Using the SPIKES Model for Breaking Bad News

Embracing a Person-First Approach to Communication

Breaking bad news is a complex and sensitive task that requires practice and a considered, tactful approach. Delivering bad news in a compassionate way can make this difficult situation easier for patients, their families/carers and clinicians themselves to cope with.

S — Setting

Setting the scene

Choose a private and comfortable setting

- Review your communication plan and rehearse what you want to say.
- Involve significant others, if that is the person's choice.
- Make a connection with the person, such as by maintaining eye contact.
- Manage time constraints and interruptions.

What time would suit you, and anyone else joining, for a chat about your diagnosis?

P — Perception

Assessing perception

What do the person and their family know?

- Use open-ended questions to create a picture of how the person perceives their medical condition.
- Pay attention to their words, listening to their level of comprehension.
- Determine if the person is engaging in illness denial.

What do you understand about your diagnosis so far?

I — Invitation

Inviting the individual to contribute

Ask what they would like to know

- Assess their readiness to hear information and determine how much detail about their medical condition they or their carers want at this time.
- Accept their right not to know.
- Offer to answer questions at a follow-up, if they wish.

Would you like me to explain the information from these tests in detail, or shall we start with the basics?

K — Knowledge

Sharing knowledge

Explain the disease and their care options

- Consider the person's level of comprehension and related vocabulary.
- Use the same language style as the person.
- Give information in small chunks and periodically check their understanding.
- Don't be evasive about details or mollify them to soften the blow.

When we examined your results, we observed [observation]. I'm sorry to say that this is usually an indication of [condition]. Would you like to know further details?

E — Emotion

Providing emotional care

Respect their feelings and respond with empathy

- Look out for any visual cues that allow you to gauge the person's emotional state.
- If the person becomes upset, adjust your communication style to respond with empathic, exploratory or validating statements.
- Recognise that crying and anger are normal responses when receiving bad news, and provide realistic hope.

I know hearing this news will be hard for you, how are you feeling?

S — Strategy and Summary

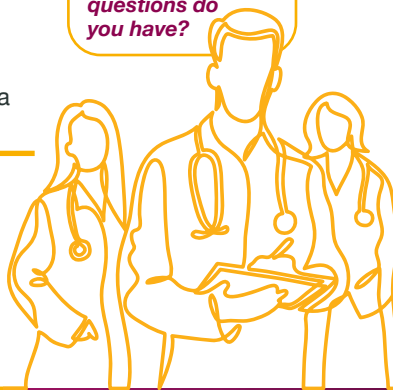
Devising a treatment plan and summarising

Recap and decide on the next steps

- Discuss the treatment options and form a plan for the future.
- Encourage the person's participation in decision making.
- Summarise the key information and check their understanding.
- Provide reassurance about continuity of care by offering to arrange an agenda for the next appointment.

Shall we talk about the options?

What other questions do you have?



Remember what you want your patients to feel:

Autonomy
The need to have control over one's life, body and identity, and to act consistently with one's beliefs and values

Belonging
The need to be connected to, feel cared for and care for others around us, and to feel valued, respected and supported

Competence
The need to experience care as safe, reliable and effective

References and useful resources:

- Baile WF, et al. Oncologist 2000;5:302–11
- NICE, National Institute of Health and Care Excellence. Shared decision making. https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making. Accessed 4 April 2023
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