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Communicating bad news: a neglected need?

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Abstract

Communicating bad news is an essential tool in medical practice, but the undervaluation of its teaching can turn it into an additional source of suffering for patients. This study analyzed landscape and the experiences of medical students regarding the communication of bad news, based on responses to an electronic questionnaire administered to 54 final-year students. Among them, 46.2% reported lack of practical scenarios that would enable developing this skill, while only 11% rated their communication as good or very good; 33% had no training for such situations; and 55.5% had only observed other professionals breaking bad news. These findings highlight a serious undervaluation of this topic in medical education, as evidenced by the small number of students trained for this task and the limited number of those who practiced communicating bad news during their training.

Keywords: Education, Medical. Communication. Physician-Patient Relations.

Resumo

Comunicação de más notícias: uma necessidade negligenciada?

A comunicação de más notícias é ferramenta essencial à prática médica, mas a subvalorização de seu ensino pode transformá-la em veículo adicional de sofrimento aos receptores. Este estudo analisou o cenário educacional e as experiências de estudantes de medicina no que diz respeito à comunicação de más notícias com base nas respostas a questionário eletrônico aplicado a 54 alunos no último ano de curso. Destes, 46,2% relataram ausência de cenário de prática que possibilitasse a comunicação de más notícias e 11% classificaram a própria comunicação como boa ou muito boa; 33% não tinham treinamento para este cenário; e 55,5% haviam apenas acompanhado outros profissionais durante as comunicações. Demonstra-se grave subvalorização do tema no ensino médico, evidenciada pela pequena parcela de discentes que têm treinamento para atuar nesse cenário e pela proporção deles que comunicaram notícias ruins durante a graduação.

Palavras-chave: Educação médica. Comunicação. Relações médico-paciente.

Resumen

La comunicación de malas noticias: ¿una necesidad desatendida?

La comunicación de malas noticias es una herramienta esencial para la práctica médica, pero la infravaloración de su enseñanza puede transformarla en un vehículo adicional de sufrimiento para quienes las reciben. Este estudio analizó el escenario educativo y las experiencias de los estudiantes de medicina con relación a la comunicación de malas noticias a partir de las respuestas a un cuestionario electrónico aplicado a 54 estudiantes en el último año de la carrera. De estos, el 46,2% reportó la ausencia de un escenario de práctica que permitiera la comunicación de malas noticias y el 11% clasificó su propia comunicación como buena o excelente; el 33% no tenía formación para este escenario; y el 55,5% solo había acompañado a otros profesionales durante las comunicaciones. Existe una grave subvaloración del tema en la educación médica, evidenciada por el escaso número de estudiantes que se capacitan para actuar en este escenario y por la proporción de ellos que reportaron malas noticias durante sus estudios de grado.

Palabras clave: Educación médica. Comunicación. Relaciones médico-paciente.

Research

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According to Silveira and collaborators [1], bad news refers to any information given to patients and their families that directly or indirectly reveals a negative or severe condition that could change their outlook on the future and perception on life. Thus, bad news, which can range from a hypertension diagnosis to the announcement of a family member's passing, carries a subjective and individual impact on its recipients. In this context, preparing healthcare professionals for the communication process helps mitigate psycho-emotional impacts on patients, their families, and even those responsible for delivering the news [2].

Chapter V, article 34, of the 2019 Code of Medical Ethics [3] states that physicians must inform patients about their diagnosis, prognosis, risks, and treatment objectives, except when direct communication could cause harm, in which case the information must be conveyed to a legal representative. Hence, the challenge often lies not in the ethical dilemma of whether to disclose the truth, but in how to do so: choosing the right words, adopting an appropriate demeanor, and maintaining empathy and humanity without compromising professional responsibility. Given these concerns, it becomes clear why delivering bad news is one of the most stressful and difficult tasks in healthcare [4].

