

BREAKING BAD NEWS (CANCER)

Introduction.

1. آپ کو A / Case A کا حال کیا ہے؟ (Identify correct patient)
2. کیا آپ کے ساتھ کوئی اور رشتہ دار (مثلاً بیوی / ماں / باپ) آئے ہیں؟
3. کیا آپ ایسے بیمار لوگ جانتے ہیں؟
4. آپ کیسے ہیں؟
5. کچھ دنوں پہلے جو گوشت کا sample لیا تھا ٹیسٹ کرنے کے لیے اسکی رپورٹ آچکی ہے۔
6. ٹیسٹ کے بعد آپکی طبیعت کیسی رہی؟
7. ٹیسٹ کرنے سے پہلے آپکو یہ بتایا گیا ہوگا کہ کیا ممکنہ و حیوانیہ ہو سکتی ہیں اس ٹیسٹ کو کروانا کیلئے۔
8. آپکو کیا لگتا ہے کہ آپکی طبیعت میں خرابی / علاصتوں کی وجہ کیا ہو سکتی ہے؟
9. آپکی biopsy رپورٹ بتاتی ہے کہ یہ کینسر ہے۔

11- آپ نے پینا / دیکھنے والوں کے کہنے کے بارے میں سنا ہے ؟

12- آپ کو دیکھنے والوں کا کہنا لگتا ہے کہ یہ سنا ہے ۔

13- کچھ اندازہ ہے کہ یہ خبر آپ کیسے کئی تکلیف دہ اور پریشان کن ہے لیکن آپ کو اگلا کرنا پر لحاظ سے ضروری ہے ۔

14- اچھی خبر ہے کہ اس کا علاج ہو سکتا ہے ۔ جلد دو اڈل

اور آپ کو اس سے اپنے خاص حد تک کے کہنے کی ادک نظام اور علاج ممکن ہے ۔

15- کیا آپ اپنے مریض سے مسئلہ کو کچھ ایسا بات چیت کرنا چاہتے

ہیں ؟ جیسے کہ یہ کہنے سے کہیں لوگ سے لگتی ہیں جو سکتا ہے

دیکھنے کے کسی ایک حصے کو متاثر کر سکتا ہے یا دوسرے

اعضاء تک ہی پہنچا کر ہلاکت رکھتا ہے اگر بروقت

اس کا صحیح علاج نہ کیا جائے ۔

16- کہنے ہو جانے کا قطعی یہ مطلب نہیں کہ کوئی شخص

مرنے کے قریب ہے یا پھر انتہائی تکلیف دہ مریض میں

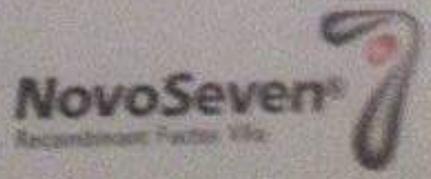
متلا ہے ۔



17 بہ نسبت نسل در نسل مستقل ہیں ہوتا۔ ضروری نہیں کہ
 ایک جانور میں کسی اور کو بھی بہرہ یا یہ یا اس سے ہونے
 18 جاننا کے کسی طریقے ہیں جسے لیسو، ریڈیو یا آئرنسٹی
 وغیرہ بلکہ کون سا طریقہ ایک یا متعدد اعضا اندازہ
 کیج سکتے ہیں ان کے لئے یہ سیکھا گیا۔

19 آپ کو ہم Specialist کے پاس طبیعت سے جو ایک جانور سے
 متعلق ساری معلومات فراہم کریں گے۔

20 آپ کے گھر میں کون کون سے جانور ہیں وہ جانور کتنا بڑے
 21 آپ اگر خود گاڑی چلا سکتے ہیں تو غیر مستعد جانور کے لیے کچھ
 طریقہ پیش کر سکتے ہیں تاکہ آپ کو جو وقت سنبھالنا پڑے اس سے
 22 آپ کسی کے ساتھ آتے ہیں تو drive میں سے نرہا ہیں یا عمارت
 استعمال کے ساتھ کسی نو آپ کے ساتھ جانور لے سکتے ہیں
 23 ہم آپ کو جو معلومات کی خاطر دے رہے ہیں۔ انہیں
 بعد پر لکھتے گا کہ جانور بہرہ یا اس سے کتنے ہیں اور ان کے
 جانور سے متعلق متعدد معلومات فراہم کریں گے۔



24. آپ بیارے اسپتال کا مینٹرنجی ضرور لیتا جائیں اور کسی بھی مزید معلومات حاصل کرنے کی ضرورت میں ہم سے رابطہ کریں۔

