



When Words Matter Most: Conveying Serious Health Information to Parents

Kelimelerin En Önemli Olduğu Zamanlar: Ciddi Sağlık Bilgilerinin Ebeveynlere Aktarılması

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When Words Matter Most: Conveying Serious Health Information to Parents

Dear Editor,

We write in reflection on the profound issues presented by the excellent article authored by Dr. Karakaş (1). The art of medicine extends beyond the confines of diagnosis and treatment; it comprehends the profound responsibility of conveying complex health information to patients and, in the case of minors, their guardians. The original Dr. Karakaş discourse (1) laid a substantial foundation on the general principles of patient communication, emphasizing clarity, empathy, and ethical consideration. However, we would like to offer a complementary perspective on the casuistry of pediatric communication shows unique challenges and requires a tailored approach that is sensitive to the developmental, emotional, and cognitive capacities of both child and parent.

A diagnosis of a serious illness is a life-altering event for anyone, but when the subject of such news is a child, the dynamics of this communication become even more delicate. Parents or guardians bear the dual burden of comprehending the medical reality and supporting their children through the ensuing journey. Healthcare professionals must adopt strategies that support the family's comprehension and decision-making processes. As it significantly influences the family's coping mechanisms, adherence to treatment, and overall psychological well-being. It is incumbent upon healthcare providers to approach this moment with a deep sense of responsibility and awareness of the numerous factors at play.

Modern medicine emphasizes the importance of informed consent and the patient's autonomy, albeit adapted for the pediatric context. This paradigm shift calls for a fine balance between providing information and support, facilitating understanding without overwhelming the caregivers emotionally (2).

Social workers, psychologists, and chaplains can provide support structures that extend beyond the immediate medical explanation (3). The involvement of an interdisciplinary team can be helpful in creating a supportive environment that accommodates the emotional, social, and spiritual needs of the family.

Moreover, the timing and setting of delivering such news cannot be overlooked. The original research (1) suggests that the impact of the news can be mitigated by ensuring that the setting is private, and the conversation is not rushed, allowing parents the time to process the information and ask questions (4). The use of clear, understandable language, free from medical jargon, further aids in this process.

While the focus is often on the initial delivery of

the diagnosis, continuous communication is equally important. Follow-up meetings, consistent information about the child's status, and accessible language are part of ethical practice and care. A diagnosis is not a single event but a journey that the healthcare provider embarks upon with the family at the pace of child's condition progress. This often involves discussions around the goals of care, palliative options, and potentially end-of-life decisions—a trajectory that is challenging and delicate.

Finally, training and simulation in delivering difficult news have been shown to improve the confidence and skills of healthcare professionals (5). This kind of education is not just about the mechanics of communication but also about fostering empathy, patience, and the ability to read and respond to a family's emotional and non-verbal cues.

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Response from the author:

(Karakaş Y. Current Approach to Reporting Bad News in Cancer Patients. *Hitit Med J* 2023;5(3): 227-231. <https://doi.org/10.52827/hititmedj.1334284>) Thank you for considering and clarifying this important issue. Giving bad news to pediatric patients and their relatives is a more difficult and complex issue. I think this letter, which evaluates this difficult process, will contribute to the readers.