

SPIKES: A Framework for Breaking Bad News to Patients With Cancer

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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 pro-

vides 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

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