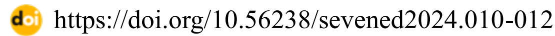
Listening with empathy, caring with dedication: Promoting humanized communication in the context of health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ABSTRACT

In the health sphere, communication assumes a vital importance, permeating not only the relationship between doctors and patients, but all interactions between health professionals and those they serve. The quality of this communication shapes the understanding of diagnoses, therapeutic decisions, and necessary care. This text delves into the complexity and scope of challenging messages, underlining the imperative of active listening; the training of the entire health team in the art of empathy and in building bonds with their patients; and the effects of communication on physical and mental health, highlighting the urgency of strategies to raise the communicative skills of all involved. The methodology used in this research was epistemological, interdisciplinary, and qualitative, based on the bibliographic search in scientific sources available on digital platforms. The proposed theme aims to promote a more compassionate and patient-centered practice, highlighting the importance of clear, ethical, sensitive, and effective communication in all aspects of health care.

Keywords: Health communication, Doctor-patient relationship, Active listening, Communication quality, Communicative skills, Patient-centered care, Health education, Interdisciplinarity, Mental health.

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INTRODUCTION

Since the dawn of civilization, a pattern of distancing from what is perceived as complex or challenging has been observed in human beings, often resulting in the marginalization of what is not fully understood, generating discomfort and anguish. While some express their concerns in shouts, others share them in whispers, while some opt for complete silence. There are also those who hear but don't understand, and those who pretend not to listen, in a variety of behavioral shades. This ancestral pattern not only evidences a difficulty in dealing with the emotional and behavioral complexity of one's fellow human beings, but also suggests a resistance to confronting the intricate subtleties of society and its problems. In this context, attentive and sensitive listening emerges as an indispensable tool in the health area, transcending mere auditory perception, encompassing the understanding of the individual's verbal and non-verbal manifestations. This involves not only capturing their words, but also interpreting their emotions, gestures and behaviors, which often reflect the challenges and adversities faced in life in society1.

Communication represents the essential building block that sustains human interactions, enabling the understanding, connection, and transformation of individual experiences. As we advance, our communicative ability improves, incorporating nuances of language, reading, and interpreting the world and ourselves. This intricate communicative web unfolds in the interaction with the other, where each individual assigns personal meanings and interpretations to what is expressed or communicated. Thus, communication is inherently subjective, mirroring the uniqueness of each person and their perceptions2,3.

In healthcare, communication plays an important role, especially in medicine, where the quality of interaction between healthcare professionals and patients can have a direct impact on the understanding of diagnoses, therapeutic choices, and necessary care. The effectiveness of communication goes beyond the simple transmission of information; It involves building an interpersonal relationship that transcends the content communicated, leaving a deep mark on those who receive the news4.

The importance of communication in medical practice, particularly when dealing with delicate situations such as the communication of difficult news, becomes evident in the need to provide sensitive information and, at the same time, offer emotional support and adequate support to patients and their families5,6. The quality of this communication can have a profound impact on the way people deal with and absorb unfavorable prognosis, triggering a range of emotions, reflections, and significant consequences in their lives7.

Faced with the complex challenge of communicating bad news in the medical environment, a crucial question emerges: how can health professionals, including doctors, nurses, psychologists, dentists, speech therapists, occupational safety technicians, and managers of medical institutions,

improve their communication skills to convey sensitive information in an understandable and compassionate manner, respecting the uniqueness of each individual and minimizing the emotional impact?

The central hypothesis of this research is that the practice of qualified listening has the potential to transcend the traditional models of the biomedical approach to care. In addition, it is suggested that the enhancement of the communication skills of all health professionals can be achieved through specific training strategies and protocols. Such approaches not only have the potential to improve the delivery of sensitive information, but also to mitigate adverse emotional repercussions on both patients and medical staff, contributing to a more empathetic and patient-centered healthcare practice.

Therefore, this study aims to investigate the existing gaps in communication between health professionals and patients, as well as to explore strategies and methods to improve the communicative skills of all those involved in this context. In addition, it is intended to evaluate the impact of this communication on the physical and mental health of patients. Based on this analysis, the study aims to promote reflections on practices that aim to improve the communication of difficult news, seeking a more humanized, patient-centered approach to health based on more qualified listening.

Finally, it is also important to investigate the training of all health professionals, identifying opportunities for improvement in educational curricula to integrate training in communicative skills. This aims to adequately prepare all healthcare professionals to deal with challenging situations such as communicating bad news.

