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REVIEW ARTICLE

Psychological approach techniques to communicate catastrophic news to the critically ill patient and his family

Técnicas de abordaje psicológico para comunicar noticias catastróficas al paciente crítico y su familia

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ABSTRACT

Introduction: death and bereavement after all types of loss are common aspects of healthcare practice. Although not all the factors that lead to prolonged grief over time can be controlled, the way in which a person is informed about a loss is a factor to be considered.
Objective: to describe psychological approach techniques for communicating catastrophic news to the critically ill patient and family.
Methods: narrative bibliographic review, using electronic databases, specialized journals, books and relevant documents in the area of health psychology and medical communication. The inclusion criteria for the selection of studies were: empirical research published in the last five years. Studies that addressed psychological coping techniques in catastrophic news situations in health care settings.
Development: breaking bad news is a common task in the fields of medicine, nursing, psychology and psychiatry and, if not handled properly, can have a negative impact on patients and their families. Despite its importance, several studies have shown that health care personnel in general lack formal training in communicating catastrophic news. There is a great need to develop and apply effective strategies for psychological approach in this type of health care setting.
Conclusions: the importance of researching and promoting communication practices that integrate emotional and psychological aspects in health care is highlighted.

Keywords: Psychology; Patient; Death.

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RESUMEN

Introducción: la muerte y el duelo después de todo tipo de pérdida son aspectos comunes de la práctica de salud. Si bien no todos los factores que conducen al duelo prolongado en el tiempo pueden controlarse, la forma en que se informa a una persona sobre una pérdida es un factor a considerar.
Objetivo: describir técnicas de abordaje psicológico para comunicar noticias catastróficas al paciente crítico y su familia.
Métodos: revisión bibliográfica narrativa, se utilizaron bases de datos electrónicas, revistas especializadas, libros y documentos relevantes en el área de la psicología de la salud y la comunicación médica. Los criterios de inclusión para la selección de estudios fueron: investigaciones empíricas publicadas en los últimos cinco años. Estudios que abordaran técnicas de abordaje psicológico en situaciones de noticias catastróficas en contextos de atención médica.
Desarrollo: dar malas noticias es una tarea común en el campo de la medicina, enfermería, psicología y psiquiatría y, si no se maneja adecuadamente, puede tener un impacto negativo en los pacientes y sus familias. A pesar de su importancia, varios estudios han demostrado que el personal de salud en general carece de capacitación formal para comunicar noticias catastróficas. Existe una gran necesidad de desarrollar y aplicar estrategias efectivas de abordaje psicológico en este tipo de situaciones entornos de atención médica.
Conclusiones: se resalta la importancia de investigar y promover prácticas de comunicación que integren los aspectos emocionales y psicológicos en el cuidado de la salud.

Palabras clave: Psicología; Paciente; Fallecimiento.

INTRODUCTION

Although it is common in clinical practice, communicating catastrophic news remains a challenging task, this requires a set of skills that will be developed throughout the evolution of a person and a professional, based on empathy and the constant desire to live according to all known principles of bioethics, especially kindness.

However, in the education of medical professionals and other specialties, the concept of death is often abandoned in a symbolic and technical way, causing escapism instead of informing our patients and their families about death or loss. When addressing this conceptualization, it is always important to return to grief.

Grief is considered a natural reaction to the loss of someone or something. According to Loitegui A.,[1] grief is defined as any mental process, conscious or unconscious, initiated by the loss of a loved one, regardless of the outcome. More generally, Cajas SA.,[2] considers that grief is a matrix that combines responses to circumstances, material goods, social roles, emotional values, emotional ties, health and separation from loved ones.

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Grief is not a quick or easy process, its intensity will depend on the content of the incident and its nature. When balance and acceptance are achieved, solutions will be given. According to Guzmán R.,[3] a person who has experienced grief must understand the meaning of the loss and must experience the pain associated with it; then stop when you have managed to learn to live without what is no longer there. Live in the past and focus on your new reality, here you will delve deeper and resolve duels.

Stages of grief

Grief is a universal and inevitable process that has been studied by many authors, and many have attempted its different stages. There are certain similarities between them, perhaps the most important being that in all cases grief is seen as a dynamic process capable of fluctuating.

