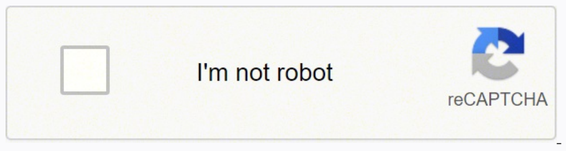

Next

Spikes format breaking bad news

Review

The use of protocol in breaking bad news: evidence and ethos

Antonia Dean and Susan Willis

Abstract

This article discusses health professionals use of protocol in the breaking of bad news, focusing particularly on the well-known SPIKES framework. The evidence of impact on the patient experience is examined and recommendations are made for further outcome-based research. Existing evidence suggests that the model as commonly interpreted may not fully meet the needs of patients or reflect the clinical experience of breaking bad news for some professionals and further guidance may be needed to support them in their practice. The ethos of the step-wise protocol is debated, questioning whether it helps or hinders individualised care and the formation of a genuine relationship between patient and professional. Finally, recommendations for practice are offered.

Key words: Breaking bad news ● Protocol ● Communication ● Information ● Support

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How to break bad news to patients has been a subject of professional concern for many years, with interest growing alongside a culture of increasing medical disclosure of diagnosis and prognosis (Buckman, 1992). In many ways, 'bad news' is self-defining, but many publications refer to the description proposed by Buckman (1984): news that negatively alters a person's view of their future. It remains a topical issue. UK national guidance for professionals caring for people dying has stressed the importance of sensitively communicating to patients the recognition that they are dying; perhaps the ultimate 'bad news' (Leadership Alliance for the Care of Dying People, 2014; National Institute for Health and Care Excellence, 2015). In acknowledgment that news may be perceived differently by the giver and receiver, some publications have started to refer to 'significant news' (Mishelmovich et al, 2016), but bad news remains the more common term and will be used for ease of reference throughout this article.

Notwithstanding the psychological impact of the news itself, breaking bad news insensitively can cause patients additional distress (Walsh et al, 1998) and anecdotal accounts abound of the impact of poor delivery (Diamond, 1998; Granger, 2012). Moreover, a metasynthesis of evidence by Bousquet et al (2015) highlights the emotional sequelae to the clinician, including:

- Guilt
- Anger
- Anxiety
- Exhaustion.

It is therefore imperative to discover the best way of breaking bad news for patient and professional alike.

A number of strategies have been developed to support best practice in breaking bad news, such as the SPIKES protocol (Baile et al, 2000) and Kayes 10 steps (1996). Royal College of Nursing (RCN, 2013) guidance for nurses breaking bad news to parents about their child's diagnosis notes that most strategies share a similar structure:

- Preparation
- Communication
- Planning
- Follow-up.

However, it has been identified that these strategies lack robust supporting evidence (Fallowfield and Jenkins, 2004). This article will focus on the SPIKES protocol developed by Baile et al (2000) due to the frequency to which it is referred to in guidance (National Council for Hospice and Palliative Care Services, 2003; RCN, 2013; Seifart et al, 2014), used in teaching programmes (Barr et al, 2008) and adopted by clinicians (Morgans and Schapira, 2015). The evidence base for this approach will be examined and the utility and ethos of step-wise protocols will be discussed, with the intention of providing a fresh perspective on breaking bad news. Implications for future practice will be identified.

Background: the SPIKES protocol

The SPIKES protocol, summarised in *Table 1*, was developed in response to the reported discomfort of oncology doctors in breaking bad

Antonia Dean, Lecturer Practitioner, Hospice of St Francis, Berkhamsted, UK, **Susan Willis**, Senior Lecturer, Department of Allied Health Professionals, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, UK

Correspondence to: antonia.dean@stfrancis.org.uk

[redacted]

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Breaking bad news–what patients want and what they get: evaluating the SPIKES protocol in Germany

C. Seifart[1*], M. Hofmann[2], T. Bär[1], J. Riera Knorrenschild[3], U. Seifart[4] & W. Rief[2]

[1]*Institutional Review Board,* [2]*Department of Clinical Psychology and Psychotherapy,* [3]*Department of Internal Medicine, Division of Hematology and Oncology, Philipps-University of Marburg, Marburg,* [4]*Hospital Sonnenblick, Germany*

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Background: Evaluation of the SPIKES protocol, a recommended guideline for breaking bad news, is sparse, and information about patients' preferences for bad-news delivery in Germany is lacking. Being the first actual–theoretical comparison of a 'breaking bad news' guideline, the present study evaluates the recommended steps of the SPIKES protocol. Moreover, emotional consequences and quality of bad-news delivery are investigated.

