

Doctors' knowledge, practices, challenges, and limitations regarding disclosure of bad news: A multicentre study from Pakistan

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ABSTRACT

Background: Breaking bad news is one of the most difficult tasks for practicing doctors, especially for those working in health care specialties where life-threatening diseases are diagnosed and managed routinely. Our aim was to elicit the knowledge and practices of doctors and identify barriers faced by them in disclosure of bad news across the provinces of Pakistan. **Methods:** Cross-sectional, multi-centered study supported by an external grant in 15 Government and Private Hospitals across Pakistan. A total of 1185 doctors were surveyed. Responses were compared across provinces. **Results:** 80% of doctors across all specialties considered life-threatening diagnoses like cancer and stroke as equivalent to bad news, whereas less than 50% perceived conditions like malaria and typhoid as bad news. Regarding the level of difficulty encountered in giving bad news on a scale of 0 to 6, over 57% doctors rated it 4 and above. The reasons identified were lack of confidentiality, lack of privacy, lack of time, lack of training, fear of patients' and family reactions, not wanting to hurt the patient or causing more distress, concern of having failed the patient, and their own reactions among others. **Conclusions:** Technical proficiency, training, good patient-centered communication, and incorporating socio-cultural aspects are essential for effective disclosure of bad news.

Keywords: Bad news, barriers, communication, difficulty, doctors, training

Introduction

Bad news is defined as 'any news that negatively and drastically alters the future'.^[1] It is one of the most difficult tasks for practicing

doctors, especially for those working in health care specialties where life-threatening diseases are diagnosed and managed routinely.^[1] This difficulty is compounded by the intense emotions that the discussion of life-threatening and life-altering conditions arouses in patients and families.^[2] Medical interactions, in which bad news is discussed, are widely known to be distressing for physicians, patients, and family members.^[1] These difficulties cause multiple barriers during consultations between patients/families and

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physicians, resulting in avoidance; abrupt, hurried, and insensitive disclosure; and false or incomplete disclosure of the bad news. This may severely compromise the quality of care and impact the prognosis and quality of life.^[3] Literature abounds with reports of patients' and families' experiences of receiving bad news.^[4,5] Most patients describe the relationship with their health care provider team as positive. Patients reported having a greater sense of support and continuity of care when an HCP or associated team member was available and easily accessible (i.e. by text/voicemail/phone call).^[6] Fear of hurting the patient with a poor prognosis or worsening condition often results in collusion between the family and the doctor described in literature as the 'conspiracy of silence'.^[7] However, in contrast to this, a study conducted in the same region showed that 83% of respondents preferred to know the diagnosis regardless of how bad it was and 78% preferred doctors to give the bad news.^[8] Another remarkable finding in that study was a majority of respondents, nearly 70%, wanted the news to be broken to the relative first, compared to only 25%, who wanted to hear it themselves first. This is in congruence with the strong family system prevailing in Pakistan.^[8] This has also been noted in earlier studies on Asian populations, including Japan.^[6,9,10]

There is a dearth of research on the topic of breaking bad news by doctors in Pakistan at a national level on a large scale. Therefore, the objectives of our study were to elicit the knowledge and practices of doctors and identify barriers faced by them in disclosure of bad news across the provinces of Pakistan and to see to what extent current practice matches international guidelines and recommendations on consultations involving bad news.

Materials and Methods

Design/Setting

This was a cross-sectional study conducted over a period of 1 year, from January 2016 to June 2017, in 15 hospitals/medical institutes across all the four provinces of Pakistan. Eight of them were private, and seven belonged to the government sector. In each province, an approximately equal number of teaching and nonteaching hospitals was selected for data collection. The hospitals/medical centers that participated included Aga Khan Hospital, Karachi, Indus Hospital and Liaquat University of Health Sciences from Sindh, Sheikh Zaiyad University, Social Security Hospital, Shifa International Hospital and Ammar Hospital from Punjab, Khyber Medical College, Maulvi Ameer Shah Memorial Hospital, Rehman Medical Institute, Khyber Medical Center and Dabgari Garden Medical Center from Khyber Pukhtunkhwa, Bolan Medical College, Sajid Hospital, Akram Hospital, and Christian Missionary Hospital from Baluchistan.

