

## **DELIVERING BAD NEWS**



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## **At the conclusion of this presentation the audience will be able to:**

- Describe the importance of communication skills when delivering bad news
- Specify situations in which the SPIKES protocol would be beneficial to guide the conversation
- Describe aspects of the SPIKES protocol that could increase comfort and confidence when communicating bad news to patients

## Bad News

- Any information that changes a person's view of the future in a negative way

# Delivering Bad News

- One important aspect of the APP repertoire is the ability to “deliver bad news” to patients and families
- All APP’s and all health care providers deliver bad news on different levels and all types of patient population
- Delivering bad news is a multifaceted task that can be managed successfully if it is done correctly

# Delivering Bad News

Delivering bad news to patients is difficult and it requires patience and refined communication to:

- Understand what patients are experiencing
- Foster trust, so a partnership begins to form
- Acknowledges the patients emotional state
- Listen attentively, so we can engage our patients
- Empower our patient to allow them to be proactive and in charge of their health care

Effective communication combines a set of 4 skills:

- Engaged listening
  - Nonverbal communication
  - Managing stress in the moment
  - Asserting yourself in a respectful way
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- Effective communication is needed to :
    - Understand the emotion and intentions behind the information
    - Listen in a way that gains the full meaning of what's being said
    - Making the other person feel heard and understood.

## Examples of Bad News

- New potentially life threatening diagnosis
- Deterioration of a chronic condition
- Recurrence of Cancer
- Hospice and /or Palliative Care conversation

## Tools to Deliver Bad News

- The use of a protocol or guideline can assist the APP in an action plan prior to engaging in difficult conversation
- Communication must be accurate or it can lead to negative consequences for patients, families, and physicians
- One framework that health professionals find helpful is a protocol developed by Baile and Buckman (2000) SPIKES



## SPIKES -A Six- Step Protocol for Delivering Bad News

1. S- Setting
2. P- Perception
3. I- Invitation
4. K-Knowledge
5. E- Empathy
6. S- Summarize

The components convey the major points to be considered when given bad news. Also incorporates the step-by-step technique, which provides several strategies for addressing the patient's distress

## The Goal of the Protocol

The goal is to enable the clinician to fulfill the four most important objectives of the interview disclosing bad news:

1. Gathering information from the patient to determine knowledge and expectations and readiness
2. Transmitting the medical information based on needs and desires
3. Providing support by reducing the emotional impact and isolation experienced by the bad news
4. Eliciting the patient's collaboration in developing a strategy or treatment plan for the future

## The Barriers of the Protocol

Most providers may experience some form of anxiety during the delivery:

- The burden of responsibility for the news and fear of negative evaluation
- Trying to be honest with the patient and not destroy their hope
- Dealing with the patients emotions
- Finding the right time
- Not enough training on disclosing unfavorable information

## STEP 1: S—SETTING UP the Interview

This step involves planning for the conversation and thinking about setting goals for the meeting

- Become knowledgeable about the individual situation
  - ✓ Have all information available
  - ✓ Treatment options, including risk and benefits
  - ✓ Plan conversation and be prepared
- Arrange for some privacy
- Involve significant others
- Sit down
- Make connection with the patient
- Manage time constraints and interruption
- Book appointment in extended time block

## STEP 2: P— Assessing the Patient's PERCEPTION

This step is to establish what is already known by the patient and family about the situation

- Use open-ended questions to create a reasonably accurate picture of how the patient perceives the medical situation
- What have the patient been told about their medical situation so far? Use the information to tailor the bad news to what the patient understands
- Determine if the patient is engaging in any variation of illness denial
- Evaluate coping strategies

## STEP 3: I— Obtaining the Patient's INVITATION

During this step ask permission to share information and determine what information the patient would like to receive

- While a majority of patients express a desire for full information some patients do not
- Ask the patient if they prefer to have a family member told first
- When a clinician hears a patient express explicitly a desire for information, it may lessen the anxiety associated with divulging the bad news
- If the patient is not prepare to hear the news it can impact understanding
- However, shunning information is a valid psychological coping mechanism and may be more likely to be manifested as the illness becomes more severe

**STEP 4: K—  
Giving  
KNOWLEDGE  
and  
Information  
to the Patient**

The bad news is shared at this step in the protocol

- Share information slowly avoid bluntness
- Phrases that can be used include, “Unfortunately I've got some bad news to tell you
- Give medical facts using the patient’s vocabulary.
- Use nontechnical words such as “spread” instead of “metastasized” and “sample of tissue” instead of “biopsy.”
- Pause to allow time for the patient to process the new information
- The patient that knows that bad news is coming may lessen the shock that can follow the disclosure of bad news

**STEP 5:  
Empathy  
Addressing the  
Patient's  
options with  
Empathic  
Responses**

During this step it is important to display understanding for the patient

- When patients get bad news their emotional reaction is often an expression of shock, isolation, and grief
- Observe for emotional reactions, such as silence, disbelief, crying, denial or anger
- Offer support and solidarity by making an empathic responses
- Identify the emotion experienced by naming it to oneself. If a patient appears sad but is silent, use open questions to query the patient as to what they are thinking or feeling



## STEP 6: S— STRATEGY and SUMMARY

During this step summarize information that was presented and plan for the next step

- Patients are less likely to feel anxious and uncertain with a clear plan for the future
- Presenting available treatment options is not only a legal mandate in some cases, but it will establish the perception that the physician regards their wishes as important.
- Sharing responsibility for decision-making with the patient may also reduce any sense of failure on the part of the physician when treatment is not successful.
- Ask the patient to summarize what is understood



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