The quality of dentist–patient communication is a key determinant of patient satisfaction with consultations and of patient participation in, and compliance with, therapeutic planning. Breaking bad news is one of the most difficult tasks which any healthcare professional has to undertake, but one which many dental practitioners will face. The nature of ‘bad news’ will vary with the type of work which the practitioner routinely performs, and according to the patients, he or she sees. The situations in which dental staff may have to break bad news are numerous. For example you may have to: • Tell patients that you have found a suspicious lesion which requires investigation • Inform patients that they are going to lose all their teeth • Inform patients that they require surgery to remove a lesion • Discuss with patients that you have observed an oral condition suggestive of a systemic illness. While it seems likely that practitioners will agree that certain information and news which he gives to patients is ‘bad news’, it is important to remember that its meaning may be significantly worse to the patient than the meaning ascribed to that information by a dental health professional. What constitutes ‘bad news’ has an element of subjective judgement. For example, the work of Fiske, Davis, Frances and Gelbier showed effectively the great impact which tooth loss can have. Our intuitive sense of the impact which should be experienced in regard to a certain situation may not be an accurate reflection of the actual impact experienced by the patient. It is important to note that ‘bad news’ for patients may differ from the perspectives of those who are accustomed to dental disease. The importance of accurate empathy in effective dentist–patient communication has been suggested by a number of researchers. The extent of the impact that bad news has on an individual is most often dependent on the way in which such information is communicated. Research from the fields of cancer and maternity care consistently show that the way in which ‘bad news’ is communicated is just as important in determining the individual’s long term adaptation to it as is the content of the message itself. Despite a body of literature which has examined physicians’ skills in breaking bad news, there exists little published dental literature in this area. In this paper we explore the literature on medical communication and discuss some of the considerations which apply when breaking bad news. We outline three important components to breaking bad news based upon the work of Davies and Newton. These are: 1. Preparation. This involves thinking about the situation and as far as possible identifying strategies for dealing with it. 2. Discussing the situation. This is the process of communicating with the patient the news. It requires both general and specific communication skills. 3. Reviewing the situation. This allows the practitioner to identify what went well and what went less well in the situation. It is also important in reviewing the situation to identify that breaking bad news is difficult and inevitably has an impact on the person who is breaking the bad news. These three components occur in sequence (fig. 1). Careful preparation for each component can help the process of breaking bad news. The preparation phase This involves, whenever possible, ensuring that the breaking of the bad news takes place in an atmosphere and a setting which is comfortable and safe for the patient. In preparing for breaking bad news three areas should be considered: 1. The information to be given 2. The setting of the interaction 3. Time considerations.

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During their professional career most dental practitioners will be faced with a situation in which they have to break ‘bad news’. This article examines the communication skills involved in breaking bad news to patients.

The process is broken down into three broad stages: preparation; discussing the information; and reviewing the situation. Within each of these stages specific and practical recommendations are given.

The importance of recognising the impact which such interactions have upon the dental practitioner is emphasised. Breaking bad news: a guide for dental healthcare professionals J. T. Newton,1 and J. Fiske,2 In brief ● As far as possible spend time preparing for difficult communication situations, giving consideration to the information given, the setting and time constraints ● When breaking bad news try to explore the patient’s view of the bad news, work with the patient to determine the way forward ● Consider training a member of your dental team in counselling skills ● Take time to review difficult communication situations. Consider what went well, and what could be improved