For patients, the immediate impact of bad news is the realization of the need to reconfigure their routine and reconsider short-term plans. The uncertainties and insecurities brought on by diagnosis and treatment often foreshadow the onset of a crisis, marked by intense emotional vulnerability. This new reality can trigger anticipatory grief in patients, mourning the life they had before their illness, facing the possibility of being unable to fulfill future dreams and projects or to invest in personal development [5].

Thus, the professional delivering the diagnosis must be prepared to adopt a stance that is both active—providing information according to the moment—and empathetic—acknowledging the patient's suffering while fostering hope for recovery [6-8]. According to Mager and Andrykowski [9], an empathetic approach helps patients perceive the support provided by healthcare professionals, not only mitigating the impact of the diagnosis, but also aiding in their adjustment to treatment and psychosocial rehabilitation.

Communication skills can be taught, and in fact, mere experience, without effective training, rarely leads to improvement [10]. Compared to other countries, Brazil stands out as the only one to teach "embracing," formal training in medical communication skills remains not as emphasized in medical schools that include it in their curricula [11].

Consequently, lack of preparation to handle situations requiring such skills begins in medical education, leading to inconsistent approaches that could be avoided with better training during undergraduate studies [12]. In this context, the development of protocols to communicate bad news aims to establish appropriate techniques to minimize the negative impact of delivering such information. These protocols have been scientifically proven to reduce healthcare professionals' stress and improve their communication skills by enabling them to convey information in a humane and realistic manner. Additionally, they strengthen the physician-patient-family relationship, increasing trust and adherence to treatment [13].

Thus, this study aims to evaluate whether bad news communication techniques are addressed during medical school. The knowledge and limitations of student knowledge regarding this task will also be analyzed based on data collected after applying a standardized questionnaire.

Method

This is a cross-sectional, basic study with a descriptive objective, designed as a survey based on primary data obtained via questionnaire. The sample consisted exclusively of final-year medical students at the Federal University of Pará (UFPA). Six cohorts were surveyed between September 2022 and June 2023, four of which were in the 11th semester and two in the 12th semester. A link to an electronic form, created using Google Forms, was sent to class representatives to be shared on social media. The form included an informed consent form and the electronic questionnaire.

The instrument used in this study to assess medical education in communicating bad news was translated and adapted by the authors from the original publication of the SPIKES protocol [14]. Of the 13 original questions, nine were maintained,

while four were excluded as they focus on protocol validation, which was outside the scope of this study. Moreover, two questions addressing sociodemographic aspects (questions 1 and 10) were added to characterize the sample.

The questionnaire was converted into a spreadsheet using Google Sheets, and the data were analyzed using the *R* software. Fisher's exact test was employed to assess the association between variables, with a significance level set at 5% ($p<0.05$).

Results

The analysis instrument on the teaching of bad news communication was completed by 57 students. Three were excluded as their responses were submitted after the data collection period ended, leaving 54 questionnaires for analysis. Regarding gender distribution, the sample was predominantly female (53.7%), but with no statistical difference ($p>0.05$). In total, 81.4% of the students were in the 11th semester, and the mean age of the sample was 25.16 years, with a median of 25 years and a standard deviation of 3.97 (Table 1).

The analysis of the results shows that 46.2% of the students reported not having a practical scenario during their education that enabled them to communicate bad news. The same proportion of participants stated they had never delivered bad news.

Table 1. General characteristics of the students

Characteristic	Description
Mean age (min.-max.)	25.16 (21–49)
Gender, n (%)	
Male	25 (46.2%)
Female	29 (53.7%)
Semester, n (%)	
11th semester	44 (81.4%)
12th semester	10 (18.5%)

The most challenging task, identified by 50% of the students, was discussing end-of-life issues, followed by communicating the end of active treatment and the beginning of palliative care, with 22.2%. Among the students, 55.5% had observed other professionals delivering bad news; 33.3% had not received training or preparation for such situations; and 11% had some sort of formal preparation.

