

I'M AFRAID IT'S NOT GOOD NEWS... HOW TO TALK TO PET OWNERS ABOUT CANCER

Sarah Holliday, DipVN, VTS(oncology), AVLM, NCert(behaviour), C&GCertnes. Current BVNA President
Senior Medical Oncology Nurse, AURA Veterinary



DISCLOSURE SLIDE

This session is sponsored by IDEXX – honorarium provided

Current President of The British Veterinary Nurse Association

Specialist Oncology Senior RVN at AURA Veterinary, Specialist Oncology Hospital in UK

2025- set up The Oncology Veterinary Nurse and Veterinary Technician Group

LEARNING OBJECTIVES



Equipping veterinarians with practical communication skills to deliver a cancer diagnosis compassionately



Supporting clients' emotional responses and recognising common reactions (vets and nurses)



Guiding conversations in a way that builds understanding, trust, and informed decision-making

HUMAN-ANIMAL BOND



What is it?



How can this affect our role?

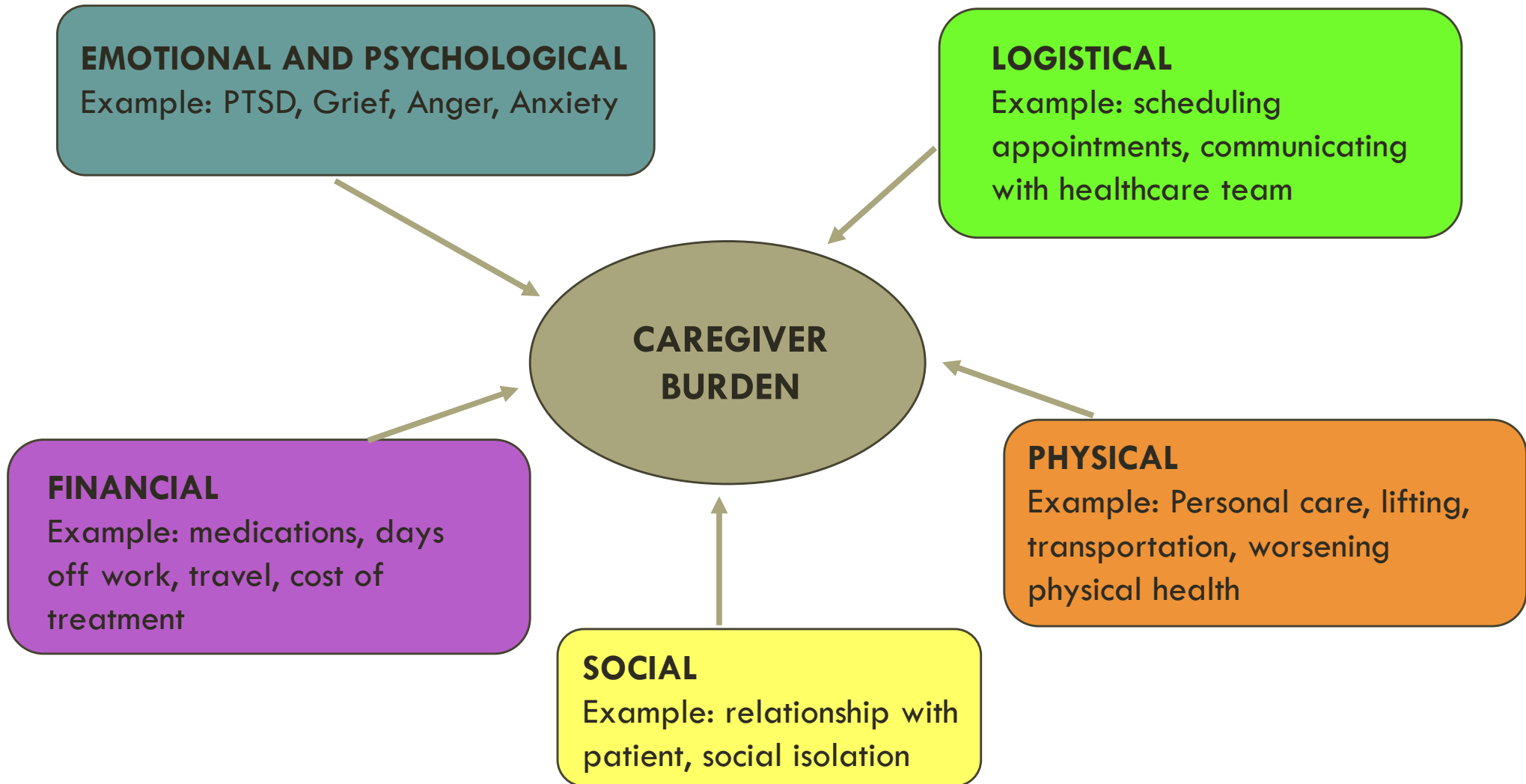


What should we consider?



Photos: google image





Photos: google image



Caregiver burden in owners of dogs and cats undergoing anticancer therapy in a referral hospital in Hong Kong

[K. M. Tam](#), [A. Giuliano](#), [S. S. U. H. Bukhari](#), [P. V. Steagall](#) ✉

Early caregiver burden in owners of pets with suspected cancer: Owner psychosocial outcomes, communication behavior, and treatment factors

September 2020 · Journal of Veterinary Internal Medicine 34(6)

DOI:[10.1111/jvim.15905](https://doi.org/10.1111/jvim.15905)



Photos: google image

TYPES OF BAD NEWS

THE DIAGNOSIS OF CANCER

THE SPREAD OF CANCER

TREATMENT HAS NOT WORKED

RECHECK/ STAGING- RECURRENCE OF
CANCER

PROGNOSIS

TREATMENT OPTIONS

COST

SURVIVAL TIMES

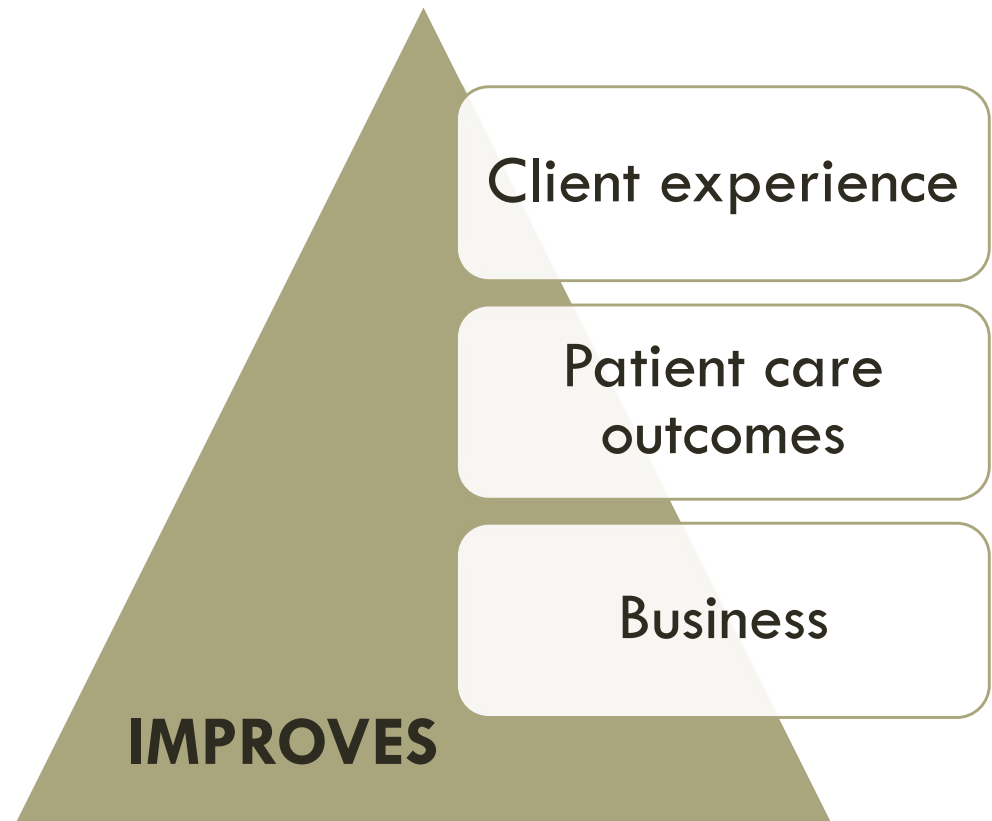
END OF LIFE

DEATH

Photo: google image



WHY DOES IT MATTER?