METHODOLOGY

The present study adopts an interdisciplinary and contextualized methodological approach to broadly investigate the dynamics of communication between physicians and patients in the context of difficult news. The methodology used was based on bibliographic research in scientific literature, encompassing the analysis of works available in virtual libraries and specialized databases, published mainly in this century.

The interdisciplinarity method was applied, aiming to integrate knowledge from different areas of knowledge, such as medicine, psychology and pedagogy, to understand holistically the complexity of the phenomenon of qualified listening in the health sphere. The selection of materials for data extraction was meticulous, in line with the objectives of the research. Initially, only materials with titles linked to the outlined purposes were considered. The analysis of the information followed the predefined scopes, providing fundamental subsidies to achieve the objectives of the research and validate the hypothesis.

The initial research process involved consulting several libraries, using descriptors such as "difficult news to patients" and "medical communication". However, there was a scarcity of relevant results on the MEDLINE/PubMed, PePSIC and SciELO platforms. Subsequently, new titles such as "qualified listening in medicine", "humanization", "medical training and empathy" and "communication of difficult news in the medical context" were searched on these platforms, as well as on Google Scholar, to enrich the content of the research. In addition, to complement the study, materials from the websites of academic institutions, hospitals and other internet sources that follow scientific research standards were used.

After the literature review, an exploratory study was carried out to deepen the understanding of the phenomenon, based on existing theoretical contributions, consulting new articles. This research approach, supported by several data sources, at different times and according to the needs of the researchers, fits into a scientific-epistemological perspective that, according to Morin8, enriches the panorama of the scientific community by integrating the voices of different authors. Such an approach allows for a broader and deeper understanding of the perspectives that influence the communication process, establishing connections between the fields of education, medicine, and psychology, contributing significantly to the advancement of knowledge in this area.

BAD NEWS IN HEALTH: IMPACT AND COMPLEXITIES IN COMMUNICATION

Effective communication between physicians and other health care professionals with their patients goes beyond the simple transmission of information about prognoses and procedures. In challenging situations, it also encompasses the delicate task of delivering bad news related to unfavorable diagnoses4. The communication of sensitive information encompasses any type of data that may arouse uncomfortable sensations related to disease diagnosis and prognosis9. This type of communication can have a significant impact on the patient's future expectations, an aspect that requires evaluation considering several elements, such as the clinical status, available coping resources, care context and emotional support, among other subjective, dynamic and complex aspects7.

Certainly, communicating adverse prognoses is one of the most difficult tasks for healthcare professionals, generating significant emotional repercussions on the patient and their support circle. The medical team is often concerned about the emotional impact of negative news on the person and how they will react10. In addition, these emotional consequences also impact the professionals themselves, who often face fears when dealing with the reactions of patients and their families, especially when managing these delicate situations11.

It is important to highlight that physicians' difficulties in communicating bad news may originate in academic training, since few universities emphasize communication training in their

curricula. Therefore, investing in methods that enable students to develop and improve this skill is of paramount importance12.

QUALIFIED LISTENING IN MEDICAL PRACTICE

In medical practice, communication plays a crucial role in establishing a therapeutic relationship not only between doctors and patients, but also between doctors and other collaborators. Within this context, skilled listening emerges as a skill that transcends the simple act of listening.

When it comes to the patient, qualified listening implies dedicating full attention to him/her, understanding not only the words expressed, but also the feelings, concerns and emotions underlying his/her narrative13. According to Maynart14 and her team of researchers, new approaches to care are emerging, highlighting the importance of the practice of qualified listening. This technique involves interactions based on dialogue, connection, and support, providing a deeper understanding of psychological distress based on each individual's uniqueness. Valuing the patient's experiences, it seeks to meet their needs, taking into account the various aspects that make up their daily lives. Qualified listening is not only a facilitating and transformative tool, but also strategic in the development of autonomy and the promotion of social inclusion. In addition, it promotes a more flexible and adaptable approach to work. Applied in both individual and group sessions, it has a significant focus on investing in people and their interpersonal relationships. The lack of this practice can increase the risks and vulnerability of those who suffer from mental health problems14.

It is common for listening to be seen only as the act of listening, leading many to consider it an instinctive behavior. However, it is a fundamental tool to offer care from the perspective of comprehensive care14.