Regarding their self-perception of communication quality, 59.25% described their communication as moderate; 22.22%, bad; 9.25%, good; 7.4%, very bad or awful; and 1.85%, very good. Regarding the greatest difficulty in delivering bad news, 44.4% of students considered managing patients' emotion as the most complex aspect, whereas 25.9% pointed out being honest while preserving the patients' hope as the challenge. Furthermore, 75.8% of the sample reported not feeling very comfortable (59.2%) or feeling absolutely uncomfortable (16.6%) when responding to patients' emotions. Nonetheless, 50% of the students reported having no training to respond to patients' emotions, and 40.7% have observed other professionals in this process.

All participants believe that having a strategy or approach for communication would be useful in daily practice; however, 37% are unaware of any bad news communication protocol. Among the 29 students who have communicated bad news, regardless of frequency, 51.7% used various techniques or tactics without an overall plan; 31% did not use any consistent approach; and 17.2% used a conscious plan or strategy (Table 2).

Table 2. Frequency distribution of the assessment instrument on learning bad news communication, stratified by gender (n=54)

Gender	Total		
	Male (n=25)	Female (n=29)	n (%) (n=54)
1. During your medical training, did you have a practical setting that made it possible to communicate bad news?			
Yes	13 (24.0%)	16 (29.6%)	29 (53.7%)
No	12 (22.2%)	13 (24.0%)	25 (46.2%)

continues...

Table 2. Continuation

Gender	Total		
	Male (n=25)	Female (n=29)	n (%) (n=54)
2. How many times per month do you deliver bad news?			
I have never delivered bad news	10 (18.5%)	15 (27.7%)	25 (46.2%)
Less than 5 times	14 (25.9%)	13 (24%)	27 (50.0%)
5 to 10 times	1 (1.8%)	1 (1.8%)	2 (3.7%)
11 to 20 times	0 (0.0%)	0 (0.0%)	0 (0.0%)
More than 20 times	0 (0.0%)	0 (0.0%)	0 (0.0%)
3. Which task do you find the most difficult?			
Discussing the diagnosis	4 (7.4%)	1 (1.8%)	5 (9.2%)
Informing the patient of disease recurrence	1 (1.8%)	3 (5.6%)	4 (7.4%)
Talking about the end of treatment and the beginning of palliative care	6 (11.1%)	6 (11.1%)	12 (22.2%)
Discussing end-of-life issues	12 (22.2%)	15 (27.7%)	27 (50.0%)
Involving family/friends	2 (3.7%)	4 (7.4%)	6 (11.1%)
4. What kind of education or training have you received for delivering bad news?			
Formal: training, course, or specialization	1 (1.8%)	2 (3.7%)	3 (5.5%)
Accompanied a physician or other healthcare professionals	14 (25.9%)	16 (29.6%)	30 (55.5%)
Both	1 (1.8%)	2 (3.7%)	3 (5.5%)
None	9 (16.6%)	9 (16.6%)	18 (33.3%)
5. How do you assess your own ability to deliver bad news?			
Very good	0 (0.0%)	1 (1.8%)	1 (1.8%)
Good	2 (3.7%)	3 (5.5%)	5 (9.2%)
Moderate	17 (31.4%)	15 (27.7%)	32 (59.2%)
Bad	4 (7.4%)	8 (14.8%)	12 (22.2%)
Very bad or awful	2 (3.7%)	2 (3.7%)	4 (7.4%)
6. What do you find most challenging when discussing bad news?			
Being honest, without diminishing hope	7 (12.9%)	7 (12.9%)	14 (25.9%)
Dealing with the patient's emotions (crying, anger...)	10 (18.5%)	14 (25.9%)	24 (44.4%)
Deciding how long to stay with the patient	2 (3.7%)	5 (9.2%)	7 (12.9%)
Talking with/involving the patient's family and friends	4 (7.4%)	3 (5.5%)	7 (12.9%)
Involving the patient and/or family in decision-making	2 (3.7%)	0 (0.0%)	2 (3.7%)
7. What kind of technical training have you received to respond to patients' emotions?			
Formal: training, course, or specialization	0 (0.0%)	2 (3.7%)	2 (3.7%)
Accompanied a physician or other healthcare professionals	12 (22.2%)	10 (18.5%)	22 (40.7%)
Both	1 (1.8%)	2 (3.7%)	3 (5.5%)
None	12 (22.2%)	15 (27.7%)	27 (50.0%)
8. How would you rate your own comfort level in dealing with patients' emotions?			
Very comfortable	1 (1.8%)	0 (0.0%)	1 (1.8%)
Comfortable	4 (7.4%)	8 (14.8%)	12 (22.2%)
Not very comfortable	16 (29.6%)	16 (29.6%)	32 (59.2%)
Extremely uncomfortable	4 (7.4%)	5 (9.2%)	9 (16.6%)
9. Do you think having a strategy or approach to communicate bad news would be useful in your practice?			
Yes	25 (46.2%)	29 (53.7%)	54 (100%)
No	0 (0.0%)	0 (0.0%)	0 (0.0%)

