

# Breaking bad news

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# Objectives

- Deliver bad news in a compassionate and empathetic manner
- Identify barriers to properly presenting patients with bad news
- Use the SPIKES protocol to minimize the shock to the patient




# What are the difficulties?

- As doctors, part of our job is to confront the patient with bad news (*diagnosis of cancer, fetal malformation, fetal loss, etc*).
- Regarding the consequences that such news will have for the patient (*shock, severe stress, life changes, etc*), breaking bad news may stand in contrast to our usual work of helping and supporting the patient.





# What are the difficulties?

- Often doctors themselves feel extremely stressed, helpless and overburdened in having to do so – but it is inevitable and part of our duty. 
- The patient benefits if in this acute situation the doctor acts emotionally competent and is able to help the patient to cope with her emotional reaction. The aim is to legitimize the emotional escalation of the patient.



# What are the difficulties?

- The emotional escalation of the patient (*feeling that the whole world is breaking apart, that death is around the corner*) may be worse if such news is given without warning in an unprotected environment. 
- This often happens because of the stress and lack of time that physicians experience in the clinical situation, and the lack of doctors' appreciation for the traumatic effects of such news. 




# The SPIKES Protocol



- Receiving bad news always leads to some sort of shock for patients.
- To ensure that delivering the news will not aggravate the shock, the six steps of the SPIKES Protocol have been developed.

# The SPIKES Protocol



- Setting up the interview
  - protected setting, 
  - enough time, 
  - perhaps company of a friend or relative of the patient 

# The SPIKES Protocol



- Assessing the patient's **p**erception
  - what does the patient know/anticipate about her situation
  - „What do you think today's talk might be about?“*
  - „What do you think the results we are going to talk about will show?“*



# The SPIKES Protocol



- Obtaining the patient's invitation
  - trying to assess the patient's preparedness to receive bad news

*„Do you want me to tell you all the details or do you just want to hear the most important results?“*

*„Do you want to speak about your results and their consequences now or later?“*



# The SPIKES Protocol



- Giving knowledge and information to the patient  
– delivering the bad news after a warning with genuine regret

*„Unfortunately I have bad news for you.“ „I am very sorry that I have to inform you about the following diagnosis which I found.“*



# The SPIKES Protocol



- Addressing the patient's emotions with empathy – being supportive for the patient, trying to understand and to name the emotions of the patient, giving room for the patient to express her emotions




# The SPIKES-Protocol




- Strategy and summary
  - discussing the plan of action, while always keeping in mind the emotional experience of the patient. Trying to find an appropriate ending of the interaction regarding the wishes of the patient.




# When SPIKES cannot be used

- Settings in which bad outcomes are identified when the patient is present (e.g. fetal demise, abnormal ultrasound findings) 

## When SPIKES cannot be used

- be aware of your body language (the patient will always observe you very closely while you are doing your examination) – try to keep an eye on the patients reaction – if you discover an irritation tell the patient that you noticed her/his reaction and that you will shortly tell her/him what you have found 

# When SPIKES cannot be used

- KISS: “keep it short and simple”
  - use short sentences to give knowledge about the circumstance that you have found an abnormality
  - use simple language
  - try to keep calm and confident 

## When SPIKES cannot be used

- Tell the patient that you will briefly end the examination and that you will discuss all the results immediately afterwards in a sound setting



➔ at this point you can return to SPIKES



# Conclusions



- Bad news is inevitably shocking and upsetting for the patient
- The shock and stress can be minimized by discussing the news in a caring and empathetic manner, and allowing adequate time for the patient to voice her emotions
- The SPIKES protocol is a useful tool to help deliver bad news in a compassionate manner



## References:

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