HOW?



Communication Types in Healthcare

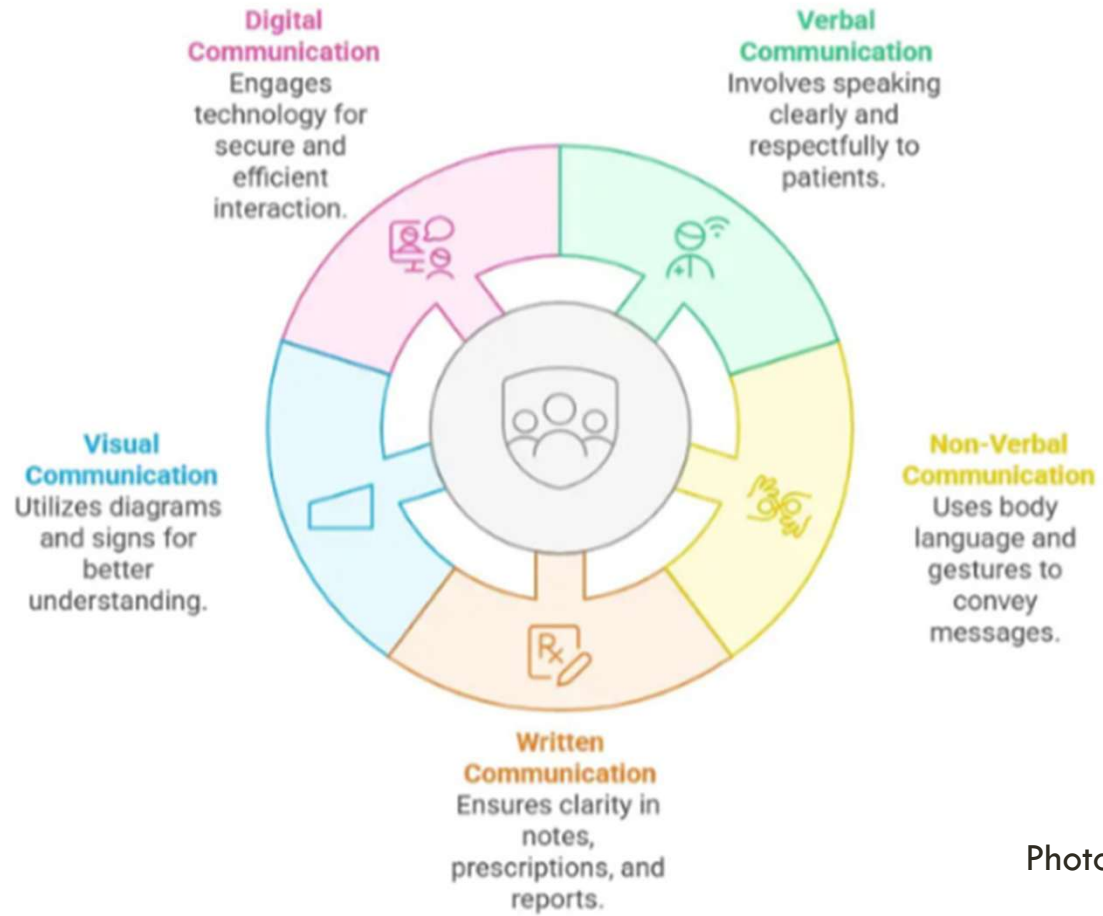


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Delivering bad news: patient's perspective and opinions

Sobczak K, et al (2018) Results:

6 aspects that patients perceived made their visit negative:

- 1) doctor's behaviour in the moment of delivering bad news
- 2) amount of time devoted to the visit
- 3) lack of doctor's attention
- 4) usage of medical terminology
- 5) doctor's honesty
- 6) emotional and cognitive support from the doctor

How oncologists' communication improves (analogue) patients' recall of information. A randomized video-vignettes study.