Within this context, active listening is an essential component of skilled listening. It goes beyond the mere passive listening to the information shared by the patient, but also involves the physician's ability to ask pertinent questions, express empathy, validate the patient's feelings and, fundamentally, understand the situation and the nuances behind the words spoken15.

In medical practice, skilled listening transcends the simple ability to listen. It manifests as a multidimensional skill, requiring not only the ability to absorb the patient's words, but also to interpret and synthesize that information in a meaningful way. This practice implies cultivating a receptive and empathetic posture, which goes beyond the surface of words, allowing the physician to establish a genuine connection with the patient, based on trust and mutual security16.

It is essential that qualified listening goes beyond simply listening to words expressed verbally. It encompasses careful observation of nonverbal cues, such as body language, facial expressions, and other forms of nonverbal communication, which can offer valuable insights into the patient's emotional state and needs1.

Lack of eye contact can hinder the formation of meaningful emotional connections. Research using magnetic resonance imaging indicates that the emotional connection established through eye contact is mediated by a cerebellum-brain network and is associated with the amplification of shared attention17. Thus, simple gestures, such as the doctor directing his gaze directly to the eyes of the patients, promote a deeper emotional bond. The empathy established between physician and patient not only contributes to improved diagnostic accuracy, but also positively influences treatment adherence, increasing satisfaction and loyalty to services. Dedication to understanding the patient's feelings about the disease builds powerful emotional bonds18.

PROFESSIONAL TRAINING AND THE ROLE OF EMPATHY AND BONDING IN COMMUNICATING WITH PATIENTS

Recently, it has been observed that the idealization of the medical profession is often linked to considerable prestige and the expectation of economic success, but confronted with a distant reality: a precarious, distorted and vulnerable labor market, in addition to health policies that neglect the essential conditions for adequate medical practice19.

In addition, it is vital to ponder that the decision to pursue a medical career is not just about a job, but also about an undeniable commitment to empathy and compassion. To be a doctor is not only to practice a profession, but to adopt a way of life based on sensitivity, genuine concern for the well-being of others, and the ability to understand and alleviate the suffering of others. That is why the discussion of this theme becomes so significant. The commitment to empathy and compassion, repeatedly, is the basis that sustains humanized practices in medicine, thus becoming an indisputable pillar in the practice of the profession20,1.

From this perspective, the communication of difficult news encompasses delicate situations, such as the revelation of diagnoses of serious diseases, the exposure of risky surgical procedures, or the explanation of unfavorable prognosis. Preparing properly to convey this information is indispensable, starting with establishing an environment conducive to conversation. To this end, it is essential to create an empathetic bond by listening carefully to their concerns and responding clearly and compassionately to the questions raised. Choosing simple and accessible language is essential, avoiding complex medical jargon to allow the patient to gradually understand and absorb the information offered. In addition to transmitting the news itself, it is equally relevant to recognize and validate the patient's emotions, offering emotional support, understanding and sensitivity to their suffering21,1.

The doctor-patient relationship has undergone constant changes over the centuries, profoundly impacting the notion of empathy. Costa and Azevedo20 highlight the dehumanization of patients in hospital environments, illustrating that, in the wards, sick individuals lose their

individuality, being labeled as 'bed 10' or 'stroke patient'. Involved in frequent contexts of poor communication in clinical practice, medical students learn valuable lessons about the type of physician they wish to avoid becoming20. A study conducted in Finland, published in 2005, showed that an early immersion in medical practice helped students to better understand the perspective of "being patient/being sick", recognizing the seriousness of the doctor-patient relationship and identifying models of professional behavior, the latter analysis being intrinsically related to empathy22.

The communication of difficult news in the context of healthcare, which is often challenging and feared, raises a consideration that deserves to be highlighted: the transformation of this dense information into more sensitive and humanized communications for patients. According to researcher and psychologist Carlos Rozeira1, this proposal goes beyond mere vocabulary alteration; It instigates a paradigmatic shift in the perspective of health professionals, encouraging them to recognize that behind each diagnosis or prognosis there is a unique individual, full of history, emotions, and expectations. Thus, the humanization of care is sought, going beyond the strictly clinical aspects by valuing the uniqueness of each patient. The sensitive approach to 'hard news' aims to establish an empathetic connection between the professional and the patient, promoting a bond based on mutual understanding and trust. This transformation not only fosters more effective communication, but also creates an environment conducive to successful treatment and improved patient experience in the context of medical care. In this scenario, empathy emerges as a primary tool in reducing fears and building a closer and more therapeutic relationship between both parties1.

