

A,B,D,C,Es of Good Communication

Accuracy

- say truth, admit if you don't know
- it is ok to mention resource constraints and its decision impact

Brevity

- don't fill the silence with your voice
- in grief thinking slows, even on the phone allow silence
- listen and give time for questions, "What questions do you have?"

Clarity

- use unambiguous language, simple non-medical words
- "can't save, going to die, dying, won't suffer"

Delivery

- Structure as a narrative - warning shot (sets scene), circumstances (explains reasons, telegraphs decision), decision then silence
- use appropriate non-verbal technique, if phone tone of voice

Empathy

- explicitly state your sympathy "I am so sorry" "it is awful"
- give comfort

Hints

- If an **ethical framework** was used to guide the decision, use the identified facts and relevant outcomes to help communicate the reason and decision and aid documentation.
- Think of the **When** (right time), **Who** (right people), **Where** (right place), **What** and **Why** (right content), **How** (right structure, right delivery).
- **Prioritise trust** (listener trusts your judgement) over knowledge (listener has a detailed understanding of the facts and reasons).

References

Adapted from [NHSBT's Deceased Donation Course for Intensive Care Medicine Trainees](#), which has provided end of life communication training to over 350 delegates and faculty.

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