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 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
family members, it is important to understand how much they know and what their perceptions are about the medical situation. The extent of their knowledge and their feelings can be assessed using open-ended questions, such as, “What have you been told so far?” “Do you know why the PET/CT was ordered?” “Are you worried that this might be something serious?”

I = Invitation or Information

This is the step in which patients and family members are asked directly about how much and what kind of information will be helpful to them. Their preferred learning styles and need for information are solicited and taken into account during this difficult discussion. Simple questions about how much information they want and how the information will be used can help guide the oncology team in advancing to the next step in the framework.

K = Knowledge

This is the phase in which the bad news is shared with the patient and family members. It should be introduced gently. A statement such as “I have some serious news to tell you” or “I have some bad news to share with you” lets the patient prepare psychologically. Information about the extent of disease and plan of care is provided directly and honestly in small segments. The patient and family members are frequently asked whether they understand what they are being told and whether they need additional clarification. Clear, nonmedical language that matches the patient’s education level is used; jargon and technical terms are avoided. After the bad news is shared, time is allowed to let the patient absorb the information and respond.

E = Empathy

The key to an empathetic response lies in acknowledging the emotions and reactions of the patient and family during this painful discussion and responding to them in an appropriate manner. Statements such as “I wish the news was better” or “This is obviously distressing news” convey empathy.

S = Summarize or Strategize

The final step in the SPIKES discussion is to summarize the information that has been presented in language that the patient can easily understand and to present a strategic plan for further intervention. Questions aimed at verifying that the patient understands the proposed plan and is able to make the decision to participate can include “Does this make sense to you?” “Are you clear about the next steps?” and “Do you have enough information to make a decision?”

Another helpful acronym for responding to and accepting patients’ emotional distress is called NURSE (Back et al., 2005) and is described in Figure 2.

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 step-wise 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.

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References


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