INTRODUCTION

Delivering bad news of any kind is difficult. Whether it is introducing personal bad news ("I totaled the car", or "I want a divorce"), or it is revolving around one of our patients ("Your cat's leg must be amputated", or "The total bill exceeded our original estimate by $350."), or even if it's delivering unpleasant information to a co-worker about an incident in the clinic, the act of physically getting the words out of our mouths to deliver such news can be a painstaking process, and yet one that inevitably must occur so that life can move forward.

Most of us would agree that, as far as delivering bad news about patients to our clients is concerned, making the process as palatable as possible for all parties is the goal of every veterinarian. This may be done in a self-serving way. No doubt we would rather avoid the sweaty palms and elevated heart rate that we routinely experience in anticipation of the interaction with an anxious or irate owner.

CASE EXAMPLES

Of course, the question might need to be raised as to whether or not that is truly the goal we should aspire to. Do we try to rush through these unpleasant experiences too quickly? Can we be missing opportunities to connect with our clients, even in times of anger or sadness? How can we foster these strained relationships? Keeping these questions in mind, rate this scenario’s delivery of bad news:

*Dr. X is preparing herself to go out and speak to Mr. Y, because his beloved 11 year old male neutered Labrador died during a difficult surgical procedure. Granted, the prognosis had been poor prior to surgery, although everyone was cautiously optimistic because the dog was relatively stable going into the OR.*

*Dr. X pulls off her surgical cap and mask, wiping the powder from her hands on her thighs. She takes a deep breath, grimly walks out, and immediately makes eye contact with Mr. Y. He rises from his chair, a look of anxiety on his face.*

*Dr. X walks up to him and calmly states, "I am sorry, but Skipper did not make it. We tried our best, but the damage to his intestines and stomach was too extensive for us to remove all the unhealthy tissue. Then, halfway through the procedure, his heart stopped, and we respected your request not to resuscitate him."

*Dr. X touches the dog owner on the shoulder, and asks if he has any questions or changes in the plan for disposition of the body, which had been discussed earlier. She pauses a moment. Mr. Y does not come up with anything except a weak "thank you", so she walks away, relieved that her task to deliver the bad news is over and done with.*

Or is it?

We probably should ask ourselves another question before answering that last one. This piece is important, because it helps us determine something. Whose needs were met here: the vet's or the client's?
Some might say that everyone’s needs were met: the prognosis for the dog was poor from the outset, so the expectations must have been set regarding the chances of its dying on the table; after all, the owner had even made plans about what to do if the dog were to die on the table, beforehand. The vet seemed compassionate in her delivery, asking if the owner had any questions, and pausing to allow for those questions to come from him. She even offered an appropriate non-verbal gesture (when she placed her hand on Mr. Y’s shoulder) in consolation.

On the other hand, we may argue that this was not as satisfying an interaction for both parties as it seemed on paper. This author would be in that camp. While the exchange seemed to end amicably, how satisfied was Mr. Y with this process? Do we know? Do we care? He just lost his dog, his long-standing companion. Knowing intellectually that this loss was possible is one thing, but viscerally dealing with that loss is something altogether different. Mr. Y was barely given any explanation of what happened during the procedure. What does he remember of the past conversations regarding resuscitation wishes and plans for disposition of the body? Did those conversations occur that day? Three days ago? What did he agree to? What is supposed to happen next, as he stands alone in the waiting room?

In the real world, it is possible – and more often than not, even probable – that Mr. Y will get another puppy. What guarantee is there that he will return to Dr. X’s clinic as a client? Of course, these factors are unknown. We do not know how deeply connected he was to the clinic before this incident. And after this experience, he may not be very bonded to this vet, either. Actions could have been taken, though, to make the likelihood of his continuing to be a client there more of a reality.

A variety of actions could have been initiated by Dr. X. What more might she have done? Or better yet, we should ask ourselves this very personal question: what would I have wanted to have experienced in that interaction, if I were Mr. Y? What would I have liked to have heard? How much allegiance would I feel toward this vet and her clinic following this interaction, under these circumstances?

It can give us pause. And here is a second example of a tense situation – this one looking at an unpleasant conversation occurring in a staff interaction. Let’s pay close attention to who is the irate party here.

Dr. A recently purchased the practice from his predecessor, and has been watching expenses carefully. He determines that the payroll is his latest problem, and his concern has focused on issues he sees happening predominantly with his lead technician, Mr. B.