25. آج جو مزید ٹیسٹ یوں لے ان کی رپورٹ بساٹھو ہم آپ سے 15 دن بعد ملاقات کریں گے۔ مینٹرنجیو کا آپ اپنے ساتھی کسی رشتہ دار کو بھی ساتھی لائیں۔

26. اگر آپ مزید کچھ پوچھنا چاہتے ہیں تو پوچھ سکتے ہیں۔ کچھ اندازہ ہے کہ یہ وقت آپ کے استعمال ہے۔ اگلی ملاقات پر امید ہے کہ ہم آپ کو مزید سے متعلق مینٹرنجی معلومات دے سکیں گے۔

Breaking Bad News ... HIV

Chapter - 2

Assalam O Alaikum

- Mera Naam Dr Ahmad Hai Main Apki Bemari Kay mutaliq Ap Se Kuch Guftagu Karna Chahon Ga...umeed Hai Ap Taa'wun Karein Ge
- Peshawarana Tiqazun Ko Mad-e-nazr Rakhte Hue Hmare Darmiyan Ki Gai Sari Guftagu Ko Segha-i-raaz Main Rakha Ja Ye Ga
- Ap Apni Bemari Kay Baray Main Kia Jante Hain ?
- Doctors Ne Apko Apki Bemari Kbare Main Kia Btaya Hai ?
- Jesa Keh Ap Jantay Hain K Kuch Arsa Phle Ap Ne Kch Test Karwae Thy.. Un Kay nataij Mjhe Mosool Hue Hain Aur Mujhe Nihayat Afsoos K Sath Khna Par Raha Hai Kmere Pass Apke Lie Koi Achi Khabar Nahin Hai!
- Kia Ap Is Khabar Ko Sunne K Lie Kisi Aur Ko Shamil Karna Chahain Ge? (if Yes Tu Jo B Koi Ae Uay Summarise Krin Jo Apne Btaya Hai Abhi Tak)
- Mjhe Nihayat afsoos Ksath Apko Ye Btana Par Rha Hai Kap Ko Aids Ka Marz Lahak Hai!
- Ye Aik Aisa Marz Hai Jis Main Insan Ki Quwwati Mudafi'at Buri Tarah Mutaasir Hoti Hai, jis Ki Waja Se Usay Aur Bohut Se Bemarian Hu Skti Hain!
- Main Samajh Sakta Hun Kis Wakt Ap Per Kia Guzar Rahi Hai!
- Ye Marz Aik Insan Se Dusre Insan Tk Khoon Aur Jinsi Taalukaat Se Muntakil Hu Skti Hai
- Mozzon Yhi Hai K Ap Apni Shareeki Hayat Ko B Is K Bare Min Btain
- Is Bemari Ka Mukammal Ilaaj Tu Ab Tk Science Ne Nhin Tajweez Kia Laikin ,aisi Adwiat Zarur Hain Jin Se Apki Quwwat I Mudafiat Behtar Hu Skti Ai Aur Apka Mayar Zindagi Behtar Bnaya Ja Skata Hai
- Allah Ki Zaat Se Na Umeed Na Hun .. Inshahallah Jald Apki Sehat Min Behtari Ae Gi
- kya Ap Meri Baat Samajh Rahe Hin ? (Checking for Understanding)
- kya Ap Mjh Se Kuch Aur Puchna Chahin Ge?
- Jald Mulakaat Ho Gi .. Allah Hafiz

Breaking Bad News ... CA Liver

Assalam O Alaikum

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- Main Samajh Sakta Hun Kis Wakt Ap Per Kia Guzar Rahi Hai!
- Likin Ap Himmat Rakhain , is marz ka ilaaj Mumkin hai , Adwiyat aur Shuwaon se bht se logon ko Afaka hua hai ,Shuwaon k zariye is main kamyabi ki sharah 15% hai
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Breaking Bad News ... CA Lung

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Scenario

Re: Mr Frank Wentworth, aged 88 years

Mr Wentworth is an 88-year-old man admitted to hospital 2 hours ago with a thoracic aneurysm rupture ('mediastinal catastrophe') diagnosed clinically and with a radiologically wide mediastinum on chest X-ray. You wondered about a computed tomography scan but your consultant feels that the diagnosis is beyond significant doubt, that there is no alternative, reversible explanation for his presentation and that a scan would not alter management. A team decision has been reached to keep him comfortable. You have just come back to review him, and his daughter is now with him. You have not spoken with her before but it is clear to her that her father is very unwell and it appears to you that he is deteriorating quickly because he is less alert than 2 hours ago, with gradually falling blood pressure. You offer to go to the ward sister's office to discuss her father's case.

