

## Journal Watch

### **Receiving Bad News: Experiences of Family Members.**

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#### **Abstract:**

Little is known about how next-of-kin experience the receiving of bad news. The aim of this study was to explore the experiences of family members when receiving information about ending tumour treatment, with a focus on their role in this context. Semi-structured interviews were performed and analyzed using a qualitative phenomenographic method.

Results: twenty family members of patients with incurable progressive cancer admitted to hospital-based homecare were included in the study. Data showed that family members want to protect, represent, or act on behalf of the patient. Some described themselves as assuming prominent roles: the demander of truth; the secret keeper role; and the controller role. Other assumed more passive roles: the surrendering role, the considerate listener role and the excluded outsider role.

Conclusion: this study has revealed possible explanations as to why family members are dissatisfied with information. The results of this study may help doctors in clinical practice recognize the different types of behavior family members exhibit when receiving bad news.

#### **Comments:**

##### Strengths:

It is well recorded in the literature that families find the search for and receiving of information regarding all aspects of the patient in a way that is adequate and helpful to them, to be one of the most difficult aspects of caring for a palliative care patient. This paper is one of only a few studies that directly address how family members experience the receiving of information about ending cancer treatment. It looks at the topic from a slightly different context in that it identifies the different roles assumed by family members when dealing with information and perceived expectations regarding their behaviour. This is valuable information as sometimes staff can see this type of behaviour as "troublesome," and the family member is labeled as "difficult." In the lengthy discussion a number of reasons are given why family members may react in the way that they do, thereby providing more insight for the staff. As the authors suggest, knowing this information may explain why caregivers may feel dissatisfied with information and communication in the transition to palliative care.

This paper presents us with a different perspective of the way patients and their families act and interact, which is valuable learning.

Weaknesses:

- The sample, although adequate for the methodology is still quite small (n=20).
- The age range of the sample is heavily weighted in the 50 – 69 age ranges and the major role represented is that of spouse (n=17), with only one child and two parents of the patient.
- The sample may be somewhat restricted, as all 20 participants are family members of patients admitted to hospital-based home care.
- No definition of hospital-based home care is given.
- The methodology states five separate semi-structured interviews were conducted to explore what was important from the family perspective, but fails to list the questions.

Relevance to Palliative Care:

The information provided is valuable in assisting with communication between both the patient and the family. Clinicians could try to establish which roles and expectations the patient and families are operating from and attempt to tailor their communication accordingly.