Patients and methods: A total of 350 cancer patients answered the MABBAN (Marburg Breaking Bad News Scale), a questionnaire representing the six SPIKES subscales, asking for the procedure, perception and satisfaction of the first cancer disclosure and patient's assign to these items.

Results: Only 46.2% of the asked cancer patients are completely satisfied with how bad news had been broken to them. The overall quality is significantly related to the emotional state after receiving bad news ($r = -0.261$, $P < 0.001$). Patients' preferences differ highly significantly from the way bad news were delivered, and the resulting rang list of patients' preferences indicates that the SPIKES protocol do not fully meet the priorities of cancer patients in Germany.

Conclusions: It could be postulated that the low satisfaction of patients observed in this study reflects the highly significant difference between patients' preferences and bad-news delivery. Therefore, some adjunctions to the SPIKES protocol should be considered, including a frequent reassurance of listeners' understanding, the perpetual possibility to ask question, respect for prearrangement needs and the conception of bad-news delivery in a two-step procedure.

Key words: breaking bad news, spikes protocol, bad-news delivery, cancer diagnosis

introduction

In the medical context, bad news are 'any news that drastically and negatively alters the patient's view of her or his future' [1]. Bad news means a kind of information that starts a new life era for the patient. Breaking this kind of news is a frequent and difficult task for every physician, independent of her or his specialty. It is particularly common in the oncological setting that life-threatening and life-influencing diagnoses are frequently given to the patients [2, 3], such as newly diagnosed cancer or undesirable developments of a known cancer. The quality of the delivery of bad news to patients seems to be directly related to patients' stress and anxiety, their adjustment to the bad news, coping and satisfaction with care and health outcome [4].

There are a few established recommendations for the delivery of bad news in the United States [4, 5], Australia [6] and the UK [7]. These protocols are primarily based more on expert opinion, but less on empirical evidence. Only a few studies have evaluated patient-based evidence for the recommended items and steps of these protocols. One comprehensive guideline that had been developed in Australia [5] is based on the consensus of patients, nurses and doctors. After implementation, the evaluation of the protocol in Australia in melanoma patients showed that several modifications of the protocol should be reasonable following patients' preferences [8]. Another study evaluated the consensus between breast cancer patients, oncologists and oncology nurses on the guidelines for breaking bad news and showed, using a consensus of 70%, that there is a high level of agreement between the groups. However, there was only little consistency in the ranking of the checked items [9], suggesting significant differences between doctors' and patients' preferences on how to break bad news. Additionally, there is rare evidence about the adherence to these guidelines and about the impact these guidelines may have on satisfaction among patients.

The most popular guideline, the SPIKES protocol [1], recommends a six-step protocol for delivering bad news, with a special application for cancer patients [2]. It was evaluated for structuring the delivery of bad news in the United States and it had reached guideline status in America and in a number of other countries [10], including Germany [11]. It is used as a guide for this sensitive practice and for communication skills training in this context [11, 12]. The acronym SPIKES refers to six steps

Correspondence to: Dr Carola Seifart, Philipps-University of Marburg, Dekanat, Institutional Review Board, Marburg, Baldingerstraße 1, 35039 Marburg, Germany. E-mail: carola.seifart@staff.uni-marburg.de

Breaking Bad News

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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 you 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 though 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 as what's going through their mind.

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S	**S**etting up	-Arrange for privacy. - Involve significant others, sit down, make connection and establish rapport with the patient, manage time constraints and interruptions.	*-What time would suit you and your family members for a chat about your diagnosis?*
P	**P**erception of condition/seriousness	-Determine what the patient knows about the medical condition. - Listen to the patient's level of comprehension, accept denial but do not confront at this stage	*-Explain to me what you understand of your recent diagnosis?*
I	**I**nvitation from the patient to give information	-Ask patient if s/he wishes to know the details of the medical condition, accept patient's right not to know. -Offer to answer questions later if s/he wishes	*-Would you like me to explain exactly what your diagnosis means?*
K	**K**nowledge: giving medical facts	-Use language intelligible to patient -Consider educational level, socio-economic background, current emotional state, give information in small chunks -Check if patient understand what you have said, respond to patient's reactions as they occur, give any positive aspect first	*-When we examined your chest x-ray we saw a small visible mass, this is usually an indication of cancer, is this all making sense to you?*
E	**E**xplore emotions and sympathize	-Prepare to give an empathetic response -Identify emotion expressed by the patient -Identify cause/source of emotion, give the patient time to express their feelings	*-Has your diagnosis come as a shock to you? Explain to me how you are feeling?*
S	**S**trategy and summary	-Close the interview. -Ask whether they want to clarify something else. -Offer agenda for the next meeting	*-Has this all made sense to you? Have you anymore questions? When do you wish to arrange our next meeting?*