Your task is to discuss with her what has happened and what the outcome is likely to be, responding to her distress.

Your examiners will warn you when 12 minutes have elapsed. You have 14 minutes to communicate with the patient/subject followed by 1 minute of reflection. There will then follow 5 minutes of discussion with the examiners. Do not take the history again except for details that will help in your discussion with the patient/subject. You are not required to examine the patient/subject.

Patient/subject information

You are the daughter of Mr Frank Wentworth, an 88-year-old man admitted to hospital 2 hours ago with a ruptured thoracic aneurysm. You are a schoolteacher, phoned at work by a nurse at the hospital to say that your father was very unwell and that you should come in. You have just arrived. You do not know anything else, but have been at the bedside for a few minutes and can see that your father is clearly critically unwell and barely conscious. You are not really sure what an aneurysm is but fear the worst, although you do not think this means imminent decline. Your husband is also on the way to hospital. Your father has previously been very healthy, playing golf until last year. He has been widowed for 2 years but has remained independent on his own. You have been invited to the ward sister's office to talk to the doctor. You are extremely worried and will be very distressed to hear the worst but need to know exactly what the doctor thinks.

How to approach the case

Communication skills (conduct of interview, exploration and problem negotiation) and ethics and law

1. Preparation and scene setting

Introduce yourself, and sit close enough to allow good eye contact and at her level.

2. Establish what the relative knows already

Ask what she knows so far but do not labour it; she will want to know what is going on straight away.

3. Establish what the relative wants to know

This step in the breaking bad news 10-step sequence should be bypassed if it is clear that she is waiting in distressed anticipation of what she needs to know.

4. Give a warning shot

Simply saying:

(I'm afraid) the news is not good

may be enough to start.

5. Break bad news gently

Explain what has happened, clearly and calmly. So that there is little doubt of the critical position, one way to conclude the explanation would be to say:

There may not be an easy way out of this ... there may not **be** a way out of this.

pausing between both statements, the first telling her gently that he may not recover, the second building on the first to inform her that you may have run out of options to save his life.

6. Acknowledge distress and support ventilation of feelings

She will be very distressed and now is the time to let your comments sink in, and not the time to give more information.

7. Identify and prioritise concerns

Every case must be treated on its own merit. Sometimes it is appropriate to ask how a patient feels about bad news that has been broken. Here, it would be inappropriate to question her thoughts, which are obvious, and you should simply continue to acknowledge her distress, respond to questions and speak honestly, clearly and with understanding.

She may ask:

What can you do?

A suitable reply would be:

We can only watch and wait and see if the bleeding stops. It is all that we can do. There is simply no way of getting to where the bleeding is. He may be dying.

Right now?

Yes.

It can be difficult for relatives to accept such abrupt news like this. But it is vital to be straightforward and honest.

Things are absolutely critical.

8. Check present information needs

How long do you think he has got?
These hours are critical.

One concern that it is always helpful to anticipate and mention is about pain and distress.

What we can do is make certain that, whatever else, he is not in any pain or distress. As he becomes less conscious it is very unlikely he will feel any pain, not at this stage. But if we had any reason to suspect discomfort at any stage we could treat that with medication, with morphia.

9. Identify support systems

You may wish to check that her husband is on his way, and whether or not she has other relatives who should be aware of the situation.

10. Make clear what support is available and what is going to happen

Assure her that the doctors and nursing staff are available at any time to speak to her again.

Discussion

Patients with incurable but more chronic conditions often ask about how much time is left. How might you respond?

Clearly it depends upon the situation. It is important to acknowledge that you cannot be certain but patients then often ask you to guess. It may be appropriate, if realistic, to say something such as 'Well, the way things have been going it might be just months', but while it is important to be as honest as possible about prognosis it is important not to give specific time frames. Patients sometimes ask about specific dates like whether they will be here for Christmas. You might say 'I would hope so', but ask if there is any reason they mention Christmas in particular. It might be, for example, that a relative died at Christmas and the patient is worried that it will be particularly hard on other family members.

Why is it important to respond to questions about prognosis?

Patients might otherwise be misled about their outlook and might not use their remaining time to deal with important practical and emotional unfinished business with loved ones. This will also make the bereavement process more difficult for loved ones and increase psychiatric morbidity from, for example, major depressive disorder.