Ethical approval and permissions

Ethical approval and permission were taken from the Aga Khan University Ethics Committee ERC no. 2345-FM-ER-12 and the Dean, Medical Superintendent or Ethics Committees of the remaining hospitals facilitated by the Pakistan Medical Research Council.

Sample size and selection of participants from each study site

All physicians who had passed their MBBS and were practicing in the identified institutes and gave consent were recruited by nonprobability convenience sampling till the final sample size was reached. The questionnaire was piloted on 5% of the estimated sample size. This study planned to assess physicians' knowledge, practices, and barriers about breaking bad news. This, according to the investigators' knowledge, has not been observed in any multicentre large-scale study done in Pakistan; therefore, we assumed that the knowledge and practice levels regarding breaking bad news would be 50% (also, it would provide maximum variance) with a 'd' error bound of 4%. With a level of significance of 1%, a sample size of at least 1037 subjects was derived.

To account for refusals and incomplete questionnaires of 10%, a final sample size of approximately 1136 doctors was calculated. The sample size was adjusted according to the number of the doctors in the specific hospitals and proportions were assigned so that 30% of the sample size was recruited from Punjab and Sindh, while 15% of the sample size was recruited from Pakhtunkhuwa and 10% from Baluchistan. The calculated and actual numbers from each province are shown in the Table 1a below:

Data collection

A pre-coded semi-structured questionnaire consisting of dichotomous and qualitative questions covering demographic details; questions regarding knowledge, attitude, practices, and barriers to disclosing bad news; and prior training in disclosing bad news was administered to doctors fulfilling the inclusion criteria according to the sampling strategy. Especially trained data collectors explained the self-administered questionnaire to the participating physicians and also subsequently collected the completed questionnaires. The questionnaire took approximately 15–20 minutes to be completed.

All completed questionnaires were mailed to the principal investigator, and trained research assistants entered the data in SPSS.

Data analysis

The analysis was performed on SPSS version 22. Baseline information on demographics was analyzed using descriptive statistics. For continuous variables such as age and years of

Table 1a: Doctors recruited from each province

Provinces	Doctors to be recruited No (%)	Doctors actually recruited No (%)
Sindh	341 (30%)	297 (25%)
Punjab	341 (30%)	336 (28.3%)
Khyber Pakhtunkhuwa	284 (15%)	308 (25.9%)
Baluchistan	170 (10%)	244 (20.5%)
Total	1136	1185

experience, means and standard deviation were reported. For categorical variables such as gender and postgraduate qualification, proportions were obtained. Frequencies of all questions related to knowledge and practice were calculated.

Results

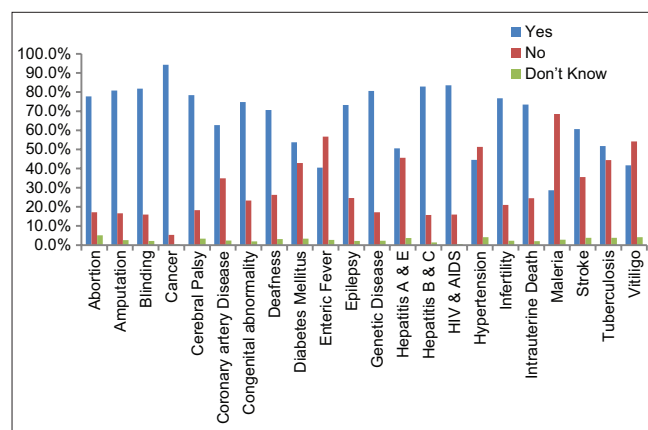
A total of 1185 doctors practising in the identified institutes from all four provinces were surveyed. The mean age of doctors was 34 years, and there was equal representation of males and females. Most of them belonged to Medicine specialty (36.5%), followed by Surgery (26.8%) and Pediatrics (17.3%). 12.6% were Family Physicians. The city, province, and hospital-wise distribution of these doctors is shown in [Table 1b].

Socio-demographic profile of the surveyed doctors

Doctors were given different examples of diseases/conditions and were asked to comment whether they considered it as bad news or not. A majority (77.6%) considered abortion, 80.8% considered amputation of limb, 94.2% considered cancer, 81.8% considered going blind, and 70.5% considered deafness as bad news. Around half of the doctors considered diabetes mellitus (53.7%) and Hepatitis A and E (50.6%) also as bad news, whereas a majority considered minor conditions like enteric fever (56.7%), hypertension (51.3%), and malaria (68.5%) as not bad news, Graph 1.