The focus should not be on the nature of the difficult news itself, but rather on the lack of efforts to turn it into more sensitive and empathetic communication. This change represents a transformative potential for a more humanized, patient-centered medical practice and, consequently, more effective in care and treatment1.

In both the medical and psychological approaches, empathy emerges as a fundamental skill for treatment adherence and the construction of a fruitful therapeutic relationship. This relationship is rich in aspects, encompassing genuine commitment to the therapeutic process, a deep understanding of the patient's problems and perspectives, and the authentic manifestation of empathy in therapeutic interventions aimed at them [1, 21].

The creation of a positive therapeutic bond between the professional and the patient amplifies collaboration and engagement in therapeutic goals, which facilitates the effective resolution of the concerns expressed by the patient [23,24].

After the initial communication, it is fundamentally important to offer additional support, presenting treatment alternatives where available, and referring the patient for psychological assistance if necessary. Maintaining continuous follow-up and being available to answer questions

later are essential actions to ensure that the patient feels supported throughout the process. The healthcare provider should remain accessible to provide additional support after the conversation, demonstrating openness to offering complementary information and emotional support. Through this sensitive and compassionate approach, we seek to provide not only information, but also emotional support1.

According to a study20 conducted on the teaching of empathy as an essential part of the skills in doctor-patient interaction in medical courses, semi-structured interviews were conducted with medical professors at the School of Medical Sciences of the State University of Campinas (FCM–Unicamp), revealing diverse perspectives. The results highlight that learning this aspect is influenced by a variety of factors, including family environment, education received, and medical training, as well as personal interactions throughout the academic journey. One of the approaches suggested by some interviewees emphasizes that the best way to teach empathy is through example, demonstrating this skill to students and providing spaces for discussion and reflection to promote its understanding and application. The role of example and attitudes is highlighted as a fundamental tool to transmit this knowledge, as expressed by one of the research participants: "It's impossible to teach this if you don't practice. This is not embedded in the role of being a teacher"[20].

However, it is important to recognize that this ability to transmit is not uniform across all faculty members, evidencing a gap in valuing empathy in the doctor-patient relationship. Therefore, there is a need for greater involvement of teachers in promoting discussions and creating scenarios for practice and training, despite the time constraints for interactions with students and the challenges faced in the educational environment, including the overload of teaching responsibilities20.

While the medical course, there is a decline in the empathy of students, often associated with a progressive emotional rigidity. This phenomenon is correlated with the ideal of physician that students seek to achieve. Events such as the emphasis on personality at conferences and the challenging transition from apprentice to medical professional can shape a student's attitude. The lack of time during consultations, the behavioral models adopted during graduation and the challenges faced by the student in balancing the duality between learner and physician, dealing with situations of loss, are pointed out as factors that contribute to the decrease in the importance attributed to empathy in the doctor-patient relationship20.

The cited research reveals significant gaps in the development of medical identity throughout academic training, with little assistance offered to students, except in specific initiatives. In the interviews, a conception of empathy more linked to feelings than to cognition is highlighted, while the doctor-patient relationship is perceived sometimes as a means to achieve results, sometimes as a human encounter enriched by non-verbal elements. The transmission of empathy to new physicians is seen more as an example to be observed than as something formally taught, and its practice

throughout the medical course is fragmented, depending on the performance of the professors. Curricular reforms that value the training of skills centered on the consolidation of practices and a healthy doctor-patient relationship, based on empathy, are recommended in order to fill these gaps in medical education20.

We recognize that enhancing communicative skills is crucial in clinical practice, going beyond technical and scientific knowledge. These skills are key to establishing empathetic relationships and providing quality care. Proper training, especially during clinical internships, plays a vital role in the training of future professionals, focusing on building a solid bond between doctor and patient. This link enables a broader understanding of the concerns, values, and challenges faced by patients, allowing for a holistic approach to their care1,20,29.

Contemporary demands in medical education require continuous revisions to meet emerging needs in clinical practice. Aspects such as a focus on social-emotional skills, which include empathy, effective communication, and teamwork, stand out as significant challenges. The ability to interact with patients in a humanized way, valuing their individuality and establishing relationships of trust, is as crucial as technical knowledge for medical practice [1. 20, 29].

