SPIKES is an acronym for presenting distressing information in an organized manner to patients and families. The SPIKES protocol provides a step-wise framework for difficult discussions such as when cancer recurs or when palliative or hospice care is indicated. Each letter represents a phase in the six-step sequence. S stands for setting, P for perception, I for invitation or information, K for knowledge, E for empathy, and S for summarize or strategize. Breaking bad news is a complex communication task, but following the SPIKES protocol can help ease the distress felt by the patient who is receiving the news and the healthcare professional who is breaking the news. Key components of the SPIKES strategy include demonstrating empathy, acknowledging and validating the patient’s feelings, exploring the patient’s understanding and acceptance of the bad news, and providing information about possible interventions. Having a plan of action provides structure for this difficult discussion and helps support all involved.

M.J. is a 68-year-old woman who has been disease free since being treated for stage IIA breast cancer 15 years ago with a right-side modified radical mastectomy and adjuvant chemotherapy, followed by five years of tamoxifen therapy. She has two adult children, four grandchildren, and is newly retired from her job as a school secretary. She and her husband have been making plans to take a month-long cruise. However, M.J. recently had a persistent cough that developed into pneumonia. A chest x-ray revealed several lesions in her right lung. Today she is returning with her husband to the oncology clinic to learn the results of a full-body positron-emission test (PET) and computed tomography (CT) scan.

The medical oncologist and the oncology nurse are aware that the PET/CT scan has revealed areas of increased activity in M.J.’s right lung and liver that most likely represent metastatic breast cancer. They know that this portends a poor prognosis and that M.J. needs immediate definitive tissue diagnosis and treatment. M.J. had been anxious for several years about the possibility of disease recurrence but, in recent years, she thought she “had beat it.” The immediate problem for the oncology team is how to break the bad news to M.J. in the most gentle and therapeutic way.

The Intervention: Breaking Bad News

This type of discussion usually is quite difficult and uncomfortable for healthcare professionals to participate in. Often they have little preparation and experience in how to support the patient in a constructive, empathetic manner when delivering bad news. Having a prepared plan of action can help support all the participants in this difficult discussion.

The oncology team has four goals in breaking the news to M.J.: (a) learn what she already knows about the situation and determine her readiness to hear the news, (b) provide clear information tailored to her needs and desire to know, (c) provide empathy and emotional support, and (d) develop a treatment plan that takes her wishes into account (Baile et al., 2000).

A useful strategy for accomplishing these goals employs a six-step protocol for breaking bad news, known as SPIKES. SPIKES is an acronym for presenting distressing information in an organized manner to patients and families. It provides a step-wise structure for difficult discussions, such as when cancer recurs, or when treatment options have been exhausted and palliative or hospice care is indicated. Each letter represents a phase in the six-step framework (Back, Arnold, Baile, Tulsky, & Fryer-Edwards, 2005; Baile et al., 2000; Buckman, 2005; Finlay & Casarett, 2009) (see Figure 1).

The SPIKES Protocol

S = Setting
Respect and empathy for the patient is shown by choosing a setting which provides quiet and privacy. Pagers are turned off to vibrate and calls are held. Significant others are included in the discussion as the patient wishes. The person delivering the bad news demonstrates good listening skills and focuses his or her attention on the patient in a calm, engaged manner.

P = Perception
Before launching into a description of the plan of care with the patient and
Naming an emotion is a way of showing sensitivity to the patient’s distress. Open-ended questions, such as “I wonder if you’re feeling angry?” are preferred over statements such as “You must be angry.”

Understanding
Having a clear understanding of the patient’s fears and concerns allows the healthcare professional to make truly empathetic responses. Premature reassurances are avoided until the patient’s feelings and emotions are validated.

Respecting
Treating the patient with respect and dignity is essential to establishing an empathetic, reciprocal relationship. Messages that permit, acknowledge, and respect a patient’s expression of emotion can be sent both nonverbally, through body language and touch, and verbally, with statements that match the patient’s level of distress.

Supporting
Statements that show support for the patient’s ability to cope, that share information about available resources, and that provide reassurance about not being abandoned can help allay patient fears and reinforce their coping skills.

Exploring
Asking direct focused questions and asking for clarification of earlier responses gives patients the permission and opportunity to share their inner emotions and concerns. Checking frequently with the patient about additional questions or concerns helps draw out other issues and emotions that the patient may have been hesitant to reveal.

The SPIKES Discussion Outcome
The meeting with M.J. and her husband took place in a quiet office away from the infusion unit. Both appeared anxious and apprehensive. M.J. stated that she had been dreading this meeting because they were sure the news would be bad. They knew the PET/CT test had been ordered to evaluate the extent of disease and were apprehensive about the results. The oncology team spent 40 minutes delivering the bad news using the steps in the SPIKES framework. They focused their full attention on M.J. and her husband throughout the discussion with no perceived sense of rush. At the end of the meeting, M.J. stated that it was a shock to actually hear the bad news and it would take a while for her to absorb it. Both she and her husband reported that they understood the information presented to them and the recommendations for additional diagnostic procedures and plan of treatment. They planned to have a discussion with their children before making a decision on how to proceed and would get back to the team after the weekend.

Conclusion
Breaking bad news is a complex communication task, but following the stepwise sequence of the SPIKES protocol can help ease the distress felt by both parties: the patient, who is receiving the news, and the healthcare professional, who is breaking the news. Key components of the SPIKES strategy include demonstrating empathy, acknowledging and validating the patient’s feelings, exploring the patient’s understanding and acceptance of the bad news, and providing information about possible interventions. Having a plan of action provides structure for...
this difficult discussion and helps support all involved.

The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

Author Contact: Marcelle Kaplan, RN, MSN, AOCN®, CBCN®, can be reached at marcellekaplan@gmail.com, with copy to editor at CJONEditor@ons.org.

References


Do You Have an Interesting Topic to Share?
Supportive Care provides readers with information on symptom management and palliative care issues. Length should be no more than 1,000–1,500 words, exclusive of tables, figures, insets, and references. If interested, contact Associate Editor Marcelle Kaplan, RN, MS, AOCN®, CBCN®, at marcelle.kaplan@gmail.com.