Doctors' beliefs, perceptions, and opinions regarding aspects of bad news

Regarding doctors' opinion on various aspects of bad news, the majority (83.9%) believed that if they were diagnosed with serious life-threatening conditions, they would want to know about the diagnosis. A majority of the doctors (73.3%) also believed that they would like their family member to know about their diagnosis of bad news. Regarding the level of difficulty encountered in giving bad news on a scale of 0 to 6, 0 being the easiest to 6 being most difficult, over 57% doctors rated it 4 and above, of which 23.7% rated it on 4. Other questions related to perceptions of doctors regarding bad news with their answers are listed in Table 2a.



Graph 1: Doctor's responses across Pakistan regarding their perceptions about diseases and conditions considered bad news

Practices of breaking bad news based on established recommendations

When doctors were questioned on their practices of disclosing bad news based on well-established, international guidelines and recommendations, 61.9% said that they set up special appointment, 84.9% said that they gather all relevant information about patients,

Table 1b: Socio-demographic profile of the surveyed doctors

Variable	n=1,185	%
City		
Karachi	165	13.9
Hyderabad	131	11.1
Lahore	235	19.8
Islamabad	102	8.6
Peshawar	309	26.1
Quetta	243	20.5
Province		
Sindh	297	25.1
Punjab	336	28.4
Khyber Pakhtun Khuwa	308	26.0
Baluchistan	244	20.6
Hospitals		
Aga Khan University Hospital, Karachi	113	9.54
Social Security Hospital, Lahore	68	5.74
Ammar Hospital, Lahore	24	2.03
Shaikh Zayed Hospital, Lahore	143	12.07
Bolan Teaching Complex Hospital, Quetta	146	12.32
Missionary Hospital, Quetta	50	4.22
Akram Hospital, Quetta	36	3.04
Sajid Hospital, Quetta	15	1.27
Dabgari Hospital, Peshawar	26	2.19
Khyber Medical hospital, Peshawar	178	15.02
Moulvi Ameer Shah Memorial Hospital, Peshawar	26	2.19
Rehman Medical Institute, Peshawar	77	6.50
Shifa Hospital, Islamabad	102	8.61
Indus Hospital, Karachi	51	4.30
Liaquat University of Medical and Health Sciences, Jamshoro	130	10.97
AGE		
Mean (SD) (n=1,161)	34.20	8.07
Min–Max	23	71
Gender		
Male	594	50.13
Female	591	49.87
Specialist		
Medicine	432	36.5
Surgery	318	26.8
Pediatrics	205	17.3
Dermatology	21	1.8
Family Physician	149	12.6
Dentistry	12	1.0
Radiology	1	0.1
Anesthesia	3	0.3
Psychiatry	44	3.7
Years of Practice		
Mean (SD) (n=1161)	10.5	7.6
Min–Max	0	49

Table 2a: Doctors' beliefs, perceptions, and opinions regarding receiving and giving bad news

Variable	n	%
How difficult is it to break bad news to patients and families?		
0	33	3.57
1	97	10.50
2	85	9.20
3	143	15.48
4	219	23.70
5	152	16.45
6	159	17.21
Don't know	36	3.90
Have you ever received bad news by a health care professional?		
Yes	261	22.02
No	924	77.97
If you were diagnosed with serious life-threatening conditions, would you want to know?		
Yes	968	83.95
No	73	6.33
Don't know	112	9.71
If your family member was diagnosed with serious life-threatening conditions, would you want him/her to know?		
Yes	846	73.37
No	223	19.34
Don't know	84	7.29
Do you think doctors should not reveal truth about serious diagnosis?		
Yes	408	38.56
No	583	55.10
Don't know	67	6.33
Do you feel guilty or worry about lying to your patient?		
Yes	934	83.99
No	123	11.06
Don't know	55	4.95
Do you think it's the physician's legal obligation to tell the truth?		
Yes	1,058	92.48
No	55	4.81
Don't know	31	2.71
Did you feel anxious while giving bad news to a patient/family member?		
Yes	797	70.04
No	274	24.08
Don't know	67	5.89
Did you experience physical symptoms while giving bad news to a patient/family member?		
Yes	550	52.48
No	430	41.03
Don't know	68	6.49
Do you think it is the patient's right to know the diagnosis?		
Yes	971	93.82
No	40	3.86
Don't know	24	2.32
Do you think it is the patient's right to know the prognosis?		
Yes	989	94.10
No	34	3.24
Don't know	28	2.66
Do you think it is the family's right to know about the disease?		
Yes	771	80.65
No	112	11.72
Don't know	73	7.64

