other Publications of Related Interest). This review considered articles identified both in the current and previous literature searches. The current search strategy included the descriptors 'bad news', 'truth disclosure' and 'physician-patient relations'. Additional searches were performed using the names of authors known to have published articles on the subject and by checking the bibliographies of retrieved articles. Non-English articles and conference abstracts were excluded.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs).

Specific interventions included in the review
All interventions concerned with communicating bad news to medical patients, including audio-taped interviews with clinicians, post-consultation handouts, individualised information/counselling and tailored letters summarising main points of consultations. Interventions with only a partial, specific focus on breaking bad news were also included.

Participants included in the review
All medical patients receiving bad news regarding their condition. Studies that focused mainly on non-patients, such as parents of children who were seriously disabled or ill were excluded. The studies included in the review all involved patients who were in the initial diagnostic phases of cancer.

Outcomes assessed in the review
Outcomes included patient knowledge levels, psychological adjustment and satisfaction. Outcomes were assessed by self-report through audio tape recordings, mailed questionnaires, telephone interviews, and structured assessment scales including the Spielberger State-Trait Anxiety Scale (STAI), the Hospital Anxiety and Depression Scale (HAD), Rotterdam Symptom Checklist, Brief Symptom Inventory (BSI), General Health Questionnaire (GHQ-30) and other non-specified questionnaires.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
Validity assessment was based on the criteria used to assess RCTs of healthcare delivery (see Other Publications of Related Interest), which included sampling issues, measurement quality and the appropriateness and replicability of the intervention and control procedures. The authors do not state how the papers were assessed for validity, or how many of the authors performed the validity assessment.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.
Methods of synthesis
How were the studies combined?
The studies were combined in a narrative, with the main study details summarised in table form. The study findings were discussed in terms of the outcomes of knowledge and information, psychological adjustment and patient satisfaction.

How were differences between studies investigated?
The authors do not state how differences between the studies were investigated.

Results of the review
Ten RCTs including 1294 patients and 60 partners/spouses.

A number of problems with study quality were identified including small sample size (6/11 studies), failure to report data on eligibility or consent rates (5/11 studies), failure to present statistical comparisons of the experimental and control groups on socio-demographic/disease-related variables (7/11 studies), and lack of follow-up beyond 1 month (8/11 studies).

Effects on knowledge levels and information needs (8 studies) appeared to be inconsistent, as did effects on patient satisfaction levels (6 studies). No significant inter-group differences in terms of psychological adjustment were reported (7/8 studies).

Cost information
Only one study evaluating the communication of bad news included an assessment of the costs of different interventions. The trial demonstrated that a less complex educational package cost only 44% of the cost of the more detailed version. The cheaper package was also more popular, being rated as extremely easy to understand and very useful by higher percentages of people.

Authors’ conclusions
In summary at present empirical data to assist healthcare providers, patients, and families in meeting the challenges of communicating bad news are limited. In this review, we have attempted to assess the clinical significance of the limited evidence available. Although patients liked the experimental interventions, there was little evidence of any effect on the patients' psychological adjustment; the effects on patients’ knowledge and satisfaction levels were inconsistent.

CRD commentary
This was a clearly presented review, which benefited from a detailed discussion of the problems and quality issues associated with such review topics. Although a number of electronic databases were searched, evidence may have been missed through the exclusion of non-English publications, and the omission of unpublished data can not be ruled out. The authors also failed to report important methodological details regarding the process of data extraction and how decisions were made about the relevance and quality of studies. Considering the differences between the studies in terms of their interventions and outcome measures the use of a narrative summary would be justified. The problems of study quality and heterogeneity should be borne in mind when considering the authors’ conclusions.

Implications of the review for practice and research
Practice: The authors stated that ‘the interventions tested to date appeared to have had little effect on psychological adjustment and inconsistent effects on patient knowledge levels and satisfaction with care’.

Research: The authors stated that ‘productive research in this important area of healthcare is urgently needed’. They specifically highlight the following: ‘giving the increasing importance of economic appraisals in healthcare, future studies in the area of breaking bad news should include at least minimal data on the relative economic costs of different
communication interventions'; 'we suggest that an RCT that focused specifically on the potential supportive role of the family seems like an obvious area for research. There is also a pressing need to develop a psychometrically robust scale to assess patients’ preferences for the quantity and timing of information in the bad news process'; 'an RCT in which the experimental group was offered systematic follow-up and the control group received usual care would be of particular clinical relevance'; and finally 'authors of RCTs need to document more fully the suitability of psychometric scales used for cancer patients in the diagnostic phase. Fuller descriptions of control conditions would also be helpful'.

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Other publications of related interest

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.