How to Have a Difficult Conversation with Patients & Families

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- Difficult conversations with patients or families frequently present themselves. Unmet expectations, unexpected news, critical illness, feelings of vulnerability, and loss of control may all play a role.
- Use your resources—nurses/medical assistants may be able to help you anticipate difficult interactions; bring a nurse or other medical staff with you if you have to break bad news.
- Before greeting your patient/family know your facts—medical history, current circumstances, and be sure the right family members are present. Arrive prepared to outline a plan for the next steps if you're delivering unwanted news.
- Introduce yourself, and state your role clearly, take time to sit down, speak at eye-level.
- Open by framing the situation with a clarifying statement[1]; if the family knows what's going on, explore knowledge: "what do you understand about what has happened?" If not, use a warning shot, e.g., "we have some news…"
- Display empathy with active listening, don't interrupt and choose your words carefully.
- Use of the word "serious" can help. It conveys gravity and reinforces sincerity. "Things are serious" or "We are taking your concerns here very seriously."
- Avoid using euphemisms— "we are worried about her BP today" does not convey critical instability. "Her BP is so unstable now; we are worried she could even die."
- Acknowledge and name the emotion; use reflective statements: "I can see that you feel angry. How can I help?"
- Recognize the warning signs of anger/frustration: volume/tone of voice, defensive body language/words, frightened or resistant behavior.
- **Listen more than you speak**.[3] Allow for silence.
- Control your own reactions; do not engage in angry or defensive verbiage or body language to avoid escalation. Don't hesitate to extricate yourself from dangerous situations.
- Summarize by emphasizing shared goals: "I know we all want the safest thing for the patient."
- Close with a plan and an open door for questions.
- Provide hope: "I know this is not how you expected this day to go. There are several ways we can help fix this."

Table 1. GREAT framework for engagement[2]

Greet	Introductions, confirm patient identity (preferred name), know the backstory.
Rapport	Active listening, demonstrate empathy, open body language, sit, control your own emotions.
Evaluation, examination, expectations	Elicit knowledge and goals, use "warning shot," evaluate anxiety level, set specific expectations, close with a plan.
Acknowledge & address concerns	Address concerns directly, be aware of power dynamics and vulnerability, align values and goals, provide hope.
Tacit agreement & thanks	Explicitly thank the patient and caregiver or colleague for their cooperation and input. Leave an open door.

References:

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2. Mann CM, Kennedy C. Identifying the core attributes of pediatric communication techniques to be taught to anesthetic trainees. Paediatr Anaesth. 2020 May;30(5):614-623.
3. Meyer, EC. Courage, brains and heart: Lessons from the Wizard of Oz for difficult healthcare conversations. Aust Crit Care. 2014. Aug; 27(3): 108-109.