Letters

Delivering Difficult News in a Tertiary Hospital in Sub-Saharan Africa—A Consensus Study Among Residents

To the Editor:

Communication, especially delivery of difficult news, remains a key part of clinical practice. Fallowfield defined difficult news as "any information that produces a negative alteration to a person's expectations about their present and future."[1] However, despite its importance, many medical providers lack the skill and ability to effectively deliver difficult news to their patients. A recent study done in Poland found that less than 47% of patients are content with how difficult news is delivered to them.[2] Furthermore, a survey of hospitalized patients found that the most commonly reported reason for perceived breakdown in care involved inadequate information exchange.[3] Various physician-, institutional-, and patient-related barriers have been attributed to the poor ability to communicate effectively, especially when delivering difficult news to patients. Bernacki and colleagues noted the association between effective communication and improved quality of life, including early referral to hospice, less aggressive treatment during the final days of life, better mood, less surrogate distress, and cost-saving. They also reported overall lower hospital costs among patients reporting having had an early end-of-life discussion.[4] Several protocols, some outdated, have been created to help address the gaps in effective communication between patients and medical providers. However, very little data exist on the effectiveness of these protocols in improving communication in sub-Saharan Africa. To help us develop an appropriate training tool for this geographical area, we sought to explore what challenges and barriers residents at our institution faced when delivering difficult news to their patients.

Methods

We conducted a consensus survey among residents currently doing their Masters in Medicine at The Aga Khan University Hospital in Nairobi and Dar es Salaam. All 150 residents from nine residency programs in Nairobi (Internal medicine, Surgery, Pediatrics, Family medicine, Anatomic & Clinical pathology, Obstetrics and Gynecology, Anesthesia and Radiology) and three residency programs in Dar es Salaam (Surgery, Internal and Family medicine) were asked to complete an online survey regarding the challenges they encounter when delivering difficult news to their patients. We developed a questionnaire based on similar studies, which was reviewed for language by a group of independent faculty members and for content by our palliative care team. The questionnaire captured demographics as well as resident year, location, training program, previous training, assessment of confidence, anxiety, knowledge, conduct, and challenges in delivering difficult news. The survey was e-mailed to all the residents within the two campuses using the Research Electronic Data Capture (Vanderbilt University, Nashville, TN) software. All residents provided written informed consent before participation in this study.

Descriptive statistics were conducted using SPSS (version 20; IBM, Tokyo Japan), and the data were presented as frequencies and percentages. The comparisons among the resident years were based on Fisher's exact test. This study was approved by The Aga Khan University Ethics Review Committee.

Results

A total of 105 residents participated in the survey (response rate, 70%). Demographic data and results from the questionnaire are depicted in Table 1. There was an equal representation of residents across gender and specialty. All residents recognized the urgent need to train medical learners on effective delivery of difficult news to patients.

Overall, 48.6% of residents did not feel confident delivering difficult news to their patients. Furthermore, 83.8% of residents across all years reported anxiety before delivery of difficult news.

All residents introduced themselves to the patients before having a difficult conversation. A majority of the residents ensured a private and quiet room to hold

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Table 1
Summarizes Results From the Survey

