Modern radiologists have a new cap to wear-The New Newsman of the Millennium- thanks to the rapid advances in this field in the last fifty years or so. These advances have literally shifted our specialty from the confines of the “dark room” to the full glare of the “front stage” when in the much happening world of doctor-patient relationship. With the changing trends in healthcare sector, a final diagnosis is rarely reached without any back up from the field of radio-diagnosis. Many times, Radiologist is the first one to pinpoint the diagnosis or raise a suspicion of the most probable diagnosis in any given scenario. Everything is good and satisfactory when giving a disclosing a diagnosis which has a definite cure. This modern newsmen is then welcomed and profusely thanked by the patient as well as the referring doctor. But things are not easy when delivering bad news.

When the Radiologist diagnoses a patient to have incurable ailment like cancer or genetic disease the new newsmen as well as the patient and referring colleague land into emotional turmoil. This turbulence can take a toll of the emotional health of this bearer of bad news. Hence there is a need to follow a scientific approach towards breaking bad news and specifically developing the communication skills we lack on this frontier. Nothing can make bad news good. But a proper method of conveying it to patients or their relatives can ease the emotional shock and make it more acceptable. This article focuses on the yet unfocussed role of Radiologist as the new newsmen of the millennium and reviews various strategies that can them to wear this hat with satisfaction and to deliver good as well as the bad news with courage and confidence.

**ABSTRACT**

Modern radiologists have a new cap to wear-The New Newsman of the Millennium- thanks to the rapid advances in this field in the last fifty years or so. These advances have literally shifted our specialty from the confines of the “dark room” to the full glare of the “front stage” when in the much happening world of doctor-patient relationship. With the changing trends in healthcare sector, a final diagnosis is rarely reached without any back up from the field of radio-diagnosis. Many times, Radiologist is the first one to pinpoint the diagnosis or raise a suspicion of the most probable diagnosis in any given scenario. Everything is good and satisfactory when giving a disclosing a diagnosis which has a definite cure. This modern newsmen is then welcomed and profusely thanked by the patient as well as the referring doctor. But things are not easy when delivering bad news.

When the Radiologist diagnoses a patient to have incurable ailment like cancer or genetic disease the new newsmen as well as the patient and referring colleague land into emotional turmoil. This turbulence can take a toll of the emotional health of this bearer of bad news. Hence there is a need to follow a scientific approach towards breaking bad news and specifically developing the communication skills we lack on this frontier. Nothing can make bad news good. But a proper method of conveying it to patients or their relatives can ease the emotional shock and make it more acceptable. This article focuses on the yet unfocussed role of Radiologist as the new newsmen of the millennium and reviews various strategies that can them to wear this hat with satisfaction and to deliver good as well as the bad news with courage and confidence.

**Key words:** Medical Education Technology, Communication Skills, SPIKES, BREAKS, Educational Model, Bad News, Doctor-Patient relationship, Cancer, Malignancy, Ultrasound, CT scan, MRI, Prenatal Diagnosis
Radiological as well as laboratory diagnosis before declaring the diagnosis as well as treating any patient. So to the chagrin of many and the joy of few, Patient-Radiologist interaction also grew by leaps and bounds. This is also evident by the recent changing trends in which instead of going to a surgeon for pain in abdomen or to a physician for cough, the patients first visit the radiology clinic to get their abdominal ultrasound or a radiograph of chest done so that they have the final diagnosis and peace of mind. Therefore what a Radiologist speaks to them has become important. He just cannot avoid them as the financial stakes involved in this interaction are high. Moreover it is the right of the patient (consumer) to know the result of the test (the commodity) for which he has paid.

To a doctor who is not trained in delivering bad news, it might seem very distressing and inhumane to disclose a deadly diagnosis to the patient or their relatives. This stressful situation of the health service provider was as grim in the yester years when modern methods of managing incurable maladies were not available as it is today; though modern advances have made it possible to treat many ‘deadly’ diseases of the past. The most important reason that contributes to this moral turpitude is a complete lack of scientific approach towards delivering bad news that is seen globally. Radiologist thus assumes a new role- that of a specialist who pronounces the diagnosis of what ails the patient. This news by the new newsman, breaking bad news is an important communication skill which he must master as do the physicians, oncologists and surgeons. A nonscientific approach in breaking bad news; can not only create misunderstanding on the part of patient about the seriousness of the illness and chances of survival but may also be a cause of litigation in the future. To prevent this we must be aware of the components of this mighty task. The verbal component consists of delivering bad news, coupled with multiple other skills; like managing patient’s emotions, involving the patient and family members in decision-making, clarifying expectations about care and cure, and keeping hopes alive. The medico legal implications must also be kept in mind as in many countries the patients have to be provide with as much information as they desire about their illness and about all available treatment options. How human beings will respond to bad news is unpredictable. Some instantaneously become fearful, some go into denial mood, some enter the ‘why me’ stage while very few seek more information to start a complete recovery; or if not possible a quality-of-life decision plan. Hence the act of delivery of the bad news and the response to it can be quite stressful and emotionally draining for the health service provider as well.

**Important strategies for breaking bad news are:**

1) The traditional method in which the bad news to is directly delivered to the patient or relatives after the examination; only if it is asked for by them. Many times this blunt on the face approach may take them by surprise and result in emotional outbursts.

2) There is a new six step protocol for breaking bad news called as SPIKES which emphasizes that any complex can be achieved only by a stepwise approach. The six steps involved in it are:

S- Setting up an interview: This needs mental
and a sense of failure for not fulfilling the patient’s expectations. Moreover, the modern advances in the field of medicine and surgery has also led to unrealistic expectations in patients from their doctors. In such an environment; poor communication skills on the part of newsman, can lead to misunderstandings and ultimately results in physician burnout, stress and even litigations. That is why many avoid discussing distressing information about the poor prognosis. But as communication is a skill; it can be learned and mastered with practice and experience. Therefore we as Radiologists: the new newsman of the millennium; must choose our protocol to deliver good as well as bad news after the radiological investigations if the results are sought for. We must also remember that there is no place for any unsolicited advice in this condition.

References