91.3% said that they ensure privacy, 91.2% said that they maintain confidentiality, 85.2% said that they check for understanding,

89.4% said that they explain prognosis to patients, and 86.4% said that they give realistic hope to patients [Table 2b].

Table 2b: Practices of breaking bad news based on established recommendations

Variable	n	%
Do you set up a special appointment?		
Yes	704	61.92
No	275	24.19
Not possible	158	13.90
Gather all relevant information about patients?		
Yes	957	84.92
No	121	10.74
Not possible	49	4.35
Ensure Privacy?		
Yes	1,043	91.33
No	60	5.25
Not possible	39	3.42
Ensure confidentiality?		
Yes	1,016	91.20
No	59	5.30
Not possible	39	3.50
Give more time than usual?		
Yes	904	83.86
No	126	11.69
Not possible	48	4.45
Ask for family member to be present?		
Yes	803	79.50
No	183	18.12
Not possible	24	2.38
Find out how much the patient knows?		
Yes	796	78.50
No	190	18.74
Not possible	28	2.76
Find out how much the patient wants to know?		
Yes	789	76.75
No	200	19.46
Not possible	39	3.79
Give warning shot that bad news is coming?		
Yes	762	72.64
No	255	24.31
Not possible	32	3.05
Give time to patient to show emotion?		
Yes	872	82.89
No	148	14.07
Not possible	32	3.04
Give the news in small amounts?		
Yes	726	67.41
No	291	27.02
Not possible	60	5.57
Check patients' understanding?		
Yes	930	85.24
No	117	10.72
Not possible	44	4.03
Explain prognosis to patients?		
Yes	920	89.41
No	89	8.65
Not possible	20	1.94
Give realistic hope?		
Yes	951	86.45
No	114	10.36

Contd...

Table 2b: Contd...

Variable	n	%
Not possible	35	3.18
Do you involve patients in decision making		
Yes	868	84.68
No	121	11.80
Not possible	36	3.51
Do you involve the family in decision making		
Yes	841	81.26
No	152	14.69
Not possible	42	4.06
Give follow-up appointment?		
Yes	827	81.56
No	142	14.00
Not possible	45	4.44

Training in bad news and opinions regarding doctors' training in breaking bad news

Approximately 68.9% of the doctors had received some training in communicating bad news. The training had been received at the postgraduate level or during practice by 19.39% and approximately 22% of the doctors, respectively. About 24% had received this training during the undergraduate years. Over 78% believed that training should take place during under- or postgraduate years. The majority (86.75%) wanted training in breaking bad news through lectures or workshops [Table 3].

Comparison of doctors' perceptions, opinions, and practices regarding bad news across provinces of Pakistan

When the perception of diseases/conditions as bad news was compared across the doctors of four provinces, it was observed that there was a statistically significant difference for many conditions. In Punjab and Baluchistan, 90% of doctors considered amputation of limb as bad news, whereas in Sindh, 75% doctors and in KPK only 60% considered it bad news (P -value < 0.001). Going blind was considered by 91.3% doctors in Baluchistan as bad news, whereas in Punjab, 87.2%, in Sindh 73.4% and in KPK only 68.5% doctors considered it as bad news. This difference was also statistically significant (P -value < 0.001). News of cancer was considered as bad news by 96.7% doctors in Baluchistan, 96.1% doctors in Punjab, and 91.2% doctors in Sindh, but in KPK, 84% doctors considered it as bad news (P -value < 0.001). 82.7% doctors in KPK considered Hepatitis A and E as bad news, whereas only 38.9% in Baluchistan, 37.3% in Sindh, and 36.6% in Punjab considered it as bad news (P -value < 0.001). Infertility was considered by 83% doctors in Punjab and 79% doctors in Baluchistan as bad news, whereas in Sindh and KPK, 69% and 68% doctors considered it as bad news, respectively (P -value < 0.001). News of HIV/AIDS was considered by 96.7% doctors from Baluchistan as bad news, whereas in Punjab and Sindh, 89.2% and 84.8% doctors, respectively, but from KPK, only 57.4% doctors considered it as bad news (P -value < 0.001).