Survey Questions	Total, $N = 105$	Year 1, $n = 24$	Year 2, $n = 28$	Year 3, $n = 27$	Year 4, $n = 26$	*P*-value
Gender						0.301
Male	54 (51.4%)	12 (50%)	11 (39.3%)	14 (51.9%)	17 (65.4%)	
Female	51 (48.6%)	12 (50%)	17 (60.7%)	13 (48.1%)	9 (34.6%)	
Location						0.899
Nairobi	99 (94.3%)	23 (95.8%)	27 (96.4%)	25 (92.6%)	24 (92.3%)	
Dar es Salaam	6 (5.7%)	1 (4.2%)	1 (3.6%)	2 (7.4%)	2 (7.7%)	
Specialty						0.999
Internal medicine	22 (21.0%)	6 (25.0%)	7 (25.0%)	3 (11.1%)	6 (23.1%)	
General surgery	12 (11.4%)	2 (8.3%)	3 (10.7%)	4 (14.8%)	3 (11.5%)	
Pathology	14 (13.3%)	4 (16.7%)	4 (14.3%)	4 (14.8%)	2 (7.7%)	
Pediatrics	14 (13.3%)	3 (12.5%)	4 (14.3%)	4 (14.8%)	3 (11.5%)	
Anesthesia	13 (12.4%)	2 (8.3%)	4 (14.3%)	3 (11.1%)	4 (15.4%)	
Family medicine	10 (9.5%)	3 (12.5%)	1 (3.6%)	3 (11.1%)	3 (11.5%)	
Obstetrics and gynecology	10 (9.5%)	2 (8.3%)	3 (10.7%)	4 (14.8%)	3 (11.5%)	
Radiology	10 (9.5%)	2 (8.3%)	2 (7.1%)	4 (14.8%)	2 (7.7%)	
Do you DDN in your medical practice?						0.219
Yes	98 (94.2%)	22 (91.7%)	27 (96.4%)	27 (100.0%)	22 (88.0%)	
No	6 (5.8%)	2 (8.3%)	1 (3.6%)	0 (0.0%)	3 (12.0%)	
Do you feel confident in DDN?						<0.001
Yes	54 (51.4%)	6 (25.0%)	13 (46.4%)	13 (48.1%)	22 (84.6%)	
No	51 (48.6%)	18 (75.0%)	15 (53.6%)	14 (51.9%)	4 (15.4%)	
Do you feel anxious in DDN?						0.770
Yes	88 (83.8%)	19 (79.2%)	24 (85.7%)	24 (88.9%)	21 (80.8%)	
No	17 (16.2%)	5 (20.8%)	4 (14.3%)	3 (11.1%)	5 (19.2%)	
Have you received any training in DDN?						0.012
Yes	44 (41.9%)	4 (16.7%)	17 (60.7%)	11 (40.7%)	12 (46.2%)	
No	61 (58.1%)	20 (83.3%)	11 (39.3%)	16 (59.3%)	14 (53.8%)	
The last time you DDN do you think it went well?						0.610
Yes	84 (80.0%)	19 (79.2%)	22 (78.6%)	20 (74.1%)	23 (88.5%)	
No	21 (20.0%)	5 (20.8%)	6 (21.4%)	7 (25.9%)	3 (11.5%)	
Do you notify your patient or their family in advance before DDN?						0.363
Yes	50 (47.6%)	9 (37.5%)	17 (60.7%)	13 (48.1%)	11 (42.3%)	
No	55 (52.4%)	15 (62.5%)	11 (39.3%)	14 (51.9%)	15 (57.7%)	
Do you ensure that you are in a private and quiet room when DDN to your patients?						0.971
Yes	86 (81.9%)	20 (83.3%)	22 (78.6%)	22 (81.5%)	22 (84.6%)	
No	19 (18.1%)	4 (16.7%)	6 (21.4%)	5 (18.5%)	4 (15.4%)	
Do you discuss with other medical professional on how best to discuss with the family?						0.448
Yes	59 (56.2%)	14 (58.3%)	19 (67.9%)	13 (48.1%)	13 (50.0%)	
No	46 (43.8%)	10 (41.7%)	9 (32.1%)	14 (51.9%)	13 (50.0%)	
Do you try and minimize phone interruption's before DDN?						0.130
Yes	85 (81.0%)	19 (79.2%)	19 (67.9%)	25 (92.6%)	22 (84.6%)	
No	20 (19.0%)	5 (20.8%)	9 (32.1%)	2 (7.4%)	4 (15.4%)	
Do you introduce yourself to the family before DDN?						N/A
Yes	105 (100.0%)	24 (100.0%)	28 (100.0%)	27 (100.0%)	26 (100.0%)	
Do you assess patient knowledge on the subject before DDN?						0.118
Yes	90 (85.7%)	17 (70.8%)	26 (92.9%)	23 (85.2%)	24 (92.3%)	
No	15 (14.3%)	7 (29.2%)	2 (7.1%)	4 (14.8%)	2 (7.7%)	
Do you use simple, nonmedical terms to deliver medical knowledge?						0.229
Yes	104 (99.0%)	23 (95.8%)	28 (100.0%)	27 (100.0%)	26 (100.0%)	
No	1 (1.0%)	1 (4.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
While DDN, do you know how to deal with patient's and family's emotions?						0.130
Yes	33 (31.4%)	4 (16.7%)	7 (25.0%)	12 (44.4%)	10 (38.5%)	
No	72 (68.6%)	20 (83.3%)	21 (75.0%)	15 (55.6%)	16 (61.5%)	

(*Continued*)

Table 1
Continued

Survey Questions	Total, $N = 105$	Year 1, $n = 24$	Year 2, $n = 28$	Year 3, $n = 27$	Year 4, $n = 26$	*P*-value
While DDN, do you give information in small amounts, rather than all in once?						0.343
Yes	66 (62.9%)	13 (54.2%)	16 (57.1%)	17 (63.0%)	20 (76.9%)	
No	39 (37.1%)	11 (45.8%)	12 (42.9%)	10 (37.0%)	6 (23.1%)	
Are you familiar with intentional pauses while DDN to your patients?						0.695
Yes	68 (64.8%)	13 (54.2%)	19 (67.9%)	18 (66.7%)	18 (69.2%)	
No	37 (35.2%)	11 (45.8%)	9 (32.1%)	9 (33.3%)	8 (30.8%)	
After DDN, do you provide a summary to the patient or family?						0.567
Yes	69 (65.7%)	13 (54.2%)	20 (71.4%)	19 (70.4%)	17 (65.4%)	
No	36 (34.3%)	11 (45.8%)	8 (28.6%)	8 (29.6%)	9 (34.6%)	
After DDN to patients, do you follow-up with them in 24–48 hours?						0.889
Yes	18 (17.1%)	4 (16.7%)	4 (14.3%)	6 (22.2%)	4 (15.4%)	
No	87 (82.9%)	20 (83.3%)	24 (85.7%)	21 (77.8%)	22 (84.6%)	
Are cultural differences a barrier to DDN?						0.683
Yes	58 (55.8%)	11 (45.8%)	17 (63.0%)	15 (55.6%)	15 (57.7%)	
No	46 (44.2%)	13 (54.2%)	10 (37.0%)	12 (44.4%)	11 (42.3%)	
Do you face any institutional barriers to DDN?						0.174
Yes	41 (39.0%)	5 (20.8%)	13 (46.4%)	13 (48.1%)	10 (38.5%)	
No	64 (61.0%)	19 (79.2%)	15 (53.6%)	14 (51.9%)	16 (61.5%)	

