BREAKING BAD NEWS

The aim for any health-professional is to use their skills to deliver bad news clearly, honestly and sensitively in order that patients can both understand and feel supported.

One framework that healthprofessionals find helpful is that developed by Baile and Buckman (2000). The components convey the major points to be considered when giving bad news to patients and/or their relatives. These may vary according to context, the severity of the news, the people involved, time given for planning, etc.

"In general, however, the more attention that can be given to each of these points the better the eventual performance is likely to be. Above all it is necessary to plan as carefully as possible and to respect the people to whom the information is being given by listening and watching them at all stages and being responsive to their wishes and reactions, which will be diverse. It is important to realise that the environment and healthcare professionals' behaviour will have a profound influence upon the patient and family in all respects."

Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP (2000) SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. Oncologist 5:302-311

SPIKES - The Six-Step Protocol for Delivering Bad News

This unfortunate acronym nevertheless helps memorise the steps and consider their elements

STEP 1: SETTING UP the Interview
STEP 2: Assessing the Patient's **P**ERCEPTION
STEP 3: Obtaining the Patient's **I**NVITATION
STEP 4: Giving **K**NOWLEDGE and Information to the Patient
STEP 5: Addressing the Patient's **E**MOTIONS with empathic responses
STEP 6: Strategy and **S**ummary

Step 1 SETTING UP the Interview

The aim of this is to get the physical context right, maximise privacy, avoid interruption, to help patients listen and understand, respect confidentiality and provide support. Liaise with staff as necessary. The more reassured you feel about the setting the more at ease, and hence more available and helpful you will be to the patient.

* What? Make sure you have checked all the available information and have test results (including getting the right patient!) Decide general terminology to be used
* Where? Arrange for some privacy,
* Who? Should break the news, should other staff be there or significant others?
* Starting off? Introductions and appropriate opening

STEP 2: Assessing the Patient's PERCEPTION

Finding out how much the patient knows. In particular how serious he or she thinks the illness is, and/or how much it will affect the future.

* What have you made of the illness so far?
* What did doctor X tell you when he sent you here?

This helps you gauge how close to the medical reality the patient's understanding is and will tell you about pacing. Also whether the patient is in denial.

The style and emotional content of the patient's statements provide you with information. Terms that are used or avoided and tone of voice will give information about the patient's level of understanding and whether the implications of the information have been taken in. It is important to learn the patient's level of understanding and articulation so that the professional can later begin the information-giving at the same level.

Verbal (words the patient uses to convey emotion) and non-verbal (body posture, hand movements) will indicate anxiety possibly under a brave front. You are not required to judge these responses, change them or try to make them better. They are however, important data to help you understand what is going on for the patient.

STEP 3: Obtaining the Patient's INVITATION

Finding out how much the patient wants to know.

In any conversation about bad news the real issue is not "do you want to know?" but "at what level do you want to know?"

This is a potentially controversial issue. Guidelines for informed consent indicate information which patients need to make informed decisions. Equally respecting patients' autonomy also means that patients have a right not to know or want to hear information. The challenge in communication is how to know what a patient wants and also how to ensure that there are other opportunities if a patient decides at present that he or she does not wish to know all the details. Rob Buckman illustrates how skilful communicators deal sensitively with such situations where patients explicitly say the do not wish to know, whilst leaving the door open and giving information about treatment and management which patients need for making decisions.

Unless the patient is asked it is not possible to know how much they wish to know and the doctor may be projecting his or her own reticence to fully disclose the information.

There are however ways and ways of asking questions. "You don't want to be bothered with the details do you?" is obviously a leading question. The doctor **must** be committed to honesty and fully informing the patient. In that frame of reference, pacing and phrasing of questions are geared to this goal. Some examples of questions are: "Would you like me to tell you the details of the diagnosis?"

"If this turns out to be something serious are you the kind of person who likes to know exactly what's going on"

STEP 4: Giving KNOWLEDGE and Information to the Patient

First decide on your objectives for the consultation. This does not mean that you forge blindly ahead with your own agenda ignoring the patient's responses. But it does mean that you keep in mind what you are wanting to cover and how you are progressing to fulfil your agenda.

The four crucial headings are: **Diagnosis**, **Treatment Plan, Prognosis and Support**

Check whether your objectives are legitimate. Sometimes doctors might want the patient to accept their advice on treatment, not get upset and to feel optimistic and reassured about the future. It is not possible to predict how patients will respond to news. One of the difficulties for doctors is accepting that mentally competent and informed patients have a right to (a) accept or reject treatment offered and (b) to react to news and express their own feelings in any (legal) way she or he chooses.

Aligning (Start from the patient's starting point) - Having found out what the patient already understands, reinforce those parts which are correct using their words if possible – this builds patient's confidence that they have been heard and are being taken seriously. This process of aligning helps the next stage of modifying, correcting or educating a patient with new information.

Educating - Changing the patient's understanding in small steps and observing the patient's responses, reinforcing those that are bringing the patient closer to the medical facts and emphasising the relevant medical information if the patient is straying from an accurate understanding.

The Warning Shot e.g. "*Well, the situation does appear to be more serious than that*"

Give information in small chunks

English not Medspeak

Check Reception Often and Clarify e.g.
"Am I making sense?"
"This might be a bit bewildering, do you follow roughly what I'm saying?"

Reinforce Information Often & Clarify e.g.
"*Could you just tell me the general drift of what I have been saying, to check I've explained it clearly?"*

Repeat Important Points – patients who are upset or shocked don't hear or remember well.

Use diagrams, written messages as an aide memoir, audiotapes or leaflets.

Check your level – try to simplify without being patronising

Listen to Patient's Agenda:
- what are their concerns e.g. Patients may be more worried about hair loss from chemotherapy than potential risk of the disease.
- listen to the buried questions & invite questions

STEP 5: Addressing the Patient's EMOTIONS with empathic responses

Responding to the Patient's Feelings. This is a difficult challenge in breaking bad news. Patient's responses can vary from silence to distress, denial or anger. Observe the patient and give them time.
Acknowledge any shock and ask them what they are thinking or feeling. Listen and explore if you are unclear what the patient is expressing and then respond empathically.
Empathic reflection lets the patient know you have registered what they are conveying to you in words or body language.
Whilst a person is experiencing strong emotions it is difficult to go on to discuss anything further as they will be finding it difficult to hear anything.
Allow silence. Empathy allows the patient to express their feelings and worries and provides support.
Do not argue. Allow expression of emotion without criticism.

STEP 6: Strategy and Summary

Planning and Follow-through

Patients will be looking to health professionals for help in making sense of the confusion and offering plans for the future

Demonstrate an understanding of the patient's problem list
Indicate you can distinguish the fixable from the unfixable
Make a Plan or Strategy and Explain it.
Preparing for the worst and hoping for the best
Identify coping strategies of patient and reinforce them
Identify other sources of support for the patient and incorporate them
Invite questions
Tell them what happens next

When a patient has left:

Check your own feelings
Deal with the next patient sensitively, as they may have been neglected.

Additional References:

Fallowfield L, Jenkins V. (2004) Communicating sad, bad and difficult news in medicine. Lancet. 363: 312-19

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