

Breaking Bad News

When breaking bad news, you should follow the SPIKES protocol (Baile et al. 2000).

SPIKES Protocol

S - Setting

- Ensure you are in a comfortable confidential room where you will not be interrupted

P - Perception

- Events that have led up to now
- Ask them what they already know/expect
- Spend some time trying to get them to say what the diagnosis is

“Could you tell me what’s happened so far?”

“Do you have any ideas as to what the problem might be?”

“Is there anything you have been worried about?”

I - Invitation

- Check if the patient
 1. Wants to know the result now
 2. Would like a family member to be present

“I do have the result here today, would you like me to explain it to you now?”

“Would you prefer if a family member/ friend is present?”

K - Knowledge

Giving the diagnosis:

- Build up to the result – give a **warning shot**
- **Chunk** the diagnosis (stepped approach)
- After every statement you say, **pause & wait** for the patient to ask the next question (silence is the best thing at this point – there are a million thoughts going around in their head)
- If the silence is very awkward, you can ask a question about how they are feeling (see E)

Explaining:

- **DO NOT** launch in to explain anything – during **K** and afterwards, the patient **must** lead the consult – only answer questions they ask (they will not remember anything else you say)
- Chunk & check any requested explanations

“As you know, we took a biopsy and, unfortunately, the results are not as we hoped.” **PAUSE & WAIT**

“I’m afraid / unfortunately / I’m sorry to tell you it is a tumour”

E – Emotions and Empathy

- **Acknowledge and reflect their emotions back** (including body language)
- Don’t try to solve their problems or reassure them, just listen and **summarise/ bounce their concerns back to them** and expand on them (it shows you are listening and conveys empathy)
- If there is a lot of silence, you can ask about their emotions

“I can see this news was a huge shock” **PAUSE & WAIT**

“You appear very anxious” **PAUSE & WAIT**

“So you’ve told me that your biggest worries are telling your children and losing your hair?”

“How are you feeling about hearing the news?”

“You’re very quiet, can I ask what’s going through your mind?”

“What’s upsetting you the most?”

S – Strategy and Summary

- Agree on a plan
- Summarise concerns
- Ask how they are left feeling

Communicating During the Consultation

Breaking the news

- Stepped approach (you need permission to move on from each step):
 1. “I’m afraid it’s not good news Julie” **PAUSE & WAIT FOR PATIENT TO ASK**
 2. “Unfortunately the lump is a problem” **PAUSE & WAIT FOR PATIENT TO ASK**
 3. “Yes, I’m so sorry to have to tell you, it is a cancer” **PAUSE & WAIT (FOR AGES!) FOR PATIENT TO ASK**
- Next: Don’t say anything. It’s difficult but the most effective way to communicate from now onwards is not to say anything until asked. If it really gets awkward, reflect the fact that they are quiet/shocked, pause, then ask what’s going through their mind.

Responding to cues/questions

- Cue = verbal/non-verbal negative feeling (tip of the iceberg)
- Dealing with a cue
 1. Bounce it back (you must show you heard it)
 2. Empathise
 3. Explore it: find the content of the cue e.g. “would it be OK if I asked more about that?”
 4. ONLY reply/ try to solve the problem if you have to – most the time, DON’T!

e.g. “I’m dying, what does it matter?”

“You’re dying? What’s going through your mind when you say that phrase?” PAUSE & WAIT

“I’m really sorry about that. I can’t imagine what it’s like to feel like that” MASSIVE PAUSE & WAIT FOR PATIENT

Don’t start giving information until it is requested

- Patients have concerns in their head and therefore won’t listen to anything else you say. You need to get the concerns out first.
- Prompt if need to e.g. “you’re very quiet, can I ask what’s going through your mind?”
- Summarise all concerns back to them and expand on them as above

