

SPIKES Model for Breaking Bad News

SPIKES

- Setting up the interview
- Perception of the patient
- Invitation by the patient
- Knowledge to the patient
- Emotions of the patient
- Strategy and summary

Setting up the interview

- Arrange for privacy
- Involve significant others
- Sit down
- Make connection with the patient
- Manage time constraints and interruptions

Perception of the patient

- “before you tell, ask”
- E.g. “What have you been told about your condition so far?”
- “What is your understanding of why we did the MRI?”
- Can determine if patient is in denial
- Can determine expectations, unrealistic or otherwise

Invitation by the patient

- Majority of patients express a desire for full information
- Discuss information disclosure while ordering tests
- “How would you like me to give the information about the test results?”
- If patient does not want to know details involve a relative or friend.

Knowledge to the patient

- Give a warning shot
- E.g. *“Unfortunately, I have to tell you this:”*
or *“I’m sorry to tell you about this:”*
- Start at level of comprehension of the patient
- Use nontechnical words “spread” instead of “metastasized”
- Avoid being blunt (straight to the point) as it may make the patient feel down and angry
“You have such a bad cancer that you will not survive without treatment...”

Emotions of the patient

- Respond to patients' emotions with empathy
- Often shock, isolation, disbelief, grief or anger
 - Observe for emotion on patient's part
 - Identify the emotion.
 - Identify the reason for the emotion
 - Connect with the patient

Emotions of the patient

- **Doctor:** *“I’m sorry to say that the X-ray shows that the chemotherapy is not working [pause]. Unfortunately, the tumor has grown somewhat”*
- **Patient:** *“I’ve been afraid of this!” [Cries]*
- **Doctor:** [Moves his chair closer, offers the patient a tissue and pauses,] *“I know that this isn’t what you wanted to hear. I wish the news were better”*

Emotions of the patient

- Empathic statements
 - *I can see how upsetting this is to you*
 - *I can tell you were not expecting to hear this*
 - *I know this is not good news for you*
 - *I'm sorry to have to tell you this*
 - *This is very difficult for me also*
 - *I was also hoping for a better result*

Emotions of the patient

- Exploratory questions
 - *How do you mean?*
 - *Tell me more about it*
 - *You said it frightens you*
 - *You said you were concerned about your children, tell me more*
 - *Could you tell me what you are worried about?*

Emotions of the patient

- Validating responses
 - *I can understand how you felt that way*
 - *I guess anyone might have the same reaction*
 - *You are perfectly correct to think that way*
 - *Your understanding of the reason for the tests is very good*
 - *Many other patients have had a similar experience*

Strategy and summary

- Patients who have a clear plan for the future are less likely to feel anxious and uncertain
- Ask if patients are ready to discuss this
- Clinicians are often uncomfortable doing this especially in unfavorable prognosis
- Explore patients' ICE (ideas, concerns and expectations)
- Understand specific goals patient may have like symptom control and pain relief
- Give hope in terms of what is possible to accomplish



The secret to breaking any bad news is to show that your “LOVE AND CARE” is bigger than the news.