continues...

Table 2. Continuation

Gender	Total		
	Male (n=25)	Female (n=29)	n (%) (n=54)
10. Are you familiar with any protocols for communicating bad news? (If necessary, check more than one option)			
SPIKES	12 (22.2%)	20 (37.0%)	32 (59.2%)
PACIENTE	2 (3.7%)	3 (5.5%)	5 (9.2%)
Other	0 (0.0%)	0 (0.0%)	0 (0.0%)
None	12 (22.2%)	8 (14.8%)	20 (37.0%)
11. When delivering bad news to a patient, what plan or strategy do you use?			
I have never delivered bad news	10 (18.5%)	15 (27.7%)	25 (46.2%)
A conscious plan or strategy	0 (0.0%)	5 (9.2%)	5 (9.2%)
Various techniques, but no overall plan	10 (18.5%)	5 (9.2%)	15 (27.7%)
No consistent approach	5 (9.2%)	4 (7.4%)	9 (16.6%)

Student self-perception of the quality of their communication did not show correlation with the availability, or lack thereof, during their education, of a scenario that enabled the communication of bad news (p=0.5235), or with the type of training and/or preparation (p=0.468). The impact of gender differences on various aspects of communication was not analyzed in this study.

Discussion

In Brazil, the National Curriculum Guidelines for Medical Graduation emphasize the importance of communication as a competence to be well developed by medical students; yet, the text is superficial regarding the significance of this skill in the physician-patient-family relationship. The National Council of Education (CNE) itself partially addressed this gap by publishing CNE/CES Resolution 4/2001 [15], which establishes competencies and skills required for future physicians. However, data on the implementation of these measures are still scarce.

Among the interviewed students, 46.2% reported that no practice scenario to communicate bad news was offered, which is paradoxical to what is required in medical practice. Additionally, among the students who had access to a practical scenario, 75% informally observed a healthcare professional. This supports the finding that few universities prioritize communication training in their curricula and highlights the need to invest in methods that enable students to develop and improve this skill [16]. Although curricular changes have occurred in medical courses over the last two decades with the aim of training more humanized professionals capable of meeting current demands, practical training that enables repetition and comparison over time during medical education has rarely been described in the literature [17,18].

Furthermore, despite all participating students recognizing the importance of communicating bad news, as well as knowledge of specific strategies and protocols, only 53.7% had undergone some form of training, either formally or independently. This data can be interpreted not only as a reflection of undervaluation of this topic by medical schools, but also demonstrates students' lack of awareness regarding the complexity and nuances of effective communication. According to Gomides and collaborators [19], even with the incorporation of this subject in the curriculum to prepare students for the future, i.e., with its formalization in academic preparation, many still do not know the protocols to communicate bad news.

