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.


Pease N, Finlay I. Cardiff Communication Skills Toolkit.

Ptacek JT, Eberhardt TL. Breaking bad news: A review of the literature. JAMA 1996; 276: