

Module: Best Case/ Worst Case Framework for Communicating Bad News

Learning Objectives

Attitudes

- Explain how the best-case/worst-case framework aids in communicating prognosis by providing a range of outcomes and aligning medical options with patient-centered goals.

Knowledge

- Learn to use storytelling techniques to describe best-case and worst-case scenarios in a clear and relatable manner personalized to the patient's situation and values.

Skills

- Understand how to elicit and incorporate a patient's values, priorities, and goals into discussions of best-case and worst-case scenarios to support shared decision-making.

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Introduction

Surgeons frequently face the challenge of communicating complex prognostic scenarios to critically ill patients and their families. The best-case/worst-case framework is a structured approach that helps clinicians present the range of possible outcomes while acknowledging medical uncertainties. This communication tool helps balance hope and realism while promoting shared decision-making. By presenting both extremes, best-case/worst-case fosters transparency and can help patients understand their situation. This method is particularly helpful in critical illness, advanced disease states, and complex surgical interventions with high complication rates. Unlike other approaches mentioned in previous modules, best-case/worst-case focuses more on storytelling to make different scenarios easier to comprehend. In using this framework, it is important to know patients' goals and what they think is a reasonable quality of life and outcome. This chapter will explore how surgeons can effectively use the best-case/worst-case approach to provide clear, compassionate, and patient-centered communication, emphasizing the importance of aligning medical options with the patient's goals and values.

The Rationale Behind the Best Case/Worst Case Framework

The best-case/worst-case framework is grounded in the recognition that many clinical situations involve significant uncertainty. Even with prognostic and risk calculators, outcomes are difficult to predict, and it can be difficult for patients to realize the variety of outcomes that could occur particularly in advanced illness or high-risk surgical interventions. For surgeons, the goal in discussing prognosis, treatment options, and conveying statistics is to translate complex medical information into terms that patients and their families can understand and use in decision-making. This framework provides a clear and empathetic way to address the inherent uncertainty of outcomes by presenting a realistic spectrum of possibilities and avoiding medical jargon and bombarding patients with statistics. By focusing on the best-case scenario, the worst-case scenario, and the most likely outcome, patients and families visualize the potential impact of different treatment options on their lives, enabling them to make informed, value-driven decisions.

The rationale behind the best-case/worst-case framework also lies in its ability to bridge the gap between medical expertise and the patient's lived experience. Traditional approaches to prognosis often focus on probabilities, which can feel impersonal and difficult for patients to interpret in the context of their values and goals. Probabilities can also give false hope to patients who are focused on 'beating the odds' without giving space to comprehend how unlikely specific outcomes may be. The best-case/worst-case approach, by contrast, uses narrative storytelling to make abstract probabilities more tangible. By describing what life might look like in the best-case and worst-case scenarios, surgeons help patients and families connect medical outcomes with the patient's priorities, whether that is preserving independence, minimizing

suffering, or spending meaningful time with loved ones. By also addressing most the most likely case, patients can put the other scenarios in context. This patient-centered approach fosters trust, understanding, and collaboration in decision-making.

Additionally, this framework supports emotional resilience by acknowledging both hope and the reality of adverse outcomes. When surgeons explicitly address the worst-case scenario, they help patients and families prepare emotionally and practically for challenging situations, reducing the risk of feeling blindsided if complications arise. At the same time, describing the best-case scenario provides space for optimism and possibility. This balanced communication helps to create a realistic yet hopeful perspective, allowing patients and families to navigate the emotional complexities of difficult decisions. Adopting the best-case/worst-case framework is an opportunity to strengthen the therapeutic relationship while promoting shared decision-making and patient autonomy.

Techniques for Implementing the Best Case/Worst Case Approach

Implementing the best-case/worst-case approach requires surgeons to develop a structured and empathetic communication style that prioritizes clarity and patient-centeredness. The first step is preparation: surgeons should thoroughly review the patient's medical condition, potential outcomes, and treatment options. Clear articulation of the best-case/worst-case scenarios is crucial, including realistic descriptions of what those outcomes might look like in terms of physical health, functional status, and quality of life. It is helpful if previous conversations were held establishing what a patient values in their life.

During the conversation, surgeons should frame the discussion using narrative storytelling to make abstract medical concepts tangible. Instead of relying on probabilities or medical jargon, surgeons should describe what life might look like for the patient in each scenario. For example, in the best-case scenario, they might explain how the patient could recover independence and return home, or no longer be able to live independently, or require total care. Although patients and families see death as the worst case, there are also other worst-case outcomes that should be explained, such as the challenges of prolonged mechanical ventilation, the loss of meaningful interactions, or not being able to return home. It is important to spend an appropriate proportion of time discussing worst-case scenarios as often the most likely outcome may be similar. Reinforcing the worst-case scenario helps to prepare the families for similar possibilities. This personalized storytelling approach fosters deeper understanding and engagement, making the information more accessible and relevant to the patient's values and goals.

Active listening and emotional support are also critical to implementing this approach effectively. After presenting the scenarios, surgeons should invite questions and reactions from patients and families, allowing them to express their concerns, hopes, and fears. Surgeons should validate emotions, acknowledge uncertainties, and emphasize their commitment to supporting the patient regardless of the chosen path. Empathy is key during this stage, using NURSE statements as discussed previously can be useful.

Integrating Patient-Centered Goals into the Best Case/Worst Case Framework

Integrating patient-centered goals into the best-case/worst-case framework ensures that prognosis discussions are informative and deeply meaningful to the individual patient. The foundation of this integration lies in understanding what matters most to the patient. As discussed in previous modules, these conversations should begin by exploring the patient's values and preferences, using open-ended questions such as, "What is most important to you as you think about the future?" or "What are you hoping for, and what concerns do you have?" This step anchors the discussion in the patient's priorities, allowing the surgeon to align medical information with the patient's broader life goals. Once these goals are established, the best-case/worst-case framework can be contextualized for treatment options and likely outcomes within the patient's values. For example, if a patient prioritizes avoiding prolonged dependence on life support, the surgeon can frame scenarios in terms of how different choices—such as pursuing aggressive surgery or focusing on palliative care—might align with or conflict with this goal. By explicitly linking medical options to the patient's stated preferences, the discussion becomes not just about the feasibility of treatments but about their potential to support what the patient values most in life.

Integrating patient-centered goals also supports emotional engagement and trust. When surgeons demonstrate a genuine interest in understanding and respecting what matters most to the patient, it builds a foundation of empathy and collaboration. Patients and families are more likely to feel heard and supported, even when the prognosis includes difficult realities. Moreover, aligning medical recommendations with patient goals can reduce decisional regret and promote a sense of agency, particularly in situations where the outcomes are uncertain. This approach ensures that the care plan reflects a partnership between the surgeon and the patient.

Addressing Challenges in Communicating Best Case/Worst Case Scenarios

Challenges in communicating in different scenarios can arise due to the inherent unpredictability of critical illness. Addressing challenges requires surgeons to balance medical complexity with the need for empathetic, patient-centered communication. One common challenge is managing the intrinsic unpredictability in predicting outcomes, particularly in high-risk situations. Surgeons may hesitate to outline worst-case scenarios for fear of diminishing hope or causing undue distress. To navigate this, surgeons should frame the best-case/worst-case approach as a tool to explore possibilities rather than as definitive predictions. Acknowledging uncertainty openly, while emphasizing the commitment to the patient's care and goals, fosters trust and helps patients and families prepare for a range of outcomes and can help mitigate these challenges.

Another challenge lies in ensuring that patients and families truly understand the information being shared. Medical jargon, abstract probabilities, or overly technical explanations can lead to confusion or disengagement. This confusion can be mitigated by adopting clear, relatable language and focusing on storytelling techniques that describe how the patient's life might look in the context of each scenario.

Emotional responses from patients and families can also pose significant challenges during these discussions. Fear, sadness, or denial are natural reactions to confronting difficult prognoses, and surgeons must approach these emotions with empathy. Active listening, validating feelings, and allowing space for questions are essential techniques to address these responses. When families have conflicting views or struggle to agree on the next steps, surgeons can act as mediators, focusing on aligning medical recommendations with the patient's stated goals and values. By combining clear communication, emotional intelligence, and a patient-centered approach, surgeons can overcome the challenges inherent in discussing best-case/worst-case scenarios, ensuring that patients and families feel supported and empowered to make informed decisions.

Conclusion

In conclusion, the best-case/worst-case framework is a powerful tool to communicate prognosis in a way that balances medical realities with compassion and patient-centered care. By offering a spectrum of potential outcomes, surgeons can help patients and families navigate uncertainty and make decisions that align with their values and goals. This approach emphasizes clarity, empathy, and collaboration, enabling patients to feel informed and supported during critical moments. Ultimately, the best-case/worst-case framework equips surgeons to provide not only expert medical guidance, but also meaningful, compassionate care tailored to each patient's unique circumstances.

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Pre/Post Test

Questions

1. What is the primary goal of the best-case/worst-case framework in prognosis communication?
 - A. To provide detailed survival probabilities.
 - B. To offer a range of realistic outcomes that align with patient-centered goals.
 - C. To focus on the most optimistic scenario to maintain hope.
 - D. To standardize communication methods across all patients.
2. Which of the following techniques is essential for implementing the best-case/worst-case framework effectively?
 - A. Using complex medical terminology to explain scenarios.
 - B. Avoiding discussions about worst-case outcomes to prevent distress.
 - C. Framing scenarios using narrative storytelling to make them relatable.
 - D. Focusing solely on the most-likely outcome to simplify the conversation.
3. When using the best-case/worst-case framework, how should surgeons respond to emotional reactions from patients or families?
 - A. Redirect the discussion back to medical facts.
 - B. Minimize emotional responses to focus on decision-making.
 - C. Validate emotions and provide space for questions and concerns.
 - D. Avoid addressing emotions to maintain objectivity.

Answers

1. B). To offer a range of realistic outcomes that align with patient-centered goals.
2. C). Framing scenarios using narrative storytelling to make them relatable.
3. C). Validate emotions and provide space for questions and concerns.

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Case Scenario

Dr. Patel, a surgical oncologist, meets with Mrs. Lee, a 72-year-old woman recently diagnosed with advanced pancreatic cancer. Mrs. Lee has been admitted to the hospital with significant abdominal pain, and imaging has revealed that her cancer has metastasized, making curative treatment no longer an option. Dr. Patel approaches this prognosis discussion from a palliative care perspective, aware that Mrs. Lee's goals and quality of life are central to guiding her care. She starts by asking Mrs. Lee about her understanding of her illness and what her main priorities are at this stage. Mrs. Lee shares that she values her independence and wishes to avoid long hospital stays. Dr. Patel acknowledges these goals and sensitively explains the prognosis, discussing both the likely trajectory of her illness and potential palliative options to manage symptoms, rather than focusing on curative treatments.

Dr. Patel then uses the best-case/worst-case scenario approach to help Mrs. Lee and her family understand what might lie ahead. Taking Mrs. Lee's values into account she explains that, in the best-case scenario, symptom management could allow her to maintain comfort and independence for several months this is also the most likely based on her current clinical picture. However, she also discusses the worst-case scenario, where complications could arise that might lead to hospitalizations where invasive operations could extend her life though may increase suffering if pursued. By framing the prognosis with these scenarios, she provides Mrs. Lee and her family with a balanced, realistic view. Dr. Patel also suggests involving the palliative care team to help support symptom relief and enhance Mrs. Lee's quality of life, reassuring her that her care will focus on what matters most to her.