According to Tamayo JD.,[4] thanatologist Kübler-Ross studied the different stages of the dying process through direct observation and interviews with more than 500 terminally ill patients. He proposed five states of acceptance of death, known as the Kübler-Ross model and they are the following:

1) denial: as a temporary defense, present at the moment of receiving the news of death.
2) anger: generally towards which one you feel responsible, about the loss.
3) Negotiation: it is about offering something in exchange for the loss.
4) Depression: this is the most difficult stage and is usually the longest, and.
5) Acceptance: as its name suggests, Fully accept the loss, and start working with yourself. Serve yourself and your environment. This experience of grief and regret for the loss of the value of life is a normal part of the human process.

Normal and pathological

Sadness is not considered a mental disorder in the DSM-5 or the International Classification of Diseases, 10th Revision (ICD-10) and is considered an adjustment disorder if it is not ordinary sadness, which would be an immediate onset. within one month. For Eloisa AY.,[5] among the symptoms of normal grief we can find sadness, irritability, crying, worry about the loss, some recurring thoughts about the loss; however, there are no changes in the person's functioning. Usually no more than six months or a year, which is influenced by the individual's cultural environment as well as previous dispositions.

According to Álvarez IC.,[6] pathological or complicated grief is grief in which the person feels overwhelmed, engages in maladaptive behavior, or remains in this state indefinitely without moving towards resolution in the grieving process. For Perel S.,[7] pathological grief differs from normal grief due to its intensity, duration (more than a year) and the presence of symptoms that take the person out of the framework of reality. However, sadness is not the only symptom, since the clinical manifestations can be not only emotional, but also physical, cognitive and behavioral. In the DSM-5, we find the diagnostic criteria for ongoing complicated grief disorder.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), complex or complicated persistent grief disorder is diagnosed when at least one year has passed since the death of someone with whom the mourner had a close relationship. This 12-month period is what differentiates normal grief from complicated or complex grief.

Although the DSM uses this temporal distinction, there are also other individual factors that can indicate the transformation of normal grief into complicated grief for the person who is changing. Only an individualized evaluation of the case can allow the clinician to determine if there are personal or social factors that are complicating grief.

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According to Sanz JC et al.,[8] it is estimated that the prevalence of complex grief is 2,4 to 4,8 % of all cases. Furthermore, complicated or complex grief is more common in women.

According to Soro M.,[9] complicated or complex grief is characterized by the persistent presence of at least one of the following symptoms on most days for 12 months in grieving adults and six months in children: persistent longing for the missing, intense sadness and emotional distress in response to the death, worry about the deceased, worry about the circumstances of the death.

In addition, there are symptoms in these chaos that can persist for at least 12 months in grieving adults and six months in children: reactive discomfort to death, difficulty accepting death, feeling of disbelief or emotional anesthesia in relation to the loss, difficulties to positively remember the deceased, feelings of bitterness or anger in relation to the loss, negative self-evaluations in relation to the deceased or his death, excessive avoidance of memories of the loss, social or identity alterations, desires to die to be with the deceased, difficulty trusting other people since the death, feelings of loneliness or detachment from other individuals since the death, feeling that life is meaningless or empty without the deceased, confusion about one's own role in life or a decreased sense of self-identity.

According to Gutiérrez IS.,[10] there are several risk factors that can complicate the grieving process, including personal characteristics of the mourner, characteristics related to the deceased, characteristics of the illness or death, relational aspects and other factors. On the other hand, there are also protective factors that can help in the grieving process, such as the maturity of the mourner, physical and mental health, and family and social support.

For Urbay KM.,[11] not everyone will behave in the same way in a pathological mourning. Therefore, grief can be divided into different types:

Prolonged grief
Lasts more than a year. A person cannot regain previous functionality.

late duel
The first reaction is usually mild and the first symptoms of grief do not appear until later. This may be due to a lack of social support, a "need to be tough," or a lack of assimilation of the situation.

Excessive sadness
Disproportionate reactions can lead to inappropriate behavior, comorbid with some other psychiatric disorders, such as panic attacks, phobias, post-traumatic stress disorder or abuse of harmful substances. Masked grief: the person is unable to relate their discomfort with the loss suffered.

