

How to give bad news. Organ and tissue donation

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KEYWORDS – Organ donation, communication, family interview

SUMMARY - Giving bad news is one of the most stressful tasks for health professionals because of the emotional impact it will have in the recipient and family. How the information of the death of a person is given will facilitate or hamper the adaptation of the family to the new situation. For health professionals there exist some barriers in communicating bad news. First of all, the doctor's attitude to the dead person while alive and his/her family during the stay in hospital is very important at the time of giving the news. A paternalistic or distant attitude will translate into a negative relation with the family and therefore a lack of knowledge of communication techniques or prejudice against them. These attitudes will hamper the way information of the death of the loved one is given.

WHAT IS THE DUEL?

The duel is a group of feelings that appears when a person loses a relationship with something or somebody. It will be different depending on the way the loss has been produced (if it was expected or not), the family's personal situation and the external help.

When the death of a loved one is communicated, the reaction of the family goes through different phases, classified by Ramsay in five steps:

I: **Shock**: this situation corresponds to a defence mechanism against suffering. It implies denying the acceptance of death, fear of losing control or of facing the future without the loved one.

II: **Confusion**: Some people feel lost and unable to take decisions.

III: **Search**: The feelings experienced in this phase are all painful. Weeping and crying are frequent, more than the anger. Feelings of blame sometimes appear in the family but are frequently projected to the reporter of the bad news.

IV and V: **Acceptance and integration**: The family returns to day to day life.

The culture of death has changed in the last decades. Not very long ago, a person died at home surrounded by his loved ones, but nowadays many people die in the hospital where two essential factors are combined: a strange place and strangers. The first three steps of the duel take place in the hospital with health professionals as active eyewitness that influence in the development of the duel.

Consent to organ donation is asked for in this extremely difficult situation through the family interview. It is carried out by the hospital transplant coordinator in collaboration with the doctor in charge of the patient while alive.

THE FAMILY INTERVIEW

The family interview will be performed in a quiet place without interference and with all the equipment needed (water, Kleenex, telephone...). It starts when the doctor in charge of the patient while alive explains to the family the tests done to certify the death of the person. The hospital transplant coordinator will attend the interview from the beginning, and he will study in the family not only the receptivity to the following request but the help relation they need. This last point is essential to establish a good communication and perform a semi-conducted interview with

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two aims: request for donation and provide relief and support to the family.

The communication tools used to obtain the objectives described above are based on the "Help relation therapy (Carl Rogers)".

COMMUNICATION TOOLS: HELP RELATION

Non-verbal communication:

Non-verbal communication is the most important communication channel because it shows personal attitudes and feelings. This type of message is caught by the recipient unconsciously and prevails when a contradiction with a verbal message exists.

Skills:

- Eye contact provides sincerity and truthfulness to the information
- Physical contact supports the loved ones
- To nod one's head shows that attention is being paid
- The posture. Taking an open stand implies proximity in the relation
- Silence is an essential communication skill for good comprehension. There exist so suffering situations that words alone are not enough to explain the feelings
- The voice tone joined to silence is the non verbal characteristics of the language. The rhythm, melody, pauses and volume of the voice are important in this task.

Verbal communication:

It is difficult to assimilate information in shocking situations so the language must be:

- Easy to understand: technical terms or euphemisms must not be used

- Compounded by short messages and structured phrases
- Opened to make questions
- Respecting the time of assimilation of the information.

THE ARGUMENTS

The arguments used for donation must be based on the principles of solidarity and altruism.

When the dead person belongs to a different culture, the arguments are the same but the strategy of communication is different. Barriers to communication arise in both interlocutors in this specific case: language difficulties, distrust in the public health system and a different attitude towards donation. On the other hand, the lack of information the health professional has about their beliefs and rituals related to death make communication difficult. At this point, the cultural mediator will be helpful to transmit the profound significance of the hospital coordinator's arguments pro-donation and request. Any person can be a cultural mediator whenever s/he knows language and socio-cultural environment of the dead loved ones in order to facilitate comprehension of the message.

REFERENCES:

¹ GÓMEZ P., SANTIAGO C., GETINO A., MOÑINO A., RICHART M., CABRERO Y.J.: La entrevista familiar: enseñanza de las técnicas de comunicación. *Nefrología*, 21, S4, 57-64, 2001.

² El proceso de donación de órganos: Actitudes e implicaciones. Programa Integral Europeo para la Donación de Órganos (ED-HEP).