Medendorp et al, (2017) results:

20-60% of information provided during the consultations is remembered

Linked poorer recall to the emotionally stressful nature of oncology consultations due to:

- Diagnosis disclosure
- Prognosis discussions
- Treatment risk/ benefits decisions
- Survival uncertainty
- Emotionally threatening language

NATIONAL CANCER INSTITUTE COMMUNICATION IN CANCER CARE GUIDELINES

Information = emotionally charged

Patients are often distressed

Cognitive and emotional processing occurs
simultaneously

Patients are asked to make complex decisions
whilst under stress



Photo: google image

Information giving in oncology: A preliminary study of tape-recorder use

[Nigel North](#) , [Michael A. Cornbleet](#) , [Gillian Knowles](#) , [Robert C. F. Leonard](#) 

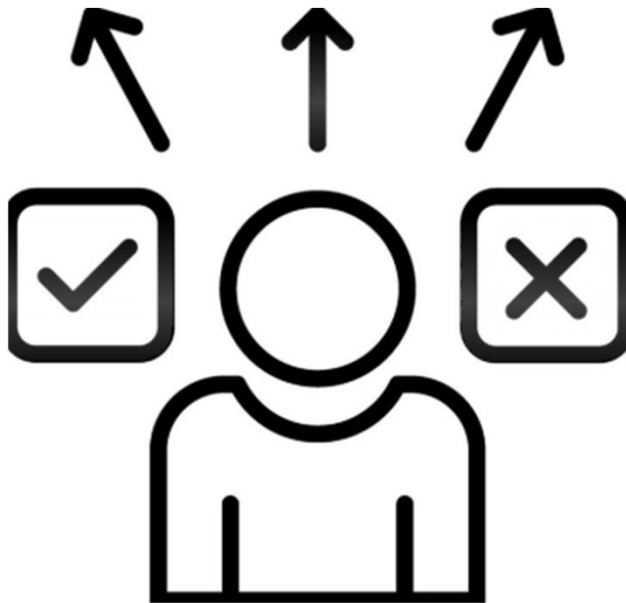
First published: September 1992 | <https://doi.org/10.1111/j.2044-8260.1992.tb01005.x> |

North et al, (1992) randomised study findings:

- Improved information retention
- Reduced anxiety levels
- Helped families review information later

- Veterinary medicine; recording consultations for note taking/ referral letters

CONSIDERATIONS



1

Show interest in their views and wishes

2

Previous experiences

3

Religion / Spiritual beliefs

4

Human- animal bond

5

Language barrier/ Disability

WHERE?

- Quiet
- Private
- No traffic
- No interruptions
- If possible; personal and comfortable
- Tissues
- Paper/ white board



- ❖ Show both client and patient respect and dignity
- ❖ Give yourself plenty of time for conversation
- ❖ Use language they will understand
- ❖ Ask open questions to explore and understand them
- ❖ Offer follow up or written information



BEHAVIOURS

Introduce
yourself

Include everyone
present in the
room

Give your full
attention

Sit down / place
yourself at same
level or lower

Be empathetic

Acknowledge
emotion

Use calm, gentle
tones

Praise effort and
a good job

NON VERBAL



Photo: google image

Eye contact

Body language

Facial expressions

Read the client

Pauses and silence

Subtle signs

- ❖ Break bad news in a public space
- ❖ Stand over them
- ❖ Don't interrupt
- ❖ Do not assume
- ❖ Do not judge
- ❖ Do not argue
- ❖ Do not ask open questions then ignore the information
- ❖ Do not rush the conversation



WHAT NOT TO SAY



Photo: google image

“I Know how you feel...”

“The same thing happened to me....”

“Things could always be worse...”

“At least you have another dog...”