Table 3: Doctor's training and opinions regarding training in breaking bad news

Variable	n	%
Have you received training in communicating bad news?		
Yes	794	68.86
No	359	31.14
Where did you receive above training?		
Undergraduate	159	13.46
House job	118	9.99
Postgraduate	229	19.39
During Practice	259	21.93
Don't know	29	2.46
In your opinion training for BBN should be part of undergraduate curriculum		
Yes	847	78.21
No	218	20.13
Don't know	18	1.66
In your opinion training for BBN should be part of postgraduate curriculum		
Yes	800	74.14
No	266	24.65
Don't know	13	1.20
In your opinion training for BBN should be part of selected courses for certain specialties only		
Yes	627	58.33
No	420	39.07
Don't know	28	2.60
Would you like to receive training in disclosing bad news		
Yes	936	86.75
No	131	12.14
Don't know	12	1.11
Would you like training through lectures		
Yes	532	49.30
No	514	47.64
Don't know	33	3.06
Would you like training through a workshop		
Yes	685	63.78
No	356	33.15
Don't know	33	3.07

When doctors' opinion about receiving bad news was compared across provinces, it was seen that 92.9% doctors in Sindh, 88.5% in Baluchistan, and 84.5% in Punjab said that if they were diagnosed with serious life-threatening conditions, they would like to know the diagnosis, whereas in KPK, only 62.3% doctors said that they would want to know (P -value < 0.001). Regarding practices, it was observed that 74.3% doctors from KPK set up a special appointment for this purpose, whereas in Sindh, Baluchistan, and Punjab, only 62.2%, 52%, and 48.5% doctors do so, respectively (P -value < 0.001). 85.7% and 80.4% doctors from Punjab and Sindh, respectively, said that they give more time than usual, whereas from Baluchistan and KPK, 74.5% and 63.3% said so, respectively (P -value < 0.001). 87.8% doctors from Punjab said that they check for patients' understanding, whereas in Sindh and Baluchistan, 78% doctors do so, and in KPK, 67.8% do it (P -value < 0.001). 92.2% doctors from Baluchistan give follow-up appointment to such patients, but in

Punjab, Sindh, and KPK, 85.7%, 63.9%, and 40.2% doctors do it, respectively (P -value < 0.001). 24.5% doctors from Baluchistan rated the difficulty level of breaking bad news on a scale of 0 to 6 as 6 being the most difficult, whereas 14.8%, 9.7%, and 6.4% doctors from Punjab, KPK, and Sindh, respectively, rated it on 6 (P -value < 0.001).

A total of 80% doctors in Balochistan, 59% in Punjab, 82% in Sindh, and 49.5% in KPK responded to the open-ended question "Why it is difficult to deliver a bad news?". The answers were grouped into themes for each province according to the main content of the answer as tabulated in Table 4.

Discussion

This is the first multicentre large-scale study looking at doctors' perceptions and knowledge about bad news and opinions about various aspects regarding its disclosure to patients and family members in Pakistan. Doctors' practices while breaking bad news based on recommended guidelines of breaking bad news were surveyed. The results are generalisable as this was a multicentre study and data collection was done in both government and private, teaching and non-teaching hospitals across all four provinces of Pakistan. All provincial capitals and doctors practicing in six of the largest cities of Pakistan are represented. Doctors from various medical and surgical specialties were surveyed. General Medicine, General Surgery, Pediatrics, and Obstetrics and Gynaecology are overrepresented as they have the largest number of practising doctors. The findings reveal great variance in individual perceptions of each of the diagnoses considered bad news by the responding doctors. Over 80% of them across all specialties considered life-threatening diagnoses as equivalent to bad news, whereas less than 50% perceived malaria and typhoid as bad news. Surprisingly, diabetes mellitus, hypertension, tuberculosis, and vitiligo all can have debilitating physical and psychological impacts and were considered bad news by only 53%, 44%, 51%, and 41%, respectively, by the responding doctors.^[11] This could be because they are by and large treatable and controllable, but at the same time, it is of concern because this attitude can have undesirable impact on patient care and management, in addition to diminishing the importance and responsibility of self-care among the affected patients. These diseases are chronic and encompass physical, psychological, financial, and social dimensions on the individual and the family.^[12]

