

## Is No One Informing the Patient?

### CLINICAL CASE

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Francisco underwent a bronchoscopy in the pulmonology department due to a lung mass, which resulted in a diagnosis of small-cell lung cancer. He has an oncology consultation scheduled for next week. Today, he has an appointment in nuclear medicine because the pulmonologist requested a PET-CT scan as part of the staging study before the oncology consultation. During the scan, the nuclear radiologist identified a brain lesion, possibly a metastasis, characterized by hemorrhage, mass effect, and midline shift. Given this finding, Dr. Heras, the nuclear radiologist, contacted the pulmonologists who had requested the scan. The pulmonologist advised that oncology should be consulted, as they have not yet evaluated the patient and are responsible for informing him about the potential metastatic disease. After contacting the oncologists they agreed to inform the patient but stated they were currently attending to another patient in the emergency department. They asked Dr. Heras to take Francisco to the emergency department, assuring her that they would assess him as soon as possible.

Dr. Heras speaks with the head of the emergency department and notifies the orderlies to escort Francisco to the emergency department. As the orderlies arrive, she overhears from her office that the patient is highly distressed and upset about being sent to the emergency department for an oncology evaluation, repeatedly stating, *"I only came for a test."* He does not understand what is happening. His wife is also asking why her husband needs to go to the emergency department. Dr. Heras acknowledges the situation but feels that she is neither the requesting physician nor the patient's primary provider. Moreover, she has never delivered this type of news before and is deeply apprehensive about doing so, particularly because she is unsure of the appropriate approach. Given these concerns, she questions whether she should be the one to inform Francisco of the test results.

### ETHICAL ANALYSIS OF THE CASE

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When delivering bad news, special sensitivity and empathy are essential, as the patient will inevitably experience emotional distress upon learning the severity or poor prognosis of their condition. In this case, the ethical dilemma arises from the physician's uncertainty about whether she should be the one to inform the patient herself or wait for more experienced colleagues who are better equipped to communicate such news. This situation presents a conflict between the principle of truthfulness—or, more precisely, the patient's right to be informed—and the necessity of delivering bad news in an appropriate and compassionate manner. Furthermore, it is important to recognize that, in principle, this responsibility falls on the requesting physician or the patient's primary provider, not the nuclear medicine specialist.

If the oncologist is the one to deliver the information, the patient will receive a more comprehensive and specialized explanation of the diagnosis and therapeutic options. Additionally, the oncologist is presumed to have greater experience and communication skills in delivering bad news, which may help the patient process the information more effectively. However, if nuclear medicine chooses not to disclose the findings, it is crucial to assess whether delaying the information may cause even

greater harm. Prolonging uncertainty could heighten the patient's and his wife's anxiety and distress, as that is already what appears to be happening.

Ideally, the patient should be informed at that moment to prevent additional stress and anxiety. However, if the nuclear radiologist delivers the information, there is a risk that a lack of experience in conveying bad news could cause additional distress for the patient. With that said, a gradual and compassionate approach could help the patient process the information while feeling supported. Dr. Heras is uncertain about her ability to communicate the news appropriately. She also remains unsure whether it is her responsibility to do so.

### **POSSIBLE COURSES OF ACTION**

Transfer the patient to the pulmonology department, as they requested the PET-CT, so they can provide the information.

Take the patient to the emergency department, where he can wait until an oncologist is available to inform him.

The nuclear radiologist will accompany the patient and his wife to the emergency department to provide support and assess whether she can offer any additional assistance until the oncologist arrives.

The nuclear radiologist will speak with the oncologist again to explain the situation and determine when they can attend to Francisco.

Request that the oncologist come to the nuclear medicine department to deliver the news together.

Dr. Heras should find an appropriate space within the nuclear medicine department to inform Francisco.

Assess what the patient already knows and how much information he wishes to receive.

If the oncologist is unavailable at that moment, Dr. Heras will communicate the findings of the PET-CT, explaining that the oncologist will later provide further details regarding the results and next steps in the context of his overall clinical situation.

Dr. Heras will present the PET-CT findings strictly from a technical perspective, avoiding psychological or emotional interpretation.

If she does not feel capable of delivering the news, she should seek support from colleagues in nuclear medicine, pulmonology, or even the emergency department while waiting for the oncologist.

### **RECOMMENDED COURSE OF ACTION**

Dr. Heras should speak with the oncologist again, explain the situation, and request that they come to the nuclear medicine department as soon as possible. If the oncologist can arrive promptly, which would be the ideal scenario, they should deliver the information together after the oncologist has reviewed the patient's medical history and PET-CT scan. If the oncologist will be unavailable for a significant period, it is essential to ensure that the patient feels supported and receives at least an initial explanation. Dr. Heras must find an appropriate space for this conversation. She should then assess the patient's understanding of his condition, what he already knows, and whether he wants to receive more information.

Dr. Heras can inform the patient of the presence of a brain lesion and the need for an oncology evaluation, as it is likely related to his lung disease. She should remain available to answer any

technical questions regarding the PET-CT scan while clarifying that the oncologist will provide further details regarding the prognosis and next steps. It is possible that Dr. Heras may feel overwhelmed or unable to deliver the information effectively, given her lack of experience in breaking bad news and her concern about causing additional distress. If she feels incapable of handling the conversation, she should seek assistance from a colleague in nuclear medicine, pulmonology, or the emergency department to speak with the patient until oncology is available. Regardless of the approach taken, it is crucial for Dr. Heras to demonstrate empathy and understanding toward Francisco and his wife throughout the entire process, ensuring that they feel supported and cared for during this difficult time.

## **DISCUSSION**

Delivering bad news has a profound emotional impact on both patients and their families. Patients often remember the exact moment they receive life-altering information that disrupts their future plans. The way this information is communicated significantly influences how they cope with their illness, making it a critical responsibility for healthcare professionals. If the disclosure process is not handled with care, it can lead to heightened fear, anxiety, and distress, further complicating the patient's emotional and psychological well-being.

In this case, a physician who is neither trained nor experienced in delivering bad news is faced with the challenge of doing so. Setting aside the question of medical responsibility—who should provide the information—all physicians should be trained in communication skills, particularly in breaking bad news. There are fundamental competencies required of every healthcare professional, not only from a technical standpoint but also from an ethical perspective. Providing support, demonstrating empathy, and practicing active listening are essential skills that should be expected of all clinicians involved in patient care.

To effectively manage the communication of bad news, the **Buckman Protocol** can be used, which consists of six key steps:

1. **Prepare the Environment** – The conversation should take place in a quiet, private space that ensures the patient's comfort and minimizes distress.
2. **Assess the Patient's Understanding** – Before providing new information, it is essential to determine what the patient already knows and understands about their condition.
3. **Explore the Patient's Preferences** – Some patients may prefer to receive full details, while others may want only essential information. It is important to respect their preferences.
4. **Deliver the Information** – The news should be communicated clearly, truthfully, and gradually, using language the patient can understand. The conversation should be interactive, allowing for active listening and assertive communication.
5. **Respond to the Patient's Reaction** – The physician must acknowledge and empathize with the patient's emotional response, allowing them the time and space to process the information.
6. **Establish a Care Plan** – Discuss the next steps in a clear and constructive manner, maintaining a supportive and realistic approach without giving false hope.

Following these steps ensures that the patient receives critical information with sensitivity, clarity, and respect, helping them navigate their diagnosis with as much support as possible.