



## Lost in familiar surroundings

I have recently been overseas teaching in the Middle East. After 36 years in full time general practice it presented several challenges. In my first week I was asked to give a lecture on breaking bad news, something we have all done most of our practice lives. I had not read much on the theory of the subject and made up my notes from my personal experience. I started by noting that breaking bad news is not easy and that it is OK to be uncertain and unsure when you are breaking bad news. It is one of those areas where if you think you have got it right you should start to worry.

I then went to the books and was surprised to find the subject dissected into algorithms, acronyms, flow charts and a whole lot of jargon. There were headings and check sheets and lists to do and follow. Was I meant to teach them this in a sort of 1-2-3, "How To Break Bad News" formula, I wondered? I had written down a lot of the more simple things such as making a cup of tea or offering to fetch some water. I had included the ordinary rituals of life. I usually make the tea anyway even when everyone declines the offer.

I have also found that nowadays acronyms and mnemonics are on almost every page of every textbook and every journal. Many of them appear to be somewhat fudged into a neat sounding word by rearranging word orders and fitting profound management jargon at the beginning of the sentences. These dry structures didn't, for me, convey the anxiety, guilt and apprehension that strips one down to that feeling of been completely lost in familiar surroundings when breaking bad news.

I found that if I was going to teach under an acronym it was going to come up as AEPIA, which immediately defeated its purpose on the basis of it being supremely forgettable. The letters represented what was to me the very essence of the encounter and were Assessing the patient's capacity for detailed information, Establishing the patient's beliefs about their illness, Providing information in small doses, Involving

other family members if possible, and Answering questions however irrational they may be and trying to find out where the real worries were coming from.

I then found that the books on communication skills now occupy several bookshelves in the library and can give you an inferiority complex. You have to establish rapport, ask permission, gather information, interpret perceptions and then summarise. My lot of suggestions sounded rather mundane against these sensible and altogether fine concepts and anyway one needs these frameworks in teaching otherwise it comes out as an unassessable mess.

Yet somehow, although they covered the subjects in detail, they did not bring to life the deafening messages of non-verbal communication, the fractional eye movements and the words laden, almost weighed down, with single and double meanings. It is the experience of having to last through the unbearable silence and holding on for another ten seconds.

We know practice and theory are both necessary and useful in teaching. I have been learning and trying to get this balance. It is one of the essential arts of both teaching, the mother of all professions, and medicine, the most difficult and rewarding of all professions. There is no one right way to break bad news. It is one of the most individual encounters we have with patients. Although we often teach it as a single exercise it is not a one-off affair. We don't leave it broken. The next step is to mend it. This takes place over the following days, weeks, months and, perhaps, years. All part of the continuity of care in general practice.

**Dr Chris Ellis,**

Family physician, Pietermaritzburg, KwaZulu-Natal

**e-mail:** cristobalellis@gmail.com