COMMUNICATION AND THE IMPACT ON PHYSICAL AND MENTAL HEALTH

To date, the research highlights elements that point to the significant impact of effective communication in health promotion, especially in delicate moments, in which the dissemination of challenging information can trigger additional complications, especially of a psychological nature. Inadequate or insensitive communication can aggravate emotional distress, increase stress, anxiety, and a sense of hopelessness, making the adjustment process more difficult. Often, a physical health problem poorly understood by the patient can manifest itself in mental symptoms and/or other physical problems, phenomena known as somatization and psychomatization1.

Somatization manifests when physical symptoms are present without an identifiable organic cause. These symptoms have an emotional origin; For example, in panic disorder, the person may experience physical symptoms similar to those of a heart attack, although no organic problems are detected on medical tests1.

In psychosomatic illnesses, changes can be observed in clinical examinations, in which the body manifests physical symptoms and the results of the tests confirm these symptoms. Although they are diseases with organic foundations, they are triggered by emotional disturbances, such as anger, anxiety, anguish, fear, or a desire for revenge. These feelings have the potential to lead to real and physical illnesses, such as depression, abdominal pain, diarrhea or tremors1.

Inside each of us dwells an incomparable wonder: the brain. It is in it that the stage of life unfolds. Although we believe that we maintain control and that we are, most of the time, rational

beings who dominate our brain in all decisions, reality often proves to be the opposite. We are at the mercy of internal brain circuits that drive us to act through habits, stereotypes, and decisions that often occur without our full knowledge25.

In recent years, works and studies dedicated to neuroscience, especially those that focus on the study of the human brain, have highlighted the historical neglect in the understanding and attention given to this vital organ. Interestingly, there is a care more dedicated to other bodily organs than to the epicenter of our cognitive and sensory activities. The brain, weighing approximately 1.5 kg, represents 2 to 3% of the body mass and can be visualized as a complex machine full of neural circuits, equivalent to neuron chips, similar to the integrated circuits found in the electronic devices we use daily, such as computers and smartphones. The brain is an intricate network of wires and connections that never rests, even during sleep26.

Like any fully functioning machine, the brain requires energy. Its consumption is remarkable, using about 20% of the oxygen and 15 to 20% of the glucose available in the body. In moments of intense mental activity, such as in-depth studies or complex debates, the brain can consume up to 50% of the body's oxygen. In high-pressure, stressful, or challenging decision-making situations, the brain operates at an even faster pace. However, keeping it constantly in operation is comparable to keeping an engine at continuous maximum speed, which can inevitably lead to overloads or failures in its operation26.

This biological supercomputer, composed of 80 to 100 billion nerve cells and a network of connections, is constantly forming until the age of 25, presenting a unique energy demand. The brain is more than a physical organ; It is an adaptable and dynamic machine, capable of forging new connections, although it usually follows established standards to preserve energy. Their neural structures have a direct influence on our perceptions and responses, shaping our thoughts and behaviors25.

Each brain has its own uniqueness, with specific ways to solve questions, and its complexity allows for the constant formation of new connections. However, the overload caused by bad news, when communicated without proper attention, can be harmful. Excessive worry represents one of the challenges faced by human beings, especially due to the negative impact it can have on the brain and mental health, resulting in high levels of stress and anxiety, directly affecting the functioning of the entire body [1,7,25].

Chronic stress can trigger the excessive production of hormones, such as cortisol, the excess of which can have harmful effects. This includes impacts on memory, decision-making ability, and concentration. In addition, excess cortisol can suppress the immune system, cause sleep difficulties, weight gain, digestive problems, increased blood pressure, cognitive impairment, cardiovascular risks, mental health impacts, and decreased bone density. This range of problems, from

immunological and digestive issues to affects on body weight, mental health, and bone health, highlights the importance of hormonal balance for the overall health of the body1,7.

Additionally, excessive worry tends to keep the brain in a constant state of alertness, impairing its adequate rest. Rest and recovery are essential for brain health, as they allow the brain to consolidate memories, process information, and regenerate. When the mind is overwhelmed with constant worry, this ability to recover can be compromised, negatively affecting cognitive and emotional health1.

Negative events tend to leave a more lasting mark on our mind than positive ones. Daniel Kahnemann, winner of the Nobel Prize in Economics, revealed that people often try harder to avoid losses than to achieve gains. In long-term relationships, it takes approximately five positive interactions to make up for a single negative one. Harmony is achieved when positive experiences outweigh negative ones by a ratio of three to one or more. Negative events tend to have a more profound impact than positive ones, as a bad deed can tarnish a hero's reputation more than a good deed can improve a villain's reputation28.