Th present study found that only 11% of final-year students self-assessed their ability to communicate bad news as "good" or "very good." This is detrimental because it is essential for the professional to appear confident about

the news and the way to proceed so the patient and their family also feel safe, establishing a good physician-patient relationship, which leads to better adherence to the proposed treatment or acceptance of a permanent condition [20].

Given the importance of communicating bad news in the daily lives of physicians, educational techniques are an important topic and should be prioritized in medical training, aiming to prepare students for a more humanized practice [10]. There is no one-size-fits-all method; the way bad news is delivered varies according to the patient's age, gender, cultural, social, and educational context, the disease they are dealing with, and the patient's family context [12]. Thus, the cultural and social adequacy of various protocols and strategies must be ensured by educational institutions, since communication skills can be taught. A better physician-patient relationship makes patients feel better, increases adherence to treatment, improves pain management, and reduces the prognosis of chronic diseases and symptoms [10].

Final considerations

This study demonstrated that training in communicating bad news is an undervalued topic in medical education, as 46.2% of the interviewed students had no practical setting for communication, 33.3% received no training, and among those who did, 75% reported having only informal and observational experiences. This underscores a concerning reality in medical education regarding the training of a routine and essential clinical skill. There is a need to expand the sample size and the number of medical schools evaluated to foster broader discussions on the subject and implement necessary improvements.

References

1. Silveira FJF, Botelho CC, Valadão CC. Breaking bad news: doctors' skills in communicating with patients. Sao Paulo Med J [Internet]. 2017 [acesso 6 jan 2025];135(4):323-31. DOI: 10.1590/1516-3180.20160221270117
2. Fallowfield L, Jenkins V. Communicating sad, bad, and difficult news in medicine. Lancet [Internet]. 2004 [acesso 6 jan 2025];363(9405):312-9. DOI: 10.1016/S0140-6736(03)15392-5
3. Conselho Federal de Medicina. Resolução CFM n° 2.217, de 27 de setembro de 2018. Aprova o Código de Ética Médica. Diário Oficial da União [Internet]. Brasília, p. 179, 1° nov 2018 [acesso 6 jan 2025]. Disponível: https://bit.ly/2RyvAE8
4. Buckman R, Baile W. Truth telling: yes, but how? J Clin Oncol [Internet]. 2007 [acesso 6 jan 2025];25(21):3181-1. DOI: 10.1200/JCO.2007.11.6814
5. Oliveira-Cardoso EA, Garcia JT, Santos LL, Santos MA. Comunicando más notícias em um hospital geral: a perspectiva do paciente. Rev SPAGESP [Internet]. 2018 [acesso 6 jan 2025];19(1):90-102. Disponível em: http://pepsic.bvsalud.org/pdf/rspagesp/v19n1/v19n1a08.pdf
6. Parker PA, Baile WF, Moor C, Lenzi R, Kudelka AP, Cohen L. Breaking bad news about cancer: patients' preferences for communication. J Clin Oncol [Internet]. 2001 [acesso 6 jan 2025];19(7):2049-56. DOI: 10.1200/JCO.2001.19.7.2049
7. Salander P. Bad news from the patient's perspective: an analysis of the written narratives of newly diagnosed cancer patients. Soc Sci Med [Internet]. 2002 [acesso 6 jan 2025];55(5):721-32. DOI: 10.1016/s0277-9536(01)00198-8
8. Schofield PE, Butow PN, Thompson JF, Tattersall MHN, Beeney LJ, Dunn SM. Psychological responses of patients receiving a diagnosis of cancer. Ann Oncol [Internet]. 2003 [acesso 6 jan 2025];14(1):48-56. DOI: 10.1093/annonc/mdg010
9. Mager WM, Andrykowski MA. Communication in the cancer? Bad news? Consultation: patient perceptions and psychological adjustment. Psychooncology [Internet]. 2002 [acesso 6 jan 2025];11(1):35-46. DOI: 10.1002/pon.563