Interestingly, 83% doctors wanted to know their bad news diagnosis, but 9% were not sure. This is probably because 22% of the doctors had ever received bad news. Another interesting finding was that 73% doctors wanted their relatives to know if they were diagnosed with any bad news condition, which is in keeping with the findings of the corresponding study where the majority of the patients wanted their relatives to know first.^[8] Breaking bad news is known to be difficult and stressful and is corroborated by the results as all of them found disclosing bad news to the patient difficult to varying degrees.^[13]

Table 4: 'Why it is difficult to deliver bad news?'

THEME	Examples			
	SINDH Total=238/287 (82%)	PUNJAB Total=200/339 (59%)	BALUCHISTAN Total=198/245 (80%)	KPK Total 152/307=(49.5%)
Doctor factors	<p><i>n</i>=36</p> <p>Difficult to break</p> <p>Lack of time</p> <p>Scared of patient's reaction</p> <p>Lack of training</p> <p>Emotion of doctor maybe involved</p> <p>Don't know patient's reaction</p> <p>Feel sorry for the patient</p> <p>Doctor should be strong</p> <p>Doctor should block the emotion</p> <p>Uncomfortable in explaining poor prognosis</p> <p>Difficult to counsel</p> <p>Fear of hurting patient</p> <p>Patient will stop liking doctor and will not come for follow-up</p> <p>Doctor wants patient to get better</p>	<p><i>n</i>=52</p> <p>Painful to break</p> <p>Uncomfortable in telling</p> <p>Sympathy</p> <p>Empathy</p> <p>I don't like it</p> <p>It is difficult</p> <p>To help patient</p> <p>Time is precious</p> <p>Life is precious</p> <p>Difficult to tell about death</p> <p>Hard to explain</p> <p>Lack of training</p> <p>Depends on type of news</p> <p>Want to give them hope</p> <p>It interferes with expectations</p> <p>Difficult to see patient in pain</p> <p>Difficult to deal with reactions</p> <p>Matters of one's life</p> <p>Feeling sad for the patient</p> <p>Difficulty depends on type of illness</p>	<p><i>n</i>=39</p> <p>Not trained</p> <p>Feel Guilty</p> <p>Human nature</p> <p>Should be confidential</p> <p>Used to it</p> <p>Doctors are role model</p> <p>Important for doctor's future</p> <p>Require time to explain</p> <p>Pressure on doctor</p> <p>Patient blame doctor</p> <p>Doctors understand situation</p> <p>Upsets doctor Uncomfortable</p> <p>Shows that one is bad person</p> <p>Emotional attachment with family</p> <p>Can't see them in stress Depends on bad news Understand emotions being a human being</p> <p>Can't see people crying and losing hope</p> <p>Feel bad for the patient</p> <p>Don't know patient reaction</p> <p>Caring for patient's sentiment</p> <p>Patient is responsible, so telling bad news is difficult</p> <p>Always difficult</p> <p>Doctor's attachment with patient</p> <p>Not easy to disclose that patient is in danger</p>	<p><i>n</i>=13</p> <p>Doctor will feel bad for them</p> <p>Difficult time</p> <p>Difficult process</p> <p>Disclosure is difficult</p> <p>Difficult to control argument</p> <p>Fear of patient's reaction</p> <p>Feel guilty</p> <p>Worry about patient</p> <p>Feel bad about the patient</p> <p>Patient's family ask you not to tell the patient</p>
Patient and family factors	<p><i>n</i>=199</p> <p>Emotions</p> <p>Serious harm</p> <p>Critical</p> <p>Non-cooperation</p> <p>Extreme reaction</p> <p>Family's acceptance</p> <p>For better future</p> <p>Denial of patient and family</p> <p>Lack of knowledge</p> <p>Realization</p> <p>Hope</p> <p>Anger</p> <p>Lack of acceptance</p> <p>Nobody wants grief</p> <p>Lack of tolerance Emotional attachment</p> <p>Aggressive behavior</p> <p>Lack of understanding</p> <p>Parents of children get emotional</p> <p>High expectations</p> <p>Hurting</p> <p>Lack of realistic hope</p> <p>Illiteracy</p> <p>Lack of education</p> <p>Destroying hope</p>	<p><i>n</i>=143</p> <p>Painful</p> <p>Illiteracy</p> <p>Lack of awareness</p> <p>Patient's perception</p> <p>Human nature</p> <p>Depends on patient</p> <p>Changes life</p> <p>Loss of hope</p> <p>Depression</p> <p>Hurting</p> <p>Emotional reaction</p> <p>News is bad</p> <p>Uncertain reaction</p> <p>Patient not prepared</p> <p>Helpless reaction</p> <p>Brings sudden changes</p> <p>Patient's apprehension</p> <p>Family/financial issues</p> <p>Denial</p> <p>Uncertainty</p> <p>Lack of understanding</p> <p>No one wants to lose loved ones</p> <p>Patient is already disturbed due to some other problems</p>	<p><i>n</i>=157</p> <p>Illiteracy</p> <p>Emotions</p> <p>Patient's violence</p> <p>Less receptive</p> <p>Lack of acceptance</p> <p>Shock</p> <p>Loss of hope</p> <p>Panic</p> <p>Could end life</p> <p>Denial of patient</p> <p>Emotional attachment to patient</p> <p>Mental harm</p> <p>Sensitivity of patient and family</p> <p>Don't know how to handle bad news</p> <p>Suffering of patient and family</p> <p>Heart broken</p>	<p><i>n</i>=139</p> <p>Harmful for the patient</p> <p>Not acceptance</p> <p>Dangerous for patient</p> <p>Nobody wants to hear bad news</p> <p>Emotional attachment of the family and patient</p> <p>Family can't see serious condition of patient</p> <p>Distressing</p> <p>Depends on what they were hoping</p> <p>Lack of knowledge</p> <p>Patient feel guilty</p> <p>Patient become more ill</p> <p>Has no experience of their own disease</p> <p>Lack of control</p> <p>Sensitivity</p> <p>Patient feels unsafe</p> <p>Not ready for it Do not want to die</p> <p>Patient starts asking questions</p>