Protocol Used in Clinical Medicine to Give Bad News to Patients and Families The SPIKES protocol is a method used in clinical medicine to give bad news to patients and families.[1][2][3][4][5][6][7] Because receiving bad news can cause distress and anxiety,[7] physicians should pass on the news. [8] Using the SPIKES method to introduce and communicate information to patients and their families, it can help with the presentation of material. The SPIKES method is useful for providing organized communication in typically complex and difficult-to-communicate situations. According to research on the SPIKES method, important factors to consider in the use of this protocol include empathy, recognition and validation of feelings, information about the procedure and treatment, and ensuring that the patient understands the news being given.[1] The protocol was first proposed in the 2000 by Baile et al., in the field of oncology.[9][10] The name SPIKES is an acronym, where the letters stand for:[9][1][8] S: setting, which means setting the query appropriately: “F” This means never giving bad news over the phone or in the hallway. You may consider sitting in a private space or room without distractions so be sure that the message being delivered is the one to focus on; no use of TVs or cell phones. Make sure you are dealing with both the patient and the family and establish a therapeutic alliance or connection through eye contact and physical contact, such as holding one hand or touching one arm. P: Perception, i.e. the assessment of the patient’s perception of the situation Ã¢ Â¦ Begin by asking the patient what he thinks is happening. This not only allows you to find out what they know about the situation, but also involves the patient. It allows them to realize which they think is important, and is a starting point for how to proceed. It is important to listen to what the patient tells you as this is the first place to correct any Which are held right away. [11] [12] I: invitation, I.E. Ask the patient to invite your doctor to provide the news Ã ¢ â € using phrases like "Do I share scanning results with you now?" or "is a good time to share with you what I think is going on?" Allow the patient to decide if they are ready to feel more and also allows you to follow the open discussion. The phrasing is important that you are essentially asking permission to share unpleasant news with them. The way it is formulated shows respect for patient feelings and reflects on their availability to receive news. [11] K: Knowledge, I.E. Provide knowledge to the patient Ã ¢ â € slowly talking, maintaining visual contact and use the terms that both parties can understand. This is time to explain what bad news for the patient means. Be careful to add more details right as this is the right and concise place of what is happening. E: Empathy, ie empathy with the impact of the patient's news Ã ¢ â € â € It is often difficult to fully understand what is going through the minds of the patient or families. Silence is often better instead of talking like everyone's emotions are processing. When you feel it's the right time to talk, talk about empathy and recognize that your patient is feeling something. Do not discourage tears or silence, this could be a processing strategy needed to come fully in terms with the situation. Provide support. [11] The options to discuss can be treated, staring at another meeting, discussing the treatment of the host or many others. Every situation is unique and it is better to do what is in the best interest of the patient's needs and desires. [13] References ^ A B C Kaplan, Marcelle (1 August 2010). It's a picture to break bad news for cancer patients." Clinical Journal of Cancer Nursing. 14(4): 514-516. DOI: 10.1188 / 10.CJON.514-516. 10.CJON.514-516. "Dean, Antonia; Willis, Susan (June 2nd 2016). "Use of protocol in bad news: tests and etos" (PDF). International Journal of Palliative Nursing. 22(6): 265a. two:10.12968/ijpn. 2016.22.6.265. PMIDI194; 160? 2734984. Six-pack, C.; Hofmann, M.; Bjorn, T.; Riera Knorrenschild, J.; Seiscoregge, U.; Rief, W. (2014). Breaking bad newshent226 What paties want and what their becher: going the SPIKE protocol in Germany. Oncology annals. 25(3): 7077's. two:10.1093/annonc/md582. PMC194; 160? 4433514. 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