DDN = deliver difficult news.

these conversations and attempted to minimize interruptions. Most of the residents (99%) stated the use of simple nonmedical terms while delivering difficult news. More than half of the residents gave information in small amounts and were aware of intentional pauses during these conversations. However, less than half of the residents informed the patient/family in advance before holding a difficult conversation. Only 30.1% of the residents knew how to deal with patient emotions during these conversations. Surprisingly, more than 80% of the residents did not follow up with their patients within the 24–48 hours of a difficult conversation.

More than 50% of the residents stated that cultural diversity, gender role-play, and taboo acted as barriers to delivering difficult news. Approximately four of 10 residents faced institutional barriers such as lack of time due to busy schedules especially when on call, lack of private spaces to hold these conversations and limited mentorship/guidance by the faculty.

Further analysis showed that males (66.7%) compared to females (35.3%) were more confident in delivering difficult news (*P*-value < 0.001) and fourth-year residents (84.6%) compared to the first-year residents (25.0%) were more confident in delivering difficult news (*P*-value < 0.001).

Comment

To our knowledge, this is the first study looking at the challenges residents in sub-Saharan Africa face when delivering difficult news to their patients. Our study found that senior fourth-year residents were statistically more confident in delivering difficult news to their patient than first-year residents. Senior residents usually have had more experience during their training years and hence feel more comfortable when delivering difficult news to their patients. A study done in India, looking at perception of pediatric residents when breaking bad news found that only 35% of their final-year residents were comfortable doing so.[5] In addition, we also found that male residents were more confident in delivering difficult news than the female residents (66.7% vs. 35.3%), an observation unique to our study. We postulate that cultural barriers toward female physicians in sub-Saharan Africa could potentially have a role in this finding; however, more research is needed in this area.

Similar to Lee et al.'s findings, a majority of our residents (88%) also reported high levels of anxiety before having a difficult conversation with their patients.[6] Furthermore, a majority of our residents (72%) reported that they did not know how to deal with the patient and family member's emotions while

delivering difficult news. Similar findings were reported by Dosanjh and colleagues.[7]

Residents in both campuses identified lack of training opportunities as one of the major barriers toward delivering difficult news. Only 42.1% of the residents in our study had received any form of formal training in delivering difficult news. A study conducted in Nigeria looking at breaking bad news among nurses and physicians showed that only 21% of the respondents had formal training to do so.[8] Similarly, health care providers in Tanzania reported minimal formal training in conducting complex discussions.[9] In addition, a study by Geeta et al. looking at perceptions of breaking bad news by final pediatric residents in India found that only 16% had received any formal training.[5]

The strength of our study includes the equal distribution of residents among the years and a relatively high overall response rate. The limitations of our study included the use of self-administered questionnaires introducing reporting bias as well as the low response rate from the residents in the Dar es Salaam campus.

Conclusion

Our study helps shed light on the barriers our resident face within our institution in sub-Saharan Africa when delivering difficult news to their patients. Although some barriers might be challenging to overcome, this study will help us design and implement effective strategies, unique to sub-Saharan Africa, to better train our resident in delivering difficult news to their patients.

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https://doi.org/10.1016/j.jpainsymman.2019.07.028

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Premature Ending of a Medication Study in Dying Patients: Lessons Learned

To the Editor:

In this letter, we describe the premature discontinuation of a medication study in dying patients. Despite a feasibility assessment, recruitment rates were far below expectations. Suggestions for future studies are proposed.

Morphine is the most frequently used opioid for the treatment of pain at the end of life. However, the active metabolites of morphine start to accumulate when renal function decreases. The accumulation of M3G is associated with neurotoxic adverse effects like delirium, allodynia, and hyperalgesia.[1] By contrast, the central effects of circulating metabolites of oxycodone are negligible.[2] Theoretically, oxycodone for the treatment of pain in dying patients, with a diminished renal function, should therefore result in a reduced occurrence of the neurotoxic adverse effects like delirium in comparison to morphine. To investigate this hypothesis, a randomized, controlled, multicenter trial was designed to compare the prevalence of delirium between oxycodone and morphine, administered by continuous subcutaneous infusion (CSCI), for the treatment of pain in dying patients with a diminished renal function. The study population consisted of residents of hospices and somatic or psychogeriatric wards of nursing homes,