Editorial

Breaking Bad: What It Means and How We Do It

The well-known American TV series "Breaking Bad" follows a high school chemistry teacher in Albuquerque who, after being diagnosed with lung cancer, teams up with a former student – now an unsuccessful drug dealer – to manufacture and sell drugs (crystal methamphetamine). Although the show was widely praised by both viewers and critics, its title puzzled many people. What does "breaking bad" actually mean, and where did the phrase originate? The answers are fairly straightforward, though not easy to trace in reference books. For much of its history, "to break bad" was not a fixed expression but simply a regular verb phrase, similar to combinations like "break good," "break lucky," or "break ice." It was not until the 1960s that "break bad" became established in slang, particularly in African American vernacular, with the meaning of becoming angry or behaving aggressively. In the context of the series, the lead actors' descent into crime and violence reflects this later slang meaning, which is likely the inspiration behind the show's title.

However, in medical science, the phrase 'breaking bad' is used to deliver news related to the diagnosis of life-threatening diseases, progressive diseases, poor prognosis, failure in treatment, treatment complications, amputation and death.[1] We know that communication is crucial in the physician-patient relationship in healthcare. However, 'breaking bad' news in healthcare is quite different from other forms of clinical communication. It often triggers strong emotional reactions in patients, which can interfere with how they understand the information and often may lead to distress or unpredictable behaviour.[2] The way bad news is delivered can significantly shape the physician-patient relationship – enhancing it, damaging it, or even leading to exploitation. As a result, such situations can be difficult to manage and may cause healthcare professionals, especially interns and residents, to feel hesitant about communicating bad news. Still in modern healthcare, patients have the right to know the truth about their condition to make their decisions independently. Concealing any part of information, even with good intent, violates the principle of autonomy unless overtly requested by the patient. However, in the cultural context of Bangladesh, physicians often allow family dominance, where relatives request to withhold the truth partially, especially when the information can lead to loss of hope and distress for their loved ones. Implementing such requests demands ethical sensitivity and clarity. Besides, physicians have the obligation to "do good" which must be balanced with "do no harm" through their truth-telling.[1,3] In the medico-legal context, concealment of critical information can be seen as medical negligence or deficiency in service. However, our court system often recognise a doctor's right to withhold part of information from their patient under "therapeutic privilege" (only in rare cases where disclosure would cause serious psychological harm or complete loss hope of life). Any blanket non-disclosure is discouraged and may be seen as paternalistic.[3]

Communicating bad news is a complex task, requiring not only verbal, paraverbal, and nonverbal skills, but also the ability to manage emotional responses, involve patients and their families in decision-making, cope with stress for both parties, and maintain a sense of hope even in difficult circumstances.[4] Unfortunately, medical doctors in Bangladesh hardly receive any formal training or guidance on how to communicate with such patients and their families or to do formally 'breaking bad'.[5] Mostly they learn such communication through day-to-day practices by the senior professors, which is an important part of the "hidden curriculum" (including the customs, behavioural norms and communication style), to which they are exposed in their clinical rounds in hospital wards. However, it often limits personal growth by fostering imitation over authenticity, leading to the adoption of a model having bias or

outdated perspectives.[6] Moreover, in the absence of proper and effective (bio)ethics training, they may adopt inappropriate motives and methods of 'breaking bad' news, which may lead other parties to distress and emotional outburst and an increased risk of litigation.[3,7] Nurunnabi et al. proposed a four-step communication method for the first time to formally educate/train our physicians (targeting communication with the patients having an incurable illness).[5] Recently, Bangladesh Medical & Dental Council (BM&DC) has brought some changes in our MBBS curriculum in teaching and training methods emphasizing communication, ethics and professionalism in Medicine. Similar steps have been taken from the Bangladesh College of Physicians & Surgeons (BCPS). Recognition of our shortcomings in education and training, medical educators need to come forward which may lead to several initiatives ranging from designing communication skills training to the development of guidelines and protocols both national and institutional levels, which will meet expectations – ethically sound, culturally appropriate, practically applicable, and addressing patients' needs.

We have seen form our decades of experience that when physicians are well trained and 'breaking bad' is done with compassion and care, it can help patients and families navigate the challenging journey ahead, fostering a sense of trust, understanding, and support. To educate our interns and residents, the 'SPIKES' protocol – a validated, six-step approach[8] and 'BAD' – an established communication strategy,[7] can be easily implemented. Besides, video-based training session, role-play and simulation-based training can be arranged under medical education unit (MEU) of the respective institution. Currently we are piloting a similar formal training on 'goals of care' discussion in surgical settings for faculty members and residents.[9] We must continue to review and modify our current curricula and teaching methodologies (both in undergraduate and postgraduate medical education) to determine their adequacy in making medical doctors more competent in communication skills including 'breaking bad' tasks.

'Breaking bad' is a challenging communication task that requires empathy, honesty, and sensitivity. By preparing carefully, delivering the news with compassion, and responding to emotional reactions with empathy and understanding, our physicians can help patients and families navigate their difficult journey. Prioritizing self-care is also essential to avoid burnout and ensure that physicians can continue to provide high-quality care.

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