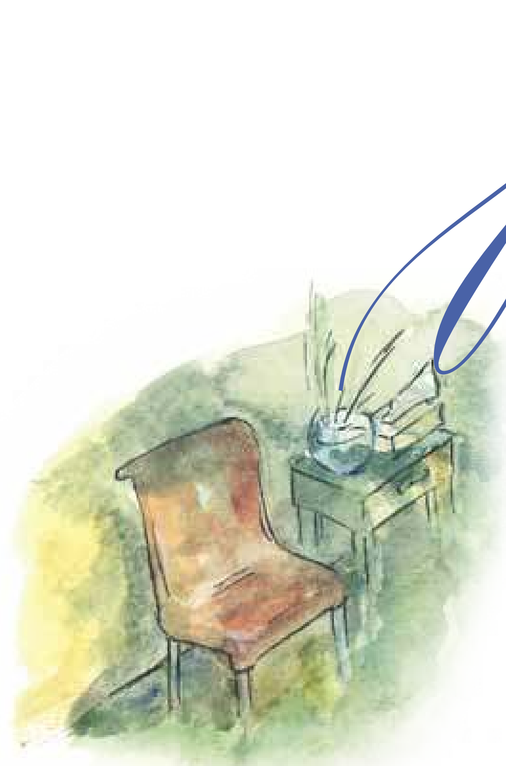
Breaking bad news

What poetry has to say about it



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Breaking bad news to patients is difficult. Even experienced physicians struggle to do it competently. Until recently, it's a skill that has received little attention in medical schools, residencies, and fellowship training programs.[1] There is scant evidence on how to do it well.[2,3] Most articles on the subject refer to certain steps that may be helpful: create a comfortable setting for patients and families; find out what patients know about their condition; ask them how much they desire to know; deliver the news in a clear, concise fashion; show empathy; be prepared to respond to various reactions to the news—sadness, denial, anger, or guilt; and, finally, summarize and outline a plan for the patient.[3–5]

Experience, frequent practice, coaching from mentors, and reviewing the medical literature are traditional ways to improve one's ability to deliver bad news. I believe reading poetry is another way: reading poems with care and empathy fosters an appreciation of the importance of language, feelings, and nuance in communication and relationships. Raymond Carver's poem, "What The Doctor Said," offers insights into patient-physician relationships not found in other forms of instruction. In this poem, Carver shows how difficult, frightening, and awkward (for the patient and physician) delivering and receiving bad news can be:

He said it doesn't look good
he said it looks bad in fact real bad
he said I counted thirty-two of them on one lung before
I quit counting them
I said I'm glad I wouldn't want to know
about any more being there than that
he said are you a religious man do you kneel down
in forest groves and let yourself ask for help
when you come to a waterfall
mist blowing against your face and arms
do you stop and ask for understanding at those moments
I said not yet but I intend to start today
he said I'm real sorry he said
I wish I had some other kind of news to give you
I said Amen and he said something else
I didn't catch and not knowing what else to do
and not wanting him to have to repeat it
and me to have to fully digest it
I just looked at him
for a minute and he looked back it was then
I jumped up and shook hands with this man who'd just given
me
something no one else on earth had ever given me
I may have even thanked him habit being so strong[6]

The doctor in the poem botches it—badly.[7] In his first attempt to deliver the news, he tries a detached, scientific approach: he counts. Not only does he count the nodules; he reports the number to the patient—the number before he stops counting. Ten, twenty, or thirty-two nodules—what clinical difference does it make? Then he resorts to quasi-religious, poetic imagery: "do you kneel down in forest groves and let yourself ask for help when you come to a waterfall, mist blowing against your face and arms." I'm fine with asking patients if they are religious, but does anyone want this question after being told they have more than "thirty-two of them on one lung"?

The truth is, most of us blunder from time to time, no matter how experienced we are in communicating serious news. We come prepared with the words that soothe—"this must be very difficult for you; I cannot imagine how you must feel"—only to utter stupid, insensitive things. And sometimes the patient saves us from ourselves. He feels the doctor's discomfort in breaking the news, and works to ease the doctor's pain, jumping up and even thanking him!

Every time I read this poem, I feel uncomfortable. I squirm as the anxious physician who cannot find the right words to communicate in an honest, sensitive way. I squirm as the patient who suffers through not only the news about a devastating diagnosis, but also the nonsense coming from the physician's mouth. What could the physician in Carver's poem have done differently? What can any of us do when we realize the conversation is going badly? After his first verbal blunder, maybe the physician should have said something like: "I'm not saying this very well; let me start over." Maybe he should have started the conversation with "I wish I had some other kind of news to give you," and then quietly waited for the patient's

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response after delivering the diagnosis. Things might have gone differently. Perhaps not. At many points in the dialogue, I simply want the physician to stop talking. And maybe that is one of the major lessons of the poem.

Dr. John Stone's poem "Talking to the Family" delivers other insights:

My white coat waits in the corner
like a father.
I will wear it to meet the sister
in her white shoes and organza dress
in the live of winter,

the milkless husband
holding the baby.

I will tell them.

They will put it together
and take it apart.
Their voices will buzz.
The cut ends of their nerves
will curl.

I will take off the coat,
drive home,
and replace the light bulb in the hall.[8]

The physician's fear of doing his duty is palpable. Like a boy who dreads telling his father about an accident or other bad news, but knows he must, the physician reluctantly puts on his white coat of authority to inform the family of the patient's death. As Kathryn Montgomery beautifully puts it,

> the secret of the poem, the reason its speaker is not the heartless bastard a first-year student every now and then will argue he must be, is that, except for the first line, it is written in the future tense. . . . The dreadful telling has not happened yet. The speaker is still elsewhere, off stage, in his office perhaps, and the dread—along with the acceptance of a physician's duty—is his.[9]

Despite the tragedy, life goes on. The physician cannot dwell on the moment—he has other patients to see, and other patients to console. He also has other things to do. Doctoring is only one of his roles. The doctor slips on his white coat at work, and slips it off when his professional duty is done. He goes home and, like the rest of us, must perform mundane tasks such as changing light bulbs.

The simple, mechanical task takes his mind off the terrible news. Changing the light bulb is an important step toward focusing on the present, renewing his energy, and healing his own pain. The light goes out in one life, but the doctor is climbing the ladder again, making physical and emotional adjustments so that he can bring new life and light to others. Life goes on.

Physicians need to be intellectually and emotionally prepared to deliver bad news. Patients and families may have many questions about treatment and prognosis. They may react to the news in a variety of ways, including sadness, anger, or shock. And physicians themselves will have their own reactions to the telling of the news. But preparation for these things is not sufficient. Once they are in the middle of a conversation, physicians must be flexible, creative, and self-aware, ready if necessary to change the direction of the dialogue, offer a tissue, or simply be quiet. Like Stone's poem, what's left unsaid often has more power than what is said: Stone does not explicitly tell us about the husband's grief—he uses a remarkable image, "the milkless husband holding the baby," to convey the impending grief and loss.

Reading the poems above is no substitute for preparation, practice, and clinical experience. Nevertheless, I believe physicians who read these poems with attention and empathy will enhance their understanding of language, feelings, and the communication of bad news. The poems also remind us how unpredictable these conversations can be, no matter how frequently we rehearse for them. Finally, we should not be surprised by our dread and reluctance to do our duty and deliver the message: a milkless husband is hard to bear.

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