According to Rick Hanson27, the extraordinary power of bad events in the human mind is related to the brain's intense response to unpleasant stimuli compared to pleasant stimuli of the same intensity. The main neural circuitry of this disproportionate reaction is made up of the amygdala, the hypothalamus, and the hippocampus. Although the amygdala reacts to positive experiences and sensations, it is more activated by negative events and sensations in most people27.

Imagine a scene in which a doctor, with harsh words, arouses anger in a patient. This feeling activates the amygdala, which immediately sends warning signals to the hypothalamus and the control centers of the sympathetic nervous system, located at the base of the brain. The hypothalamus responds by requesting a rush of adrenaline, cortisol, norepinephrine, and other stress hormones. The body reacts: the heart races, thoughts become agitated, and a feeling of discomfort sets in. Meanwhile, the hippocampus records the experience, recording who said what and how the patient felt, to consolidate it in cortical memory networks, preparing for future learning. The amygdala, in turn, prioritizes the storage of this stressful experience, even influencing the formation of new neural connections, perpetuating fear. Over time, these negative experiences can make the amygdala even more sensitive to aversive stimuli. This vicious cycle is fueled by cortisol, a hormone released by the amygdala and requested by the hypothalamus, which strengthens and intensifies its activity. This results in faster and more intense responses to negative events. Even after the apparent danger has passed, cortisol continues to circulate in the body for several minutes, keeping the person in a state of alertness. For example, someone who narrowly escapes a car accident may remain nervous and shaky even twenty minutes after incident [27].

During this time, cortisol acts excessively in the brain, resulting in overstimulation that weakens and eventually leads to the elimination of cells in the hippocampus, reducing their capacity over time. This poses a significant problem, as the hippocampus plays a crucial role in contextualizing events, helping to calm the amygdala and modulate the hypothalamus to stop the release of stress hormones. As a result, it becomes more challenging for the brain to contextualize a single negative event among a series of positive experiences, which makes it difficult to control an overactive amygdala and hypothalamus27.

This process results in a greater sense of stress, worry, irritation, or hurt experienced today, which increases vulnerability to feeling those same emotions the next day. This creates a cycle of persistent negativity and establishes a vicious feedback loop27.

The role of the physician in the theme of healing goes beyond the simple remission of physical symptoms. According to Covas29, the idea of healing is a holistic process that seeks the full restoration of the individual in his or her totality, rooted in humanistic medicine. This entails not only treating illness, but also alleviating suffering, fostering well-being, and counteracting the impacts of persistent illnesses. This conception encompasses several therapeutic philosophies, from allopathy to homeopathy and oriental medicine, converging to center the human being as the epicenter of medical care. The role of the physician, then, goes beyond the direct treatment of the disease, involving actions to optimize not only the individual aspects, but also the social and environmental aspects that affect the patient's health.

In this context, building sensitive and transparent dialogue skills becomes essential in the approach to healing, allowing not only understanding of medical conditions, but also providing emotional support and clear information about prognoses and treatments. Knowing how to communicate difficult issues in a compassionate and understanding way is essential to promote trust and partnership between physician and patient, contributing significantly to the joint search for healing and well-being29.

Numerous studies underscore the importance of the bond between physician and patient in determining the positive outcome of treatment, both for the patient and for the healthcare professional. In this sense, the concept of patient-centered care has stood out, prioritizing the doctor-patient relationship and promoting genuine collaboration between both parties. This model represents a significant change in relation to the previous paradigm, in which the physician exercised power and adopted a paternalistic role in medical care. Patient-centered care encourages the patient's active participation in the consultation, sharing with the physician the responsibilities in the healing process29.

STRATEGIES AND METHODS FOR IMPROVING COMMUNICATIVE SKILLS

Communication plays a key role in the context of healthcare, where patients, clients, and family members have the right to be informed about their clinical conditions. It is the responsibility of health professionals to convey this information in a clear and understandable manner4. Establishing effective communication in this environment implies ensuring a quality dialogue, ensuring that what is expressed is understood by the receiver2. Managing this communication is a constant challenge for health teams30. This dynamic goes beyond simple data sharing; It entails creating an interpersonal bond through the content shared and how it impacts the recipient of the message. Especially when communicating unfavorable news, as highlighted in this study, it is not just about transmitting the information; It is essential to consider the appropriate elements and care when dealing with content that frequently triggers anxiety, pain, and reflections on various aspects of life, health and disease processes, as well as death and dying5,6,12.