Dr. A has hurriedly noticed that Mr. B does not clock out appropriately when taking his lunch breaks. In fact, things have been getting worse of late. After finishing a review of Mr. B’s time cards, the veterinarian realized that this technician never clocked out for lunch on any of the last 5 Mondays, and there were several other, random days this was observed on his time card, as well as those for other staff members.

Today is a Monday, again, and the new owner wants to nip this behavior in the bud. Dr. A sent Mr. B a text message this morning, asking him to report to the vet’s office as soon as the technician’s shift started.

Mr. B walks through the door with a smile on his face. He appears to be in a very good mood.

“Good morning, Doctor! How are things with you today? I am glad you contacted me this morning, because I wanted to catch you up on the search to solve our staffing issue. I think there is...” Mr. B’s smile fades when he sees the angry look plastered on Dr. A’s face.

“I am very concerned about the hours you and the other technicians have been charging since I took over the hospital, Mr. B.”
"Well, as I was trying to explain – "

"You may have gotten away with this sort of thing when Dr. M owned this establishment, but not clocking out for lunch is an infraction of hospital policy that will not be tolerated. Everyone needs time to eat – just not on my dime."

"If you would just let me – "

"It has to stop. I need you to post this message up on the bulletin board; it explains the policy, again, in language anyone should understand. I have to be concerned about the bottom line right now, in order to meet all our financial needs." Dr. A holds up a printout for posting.

"Dr. A, if you would just listen for a second, I am trying to tell you that we found a replacement technician for the morning to mid-day shifts – which will be especially important for coverage on Mondays, since our staffing was particularly thin then. If you recall, we had to give the weekend technician a day off somewhere – because you told me you couldn't afford her overtime. That is why some of us old-timers worked through our lunches periodically – and I did it most regularly, since I am not eligible for overtime pay, anyway."

Mr. B lets out a long sigh. "I have the new technician's resume right here, if you want to look at it." Mr. B thrusts his arm out with the resume, while Dr. A is still holding onto the poster for the employee board.

Dr. A lowers his arm, puts the poster down, and takes the resume from Mr. B. "Oh, OK. That's good, then. I understand and appreciate that. Thank you."

What was the experience the vet gave to the technician, and vice versa? Who won here? Perhaps the bigger issue is whether anyone really "won". Why did there have to be a conflict? We could say the vet was in the right, that perhaps he did not know the reason behind the issue because the staff never informed him of the plan, but almost certainly the technician had a valid reason for all the actions he took. What becomes Mr. B's motivation to stay at that practice? How often does this sort of conversation occur in our own practices?

DISCUSSION

Many sources have offered the human and veterinary medical professions myriad permutations of communications frameworks for routine conversations, as well as solutions to employ when faced with communications crises (see suggested readings, below). Occasionally, examples used in these lessons understandably contain almost implausible extremes in order to highlight communications errors, thus making it easier to draw conclusions about what is and what is not ideal in a given circumstance.

Examples dealing with realistic situations such as the ones above are both more commonplace and "middle of the road" in day to day conversations or interactions. This inherently leaves these exchanges in a more nebulous zone, thus causing them in certain instances to be more difficult to assess, because certain elements of good communication techniques are present, while others are lacking, leaving the overall conversations somewhat hollow.

While we may be fairly certain the interaction between Dr. X and Mr. Y in the first scenario was not a disaster, we may still not be certain the client won't seek future services elsewhere. And in the second scenario, we can only hope the bad blood between the Dr. A and Mr. B can be smoothed over, or there is a possibility that a good employee might be lost.

Naturally, as stated before, these scenarios stayed quite level-headed. There were no fisticuffs, no shouting. And suffice it to say that, thankfully, our own day-to-day communications rarely involve
exchanges between us and our clients (or colleagues) that stray beyond the edge of civility. But what if – instead of sadness and anxiety overwhelming a client or co-worker – the problem we are faced with is caused by miscommunication, or not setting the correct expectations, or a mistake perpetrated innocently by a staff member (or even by us), and the individual standing before us at that moment is combative?

Relationships at work with a staff member or colleague may turn out to be the hardest to deal with: after all, our relationships with them cannot end so readily as one with a client who may ask for his or her pet's records to be sent to another veterinarian. And then, that begs the question: how can we preemptively intervene using good communication techniques, and deal with the individual whom we might otherwise have driven away?

We are probably all familiar with the concept of "wind-up" when it comes to pain. A similar phenomenon may occur with emotions. It can prove to be almost impossible to deal with the emotional turmoil of a client or co-worker unless we allow a de-escalation of the emotional pain, or wind-up, that has occurred. We cannot take on everyone else's problems, but we can certainly acknowledge that the problems are there, and then work together to create a mutual agreement on how to move forward.