Several vulnerability factors have been suggested that contribute to pathological grief. While not all of these factors can be controlled, the way in which the person is notified of the loss is an important factor and should therefore be considered. Hence the importance of always returning to this topic and describing the best methods and techniques to approach it. psychological to communicate catastrophic news to the critically ill patient and his family.

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METHODS

To carry out this narrative bibliographic review, electronic databases, specialized journals, books and relevant documents in the area of health psychology and medical communication were used.

The inclusion criteria for the selection of studies were:
Empirical research published in the last five years.
Studies that address psychological approach techniques in catastrophic news situations in health care contexts.

Works in English or Spanish language.
The search terms used included "communication of bad news", "critically ill patients", "relatives", "psychological approach techniques", among others.
After identifying and selecting the relevant studies, the relevant information related to the psychological approach techniques used in the communication of catastrophic news was analyzed and synthesized.

DEVELOPMENT

How to communicate catastrophic news?

According to Hernández LK.,[12] bad news can be defined as: News that drastically and negatively changes the patient's or their loved ones' perception of the future. Changes in the recipient's mood and behavior follow, often after bad news, and persist. The definition of bad news depends not only on the content or meaning of the message, but also on its impact on the recipient.

However, the latter is difficult to determine because it depends on the individual's life background. Various studies have shown that medical students and doctors lack formal training to communicate bad news appropriately. It is not difficult to imagine that senders (health professionals) are afraid of what will happen to give bad news, which can be: fear of causing pain, fear of medical errors, fear of the law, fear of talking about your feelings, fear of the unknown and fear of your own death. This fear should not limit us to giving bad news, because avoidance and false expectations can ultimately cause more harm to patients and their families.

According to Daza NV.,[13] better results can be achieved if four key factors are considered before giving bad news:

- There is a complete and reliable assessment of the severity and prognosis of the disease.
- Remember the characteristics of each patient
- Seek support from the patient's family and give them hope instead of lying.
- Evaluate the doctor-patient relationship.

Once we have the necessary prerequisites before giving bad news, it is important to remember that giving bad news serves four different purposes in addition to being informative. These are recommended by Montero JE.,[14] 2020:

- Try to make the information as clear and precise as possible.
- Determine if there is a willingness to persuade the patient to follow the recommendation.
- Reduce patient stress and increase patient satisfaction.
- Reduce inconvenience for health professionals.

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Steps to communicate catastrophic news
There are several guidelines for delivering bad news correctly, but there is no consensus on which technique is most appropriate. Álvarez SM.,[15] mentions that some countries have proposed a 13-step guide to notify family members about a sudden death in an emergency. Internationally, one of the best-known guidelines is the SPIKES protocol proposed by Buckman and Baile:[16]

Preparation for the interview
At this first moment, it is important to review the medical history sufficiently to confirm the diagnosis and be able to take it to the place of the interview with the available information. If information is provided, it should be kept as confidential as possible. It is also important to have someone present to support the person receiving the message. Before moving to the next step, the patient's emotional state must be evaluated to determine if it is the right time to break the bad news.

Assessment of patient perception
We must always remember to ask before we speak. That is, ask the patient how much they know about their illness or what concerns they have about it so that the conversation develops appropriately. Questions should be open-ended and indirect, such as: what do you think about stomach pain, weight loss, etc.? What are they telling you about your illness? Is this serious?, among others. We must remember that if patients do not want to talk, they are already communicating their level of discomfort. We also need to know the patients' personality traits, as well as their cultural and social background, to know the best way to approach the topic to fully understand it.

Obtaining patient permission
Some patients may not want to know information about their medical condition. Furthermore, it is not always possible to process all the information in a single interview, so a balance must be found between what we want to tell the patient and what he wants to know. It is important to remember that just as you have the right to receive information, you also have the right to reject it. Patients can be asked: Do you want to know all the details about your illness? o Would you like me to talk about your illness with family or other people? It is necessary to obtain information with due sensitivity; They can even be administered slowly and piecemeal, waiting for the patient to request more information. If patients object to the information, we must remind them that it will be provided upon request.