We understand that communication between healthcare professionals and patients plays a key role in ensuring a clear understanding and establishing effective treatment plans, especially in complex situations. Therefore, it is essential to provide information in a gradual and understandable manner. This entails assessing the patient's initial level of understanding, breaking down the information into easily assimilated chunks, and checking understanding after each step. In addition, it is important to consult with the patient about their preferences regarding additional information, allowing them to direct their own learning process12.

In these challenging circumstances, it is essential to make the information understandable and memorable. This involves organizing information logically, breaking it down into clear, sequential chunks, and employing strategies such as enumeration and repetition to facilitate assimilation. Additionally, it is crucial to use simple and accessible language. After transmitting the information, it is essential to verify that the patient has understood the proposed plan, encouraging him to recapitulate in his own words what was explained, thus ensuring the clarity of understanding29.

At the end of the consultation, it is important to reinforce the future planning agreed with the patient, clarifying the next steps and their chronology, especially in delicate situations. Establishing a contingency plan for eventualities, fostering a sense of collaboration between doctor and patient, and verifying that there is agreement and comfort with the plan are crucial final elements. Additionally, asking if there is a need for adjustments or if questions persist is significant to ensure that the patient feels involved in the process and that all of their concerns have been addressed. This effective and compassionate communication is essential to build and maintain a healthy and collaborative relationship between physician and patient in challenging moments29.

It is important to note that in the scientific community, specific protocols have been developed for the communication of bad news in the medical context, providing oriented structures

to deal with this delicate task. One example is the SPIKES protocol, introduced by Bachman in 1992, with the goal of simplifying the transmission of bad news, especially to cancer patients. This protocol, consisting of six steps, covers everything from choosing the appropriate place for the conversation to the conclusion, where a summary of what was discussed occurs. Another example is the CLASS protocol, which consists of five steps and emphasizes the physical environment, active listening, recognition of emotions, formulation of strategies, and a final review of the dialogue12.

Another relevant protocol, the P-A-C-I-E-N-T-E, adapted by Pereira (2010) from SPIKES, is divided into seven stages. It emphasizes **Preparation; the Assessment of the patient's knowledge and willingness to know; the Invitation to truth, that is, honesty in communication; Inform, sharing information in sufficient quantity, speed and quality for the patient to make his decision; the management of the patient's emotions and the strategic planning for the next care; Do not abandon the patient, that is, ensure that the patient will receive medical follow-up until the end; Outline a Strategy, i.e., plan the next care to be offered and its treatment options31**.

All of these methods have in common the goal of organizing communication and offering support to the patient throughout the process. They underscore the need for healthcare professionals to be assertive in communicating challenging news and to create an environment of trust. It is essential to cultivate authenticity, positive consideration, and empathy when dealing with the communication of difficult news in the health area12,32.

In the difficult task of communicating bad news to patients, the physician assumes a central position of great responsibility. As it is often the first point of contact with the patient, it is up to the patient, with rare exceptions, to transmit information that can have a significant impact on the individual's life. However, it is essential to highlight that, in the communication process, both the physician and the patient's family have the support of other professionals1.

Many physicians recognize the complexity of communication, as establishing a genuine connection with patients and families is critical. In the transmission of bad news, there is a significant emotional charge that affects both health professionals and receivers of information. Therefore, the crucial skill lies not only in informing, but in knowing how, when, and to what extent to share this delicate news, especially when it comes to serious diagnoses34.

Communicating bad news is a stressful task for doctors, leading many to avoid or perform this communication inappropriately. Sometimes, professionals see this situation as a failure, which can lead to the use of euphemisms to soften the message, even if this compromises transparency. This difficulty is aggravated by the fact that physicians also deal with their own emotions and personal concerns during the process34.

Although educational guidelines for medical school degrees emphasize the importance of communication, few universities include the teaching of this skill in their curricula. The communication of bad news is still little addressed in the Brazilian context, despite being a widely studied topic at the international level. Thus, there is a growing global concern with the training of health professionals, highlighting the importance not only of technical knowledge, but also of communication skills in the interaction with patients and families34.