SPIKES APPROACH

Structured approach to delivering bad news in healthcare

Baile and Bickman (2020) Framework (Dr. Walter Baile, Dr. Robert Buckman and Dr. Micheal Levy first 1998 then published 2000.)

Vary depending on context, severity of news etc

SPIKES

Embrace a Patient-first Approach to Advance Care Planning Conversations



S

Setting

Choose a private, comfortable, non-threatening setting



P

Perception

Uncover what patient & family think is happening



I

Invitation

Ask patient what they would like to know



K

Knowledge

Explain disease and care options in plain language



E

Emotion

Respect feelings, respond with empathy



S

Summarize

Recap and decide what's next

Photo: google image

SETTING UP



Photo: google image



HOW?



WHERE?



WHO?



INTRODUCTION

PERCEPTION

How much does the owner know?

Gauge how close they are to medical reality?

+/- In denial

Style and emotional content will tell you about their level of understanding

Their articulation with words they use will allow you to adjust your communication style

Verbal and non-verbal cues

INVITATION

What do they want to know?

Some may want full details of ST etc others may just want to hear treatment options

Check it's a good time to discuss if calling, as they may be somewhere open

Accept their decision not to know

Offer future contact if they change their mind

KNOWLEDGE

Objective of conversation

Consider educational level, socio-cultural background, current emotional state

Give facts accurately about treatment options, prognosis, costs etc

Avoid medical terminology

Check reception often and clarify

Repeat important points

Use diagrams, written notes, leaflets

Respond to the patient's reactions as they occur

Adapt communication style

EMOTIONS

Observe client and give them time

Acknowledge any shock, listen and explore what they are thinking or feeling

Address their emotions

Show empathy and practice empathetic reflection

Don't argue

SUMMARISE

Write it down; Ref letter, email

Re-cap information and make sure they understand

Ask if they have questions

Offer agenda for next meeting

ABCDE3

Beyond breaking bad news: Helping patients who suffer

BMJ 2000 ; 320 doi: <https://doi.org/10.1136/sbmj.000365> (Published 01 March 2000)

Cite this as: *BMJ* 2000;320:000365

Michael W Rabow and Stephen J McPhee 2020

Model to assist doctors deliver bad news

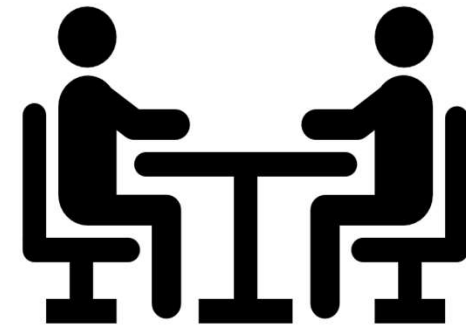
Advanced preparation

Build a therapeutic environment/relationship

Communicate well

Deal with patient and family reactions

Encourage and validate emotions



Managing Your Emotions During Difficult Conversations

Take a Break.

Give yourself the time and space to process your emotions and thoughts

Breathe.

Take a second to re-center your self in the moment

Acknowledge & Label Your Feelings.

Distance yourself from a feeling by labeling it. I have a thought and I feel

Focus on Your Body.

Stand up & take a walk. Or try a mindfulness activity called anchoring by placing your feet flat on the ground and focusing on the sensations

PMPHASE

Photo: google image

LOOK AFTER YOURSELF

- Don't forget yourself
- After a difficult conversation, think about how you feel and if you need some time to debrief or decompress
- Mental health and wellbeing of team



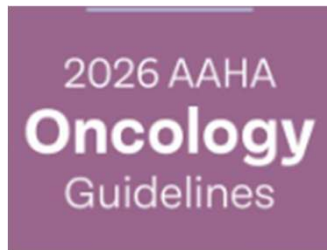
vetlife



BVNA
British Veterinary
Nursing Association

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SIGNPOST TO RESOURCES- FOR US



SIGNPOST TO RESOURCES- FOR OWNERS



BVA
LIVE

IDEXX

THANK YOU



sarahholliday24@gmail.com