10. Camargo NC, Lima MG, Brietzke E, Mucci S, Góis AFT. Teaching how to deliver bad news: a systematic review. Rev. bioét. (Impr.) [Internet]. 2019 [acesso 6 jan 2025];27(2):326-40. DOI: 10.1590/1983-80422019272317
11. Liberali R, Novack D, Duke P, Grosseman S. Communication skills teaching in Brazilian medical schools: What lessons can be learned? Patient Educ Couns [Internet]. 2018 [acesso 6 jan 2025];101(8):1496-9. DOI: 10.1016/j.pec.2017.12.021
12. Vogel KP, Silva JHG, Ferreira LC, Machado LC. Comunicação de más notícias: ferramenta essencial na graduação médica. Rev bras educ med [Internet]. 2019 [acesso 6 jan 2025]; 43(1 supl 1):314-21 DOI: 10.1590/1981-5271v43suplemento1-20180264
13. Pereira CR, Calônego MAM, Lemonica L, Barros GAM. The P-A-C-I-E-N-T-E protocol: an instrument for breaking bad news adapted to the brazilian medical reality. Rev Assoc Med Bras [Internet]. 2017 [acesso 6 jan 2025];63:43-9. DOI: 10.1590/1806-9282.63.01.43
14. Baile WF. SPIKES – A six-step protocol for delivering bad news: application to the patient with cancer. Oncologist [Internet]. 2000 [acesso 6 jan 2025];5(4):302-11 DOI: 10.1634/theoncologist.5-4-302
15. Brasil. Ministério da Educação. Resolução CNE/CES nº 4, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina. Diário Oficial da União [Internet]. Brasília, 2001 [acesso 6 jan. 2025]. Disponível: http://portal.mec.gov.br/cne/arquivos/pdf/CES04.pdf
16. Souza LV, Santos MA dos. Quem é o especialista? Lugares ocupados por profissionais e pacientes no tratamento dos transtornos alimentares. Estud psicol (Natal) [Internet]. 2013 [acesso 6 jan 2025];17(2):259-67. Disponível: https://www.scielo.br/j/epsic/a/Ltxpp54XmrF9zJrNMBKJ7qM/?lang=pt
17. Sombra Neto LL, Silva VLL, Lima CDC, Moura HTM, Gonçalves ALM, Pires APB *et al*. Habilidade de comunicação da má notícia: o estudante de medicina está preparado? Rev Bras Educ Med [Internet]. 2017 [acesso 6 jan 2025];41(2):260-8. DOI: 10.1590/1981-52712015v41n2RB20160063
18. Isquierdo APR, Miranda GFF, Quint FC, Pereira AL, Guirro UBP. Comunicação de más notícias com pacientes padronizados: uma estratégia de ensino para estudantes de medicina. Rev Bras Educ Med [Internet]. 2021 [acesso 6 jan 2025];45(2). DOI: 10.1590/1981-5271v45.2-20200521
19. Gomides MM, Mustafá AMM, Manrique EJC. Conhecimento dos acadêmicos de medicina do quarto ao sexto ano sobre a comunicação de más notícias. J Business Techn [Internet]. 2019 [acesso 6 jan 2025];9(1):79-92. Disponível: https://revistas.faculdadefacit.edu.br/index.php/JNT/article/view/398
20. Vasconcelos BM, Cyrillo GC, Moraes SG. O desafio da comunicação de más notícias: a percepção dos graduandos em medicina. Studies in Health Sciences 2022 [acesso 6 jan 2025];3(3):1364-98. DOI: 10.54022/shsv3n3-008

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Participation of the authors

Robson Gabriel Xavier Pinheiro and Luis Felipe Ferreira Carneiro idealized, analyzed data, and wrote the manuscript. Amanda Gabriele Alves Cobiniano de Melo, Fernanda Oliveira de Oliveira, and Mayara de Andrade Moratto collected and organized data. Williams Fernandes Barra supervised and critically reviewed the manuscript. All authors reviewed the manuscript.

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Research