Within the health team, several professionals play key roles in this process, helping to ensure that the news is transmitted in the most sensitive and welcoming way possible. Psychologists, for example, play an important role in offering emotional support to the patient and their family, helping them deal with the emotions and psychological impacts of the news. We have already seen that in the clinical/hospital context, the communication of bad news is the responsibility of the physician, and serious diagnoses or the finding of death are examples of this scenario. However, it is important to recognize the significant role of the psychologist in collaborating with the multidisciplinary team before, during, and after this communication. Before the crucial moment, the psychologist can offer support to the team and initiate the bond with the patient, assessing their understanding and helping to adjust expectations. When preparing to communicate bad news, it is essential to know the patient, their perceptions, and coping resources by sharing relevant information with the team. During communication, the psychologist accompanies the process, offering emotional support and facilitating the understanding of information. Careful posture and accessible language are essential, as well as constant monitoring of the patient's perception and acceptance of their emotions. After communication, the psychologist continues to offer emotional support and assist the patient in assimilating the information. Additionally, it can provide support to staff in the face of challenging situations. In all these stages, the presence and performance of the psychologist are essential to promote an environment of care and understanding in the face of difficult moments1.

Social workers also play an important role in providing guidance and practical support in dealing with social, financial, and organizational issues that may arise as a result of the bad news. They help connect patients to external resources and find solutions to challenges they may face1.

In addition, nurses play an essential role in supporting the patient before, during, and after the news is communicated. They are often on the front lines of patient care and are responsible for providing physical and emotional comfort, as well as ensuring that the patient receives the necessary care1.

Even professionals such as occupational safety technicians have a role to play in this context, ensuring that the environment is safe and that all appropriate measures are taken to protect the patient and the team during this delicate moment1. Their presence in the hospital context is often perceived only as a legal requirement, without due recognition of their contribution to the safety and comfort of

all involved. This stereotype can result in underestimating their role in fostering a culture of safety and effective communication. However, it is crucial to understand that these professionals have valuable knowledge about accident prevention and occupational health, which is essential to safeguard both employees and patients in a complex hospital environment35.

In addition, involving occupational safety technicians in promoting humanized communication not only helps prevent accidents, but also contributes to cultivating a more collaborative and empathetic work environment. Although their work is not directly linked to the direct care of patients, they play an important role in situations involving other team members. It is essential that they know how to communicate failures, warn of potential dangers, and offer guidance in a humanized way, even in urgent circumstances. By facilitating the clear communication of safety protocols and promoting an organizational culture that values safety and well-being, these professionals play a crucial role in promoting more efficient interpersonal communication and reducing stigma and prejudice in the hospital environment36.

So, while it is the physician who often has the responsibility of communicating the bad news, the support and collaboration of the entire healthcare team is essential to ensure that the patient receives the necessary support in all aspects of their journey.

FINAL THOUGHTS

Certainly, the effectiveness of communication plays a key role in the context of healthcare, minimizing conflicts and misunderstandings between medical staff, patients, and their families. The impact of ineffective communication has direct repercussions on the patient and their family, resulting in unsatisfactory care. The quality of this communication is a built process, especially when the physician faces the challenge of sharing difficult news. It is essential that this medical figure believes in the patient's potential, offering information in a clear and truthful way, without omissions about prognoses and possible paths. At the same time, it is imperative to inspire respect, acknowledging the uniqueness of the patient and assuring him that every effort is made to preserve his life. In addition, it is vital to allow the expression of empathy, sharing and sympathizing with the pain of the other.

It is noteworthy that the communication challenges faced by health professionals are, in part, due to gaps in academic training. It is essential to emphasize the development of these communication skills during training, also promoting a more humanized approach to care. Currently, medical efficiency is not only measured by technical competence, but also by the way these professionals establish empathetic connections with their patients and families12.

To conclude, it is interesting to remember that the physical environment and technological resources are, without a doubt, relevant elements in health environments. However, its importance

does not surpass the human essence, which shapes thought and actions, enabling the construction of a more humanized reality. This reality, less hostile and aggressive, offers a refuge for those who pass through health institutions on a daily basis33.

The deficiency of empathy in personal interactions can compromise the effectiveness and satisfaction of users in health services, also perpetuating interpersonal conflicts among professionals. The lack of adequate investments for technical improvement, training in teamwork skills, and the development of resilience accentuate discomfort and demotivate health professionals. This culminates in the loss of connection between the professional and their mission, resulting in an automated and non-humanized care delivery. But, we need to fight, humanized health care generates strong bonds, promoting trust and well-being between professionals and users.

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