It is reassuring that the large majority agreed and claimed to be following the evidence-based, internationally recommended, patient-oriented practices of breaking bad news, some of which

are recommended by the Pakistan Medical and Dental Council also. Over 68% had received some training in bad news which was of varying duration, and most of it was in their post-graduation

or during practice. However, a large majority wanted proper structured training. Some basic level of training in breaking bad news is given here mainly based on western guidelines and that too in very few post-graduate programs; however, it is not taught as part of under-graduate curriculum in a majority of medical colleges in Pakistan. This training should be made mandatory as part of both under-graduate and post-graduate curricula and in a contextual way to make it more relevant and meaningful to them.^[14-16]

The responses to the question “Why is it difficult to break bad news” were grouped into two main categories: doctor factors and patient and family factors. They revealed reasons like lack of confidentiality, lack of privacy, lack of time, lack of training, fear of patients’ and family reactions, not wanting to hurt the patient or causing more distress, concern of having failed the patient, and their own reactions amongst others. This revealed the theme of ‘psychological impact of disease’ and shows a level of sensitivity of doctors to their patients’ emotions that goes beyond the physical or organic dimension of patient care.^[17] This is in keeping with international literature as many studies have reported reasons that prevent the doctors from being truthful about breaking bad news as fear of being blamed, unexpected evoking reactions by the patients and their family, and expressing piteous emotions and questions.^[18-20]

The responses were similar across provinces and other variables. The difficulties were similar. Except that in Balochistan, doctors mentioned blast injuries and the helplessness they felt due to the extreme severity of these injuries and the lack of resources to take care of these injuries. This is in keeping with the multiple bomb explosions due to political unrest in the province at the time.^[21]

Conclusion

Historically, medical education has placed more value on technical proficiency than communication skills. This leaves physicians unprepared for the complexities of communicating bad news in a patient-centred way according to not only the wishes of the patient, as has been noted in the parallel study, but also the family, many times, in many cultural settings.^[17] Incorporating socio-cultural context in patient communication can improve satisfaction and motivation to manage the life-altering diagnosis to the best of their ability.^[21]

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Conflicts of interest

There are no conflicts of interest.

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