SOLUTIONS

There are several steps that may be helpful in disarming emotionally charged interactions, so that we can attempt to repair the relationship and allow it to continue long-term:

- It may be necessary to identify the emotion if the client or co-worker has not expressed it him/herself already. Use an OPEN ENDED QUESTION to ASK politely what it is he/she is feeling, and then PAUSE AND LISTEN.
  - It is important to know what the emotion is we are dealing with, so that we can address it accordingly.
  - Our asking the person this question also helps the other individual to name exactly what his/her emotion is.
  - We may also try to name the emotion, and receive validation from the other person.
  - Whether we are correct in the naming right away or not is immaterial, for we will have achieved the first step to reconciliation with this effort. The goal is simply to have someone NAME THE EMOTION that is involved.

- Be sure to use the proper NON-VERBAL TOOLS.
  - Examples would be employing qualities such as a quieter voice and a slower speed, when speaking with an irate individual, as a means to rein in the tension.
  - Remember that matching the combatant person's frenzied pace and tone may only escalate matters on both sides, and become self-defeating.

- Once we know what is going on emotionally, ASK FOR CLARIFICATION of the situation.
  - Offer open ended questions such as "Tell me exactly what is bothering you?" or "What are you looking for us to do?"
  - Again, PAUSE to allow the other person to explain the concern in his/her own words.
  - We should do our best not to interrupt, as it can negate any progress we make in allowing the other individual to air his/her concerns and feelings.
  - This framing shows objectivity on our part, and gives us time to think. LISTEN carefully to everything that is said.
  - Repeat back or summarize what we've heard, which is known as REFLECTIVE LISTENING. It allows for corrections or amendments to the story as we understood it.

- Next, APOLOGIZE. Plain and simple.
  - Realize that in actuality, our apologizing for the mistake/misunderstanding, etc., can occur anywhere within the continuum of the conversation – just be sure it does happen.
Do not offer excuses – these take away from the sincerity of the act.

Apologizing aids in diffusing the situation by helping the client or co-worker feel we have validated his/her concerns.

- Apologizing does not mean that we must take on the problem, nor do we take the blame for causing the situation; we are merely acknowledging the feelings expressed. We can offer EMPATHY without taking on the responsibility or making an admission of guilt.
  - "This must be very stressful for you" or "I am sorry you feel that way" are non-judgmental phrases.
  - We can also normalize by using phrases like "Anyone in your situation would feel this way" or "It's no wonder you are upset, given the circumstances."
  - More vulnerability can occur with personalizing the empathic response, known as making a self-disclosure. "If something like this happened to me, I might have gotten angry, too". Just be sure not to allow the focus to shift to our own issues and subsequently away from the concerns of the client or co-worker.

- Once everything is "aired out", and tensions drop, we can all move on to find common ground.
  - Again, use an OPEN ENDED QUESTION to find out if the individual is ready for the next step. Basically we are ASKING PERMISSION to find a mutually agreed upon course of action.
  - If the client or co-worker has a request, and we can readily meet that request, then our goal is to agree; we can then SUMMARIZE the findings, and outline what each partner has agreed to do moving forward
  - If we are not inclined to meet the client's or co-worker's request, outline for them what we are willing to do under the circumstances, and see if they agree.
  - Hopefully, with a little bit of negotiation, we will reach terms everyone can live with. Summarize the agreement; we may also want to put it in writing for future reference.

- Thank the client or co-worker for bringing this issue to our attention. Only by addressing a problem head on are we able to put it behind us – and not lose a client or staff member.
CONCLUSION

In our current practice environment that is ever-more-frequently influenced by a plethora of factors (such as the importance of the human-animal bond, social media, Dr. Google, the popularity of litigation, as well as the changes in populations of veterinarian – such as owners versus those employed by corporate practices, gender shifts, etc.), it is important for veterinarians to realize that clients are looking to have a relationship with a caretaker for their pets who is both knowledgeable and personable. The smartest veterinarian in the world will not retain clients if she or he is not also empathetic and understanding of both the pet owner's needs as well as those of the pet.

With awareness of and practice in how to handle the delivery of bad news, we can outpace the competition and retain our clients’ loyalty for years to come.

SUGGESTED READING

*The Universal Upset Person Protocol*
From www.thehappymd.com  Dike Drummond MD

Hunter, Lisa and Shaw, Jane.  *Addressing the Angry Client: Apologize and Empathize.* A Communication Case Study in Veterinary Team Brief July/August 2013  www.veterinaryteambrief.com