Provide knowledge and information to the patient
We must share information about the diagnosis if the patient requests it, otherwise we will continue explaining the treatment. The language should be used according to the intellectual level and culture of the patient. The information will be given slowly, using introductory sentences that prepare the patient, such as I'm afraid the development is not what we expected. Keep spoken language as simple as possible, avoid medical jargon and non-verbal language as much as possible so that the patient feels calm and safe, pay attention to our gestures, posture and expression, if possible we should sit in the same position at the patient's level, discarding the medical history, our hands in simple and relaxed movements. The idea behind this is not only to inform, but also to have a therapeutic conversation.

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Address the patient's feelings with an empathetic response
When the information is received, the patient's feelings can vary greatly. It is important to identify the reaction that occurred, because the information provided will be adequately perceived, which must be taken into account:
a) whether the patient's reaction is socially acceptable.
b) the reaction helps the patient cope with the problem.
c) if it is modifiable.

In all cases, the doctor must show empathy and always provide the necessary support with the help of empathetic statements: I know that this news worries you, I know that you did not expect this news, I know that this news is not good for you, I am sorry to inform you, I wish there was a better result.

Empathy Questions: How do you feel about this? Tell me more relevant information. Can you explain what you mean? Can you tell me what's bothering you? What are you afraid of? Affirmative answers: I understand how you feel, I think someone would have the same reaction, many other patients have had similar experiences, your feelings are completely normal and there is no reason for you to be shy.

Strategy
Additional visits will be scheduled, always making it clear to patients that they will have our support if they need it. Before scheduling a follow-up interview, it is important to develop a plan together, clarify with the patient what the next steps will be, develop a contingency plan and finally close to ensure that the information is well received.

The literature review reveals that effective communication of catastrophic news is an essential component in the management of critically ill patients and their families. Appropriate psychological approach techniques can significantly influence the perception of the situation and the emotional and cognitive response of those involved.

It was found that, in the process of communicating catastrophic news, health professionals must demonstrate empathy, active listening, and clear communication skills. Honesty and clarity in the information transmitted are essential to establishing a relationship of trust with the patient and her family.

Likewise, various psychological intervention strategies were identified to help patients and their families face difficult emotions such as fear, anxiety and hopelessness. These interventions include emotional support, education about diagnosis and treatment, and referral to specialized psychological support services.

The discussion also highlights the importance of considering cultural and ethical aspects in the communication process, as they can influence how catastrophic news is perceived and faced.

This article highlights the need to develop and apply effective psychological approach strategies in the communication of catastrophic news in healthcare settings. Empathic and compassionate communication techniques can contribute to improving the emotional well-being and adaptation of critically ill patients and their families in difficult situations. Furthermore, the importance of continuing to research and promote communication practices that integrate emotional and psychological aspects in health care is highlighted.

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The grieving process is a complex and unique experience for each individual facing a significant loss. The cognitive, emotional, behavioral and physical manifestations that accompany grief are natural and necessary reactions to adapt to the new reality without the physical presence of the loved one.

The communication of bad news is a fundamental aspect of grief management, as it can influence how patients and their families cope with the loss. Healthcare professionals should be aware of the importance of empathy and sensitivity when delivering this difficult news. The relationship between the mourner and the deceased can also influence the intensity of the grief, since the emotional and affective ties that exist will determine the magnitude of the impact. Additionally, the unexpected or foreseeable nature of the loss can have significant implications for the grieving process and how people cope with the news.

CONCLUSIONS

Verbal and non-verbal communication plays a crucial role in the patient and family experience during this process. The messenger's ability to express empathy, compassion, and support can provide comfort and facilitate the expression of emotions. Breaking bad news requires special preparation and careful consideration of how the information is delivered. It is a critical time when healthcare professionals must be attentive to the emotional needs of the patient and her family, and provide a safe and supportive environment to express their feelings and concerns.

Conflicts of interest
They do not exist

Authorship contribution
MPCO: conceptualization, research, administration, writing-draft, methodological review, approval of the final manuscript.
AGSL: conceptualization, research, administration, writing-draft, methodological review, approval of the final manuscript.
AVPN: conceptualization, research, administration, writing-draft, methodological review, approval of the final manuscript.
SXMC: research, methodology, review and correction of the manuscript.

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