

COVID-19 EMERGENCY

Guidelines on how to communicate bad news over the telephone

COVID-19 emergency is changing our way of communicating with patients' families, since a phone call is often the only possibility of talking to them. Therefore, for the first time, medical staff have to give clinical information or bad news over the phone increasingly every day.

Feeling uncomfortable, nervous and worried about making a phone call to the families **is normal and natural**, especially if we know that we have to communicate bad news like a diagnosis, a deterioration in the patient's conditions or his/her death. On the other hand, sometimes the phone call is a protection from the contact with family members, but this implies new communication challenges.

We can divide the phone call in 3 stages:

- Opening
- Communication
- Closure

Opening

Grounding: before making the phone call, give yourself a moment (only a few seconds or minutes are necessary) to focus your attention on your body, where you are and what is surrounding you.

Pay attention to your voice and modulate its tone: this is the only feedback that the person on the other side of the phone has in absence of all the important nonverbal information that normally would help preparing emotionally for what will be communicated.

Always greet the other person calmly and remember that perceiving hurry and anxiety increases alarm in whom is listening.

Always say who you are (name, surname, ward) even if you have talked to that person other times before: giving information that helps the other person picturing who is on the other side of the phone helps reducing tensions and alarm.

Communication

Always communicate clearly and briefly, using simple words and possibly avoiding medical terms or explaining their meaning if you have to use them.

Choose words accurately before the phone call, to prepare what you want to say and how to say it, in order to be sympathetic.

Ask if the person is alone at home and invite the person to sit down: “Please sit down on a chair or on the sofa, I am afraid I have got some bad news, 2 hours ago your father Charles...”. When we have to communicate a death or a deterioration in conditions, it would be important to find a phrase to **prepare the person to the fact that he/she is going to hear bad news**. Use expressions like: “Unfortunately” or (only if you have to communicate the death) “I am very sorry to have to tell you that...”. Use the persons’ first name and the degree of relationship: “I am very sorry to tell you that your husband John...”

Be direct and go to the point. After having prepared the person to the fact that he/she is about to hear some bad news, the more you waste time the more you will expose the person to stress and to the risk of traumatising. If it is true, explain how the patient was sedated and did not suffer during the whole process.

Leave time for silence and grief after giving the bad news. Keeping quiet while someone is crying (especially over the phone) is difficult and we might feel helpless, but silence is a way to communicate that we are there, and we are not leaving the person alone. Every now and then, if you think it is the case, you can break the silence saying some simple words like “I am sorry”.

Leave time and room for questions and listen without interrupting. If the person is not asking questions, you can say something like: “Are there any questions you would like to ask?”. Give all the information you can, but do not over-expose the person to information that might be traumatic. If we communicate a death, it is important to get information before the phone call about when and how it happened and if the person expressed a wish or said something for his/her loved ones before passing away. The family might ask questions about that.

Closure

This is the final part of the phone call when you can give further practical and technical information. You can explain what will happen next, who and when will contact the family again, where they will move the person, etc.

In addition, if it was not suggested before, you can let the person know that there is a psychological service dedicated to the emergency that will call – upon the person’s request – to offer a specific work on grief or stress according to what the person needs.

It is important to ask what the person will do right after the phone call and if he/she has thought about which friends or relatives to contact to have support.

Give yourself time to go back to a state of calm. The continuous requests for assistance are a burden that wears the medical personnel out. Look at your emotional state without judging yourself.

Safeguard your emotional balance accessing the support systems offered to medical staff.