

## DISCLOSING SERIOUS NEWS

### SPIKES<sup>1</sup>:

<b>S</b> - Setting	Quiet location with seats and tissues Before you go in, take a moment to review and agree upon the medical facts, goals of the meeting and who is going to lead if multiple clinicians are present
<b>P</b> - Perception	“Just so I know where to begin, tell me what you understand about what’s going on medically” “What have the other doctors told you?”
<b>I</b> - Invitation	“I do have some new information to discuss, is it alright if we do that now?” “I have the results of your tests, is now a good time to discuss what they show?”
<b>K</b> - Knowledge	WARNING SHOT... “I have some serious news...” GIVE A HEADLINE – say it simply then STOP Avoid medical jargon
<b>E</b> - Emotions	Wait quietly for the patient to process the news N-U-R-S-E the emotion (see below)
<b>S</b> - Summarize/ Strategize	“I know I’ve given you some big news. Do you feel ready to discuss where we go from here?” “Sometimes it’s hard to take this all in. Just so I know I was clear, can you tell me what you heard?”

### NURSE<sup>2</sup>:

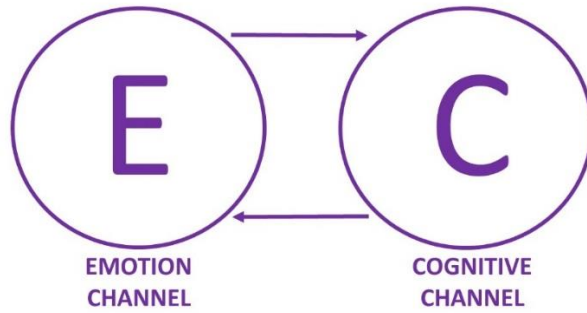
<b>N</b> - Name	“It sounds like you’re [worried about your family]” “This is not what either of us were expecting”
<b>U</b> - Understand	“I can’t imagine [how hard this must be]” “Anyone in your shoes would be [angry]”
<b>R</b> - Respect	“You have done everything right” “You’ve been a wonderful advocate for your mom”
<b>S</b> - Support	“I’ll be there every step of the way to answer your questions and help you through this.”
<b>E</b> - Explore	“Tell me more...” “What’s going through your head right now?”

### PEARLS:

- **“I wish...” statement** Ex: “I wish more chemotherapy would help”
- **“We...” statement** Ex: “I know this isn’t what we were hoping for.”
- **Ask Permission** Ex: “Would it be helpful if I talked about next steps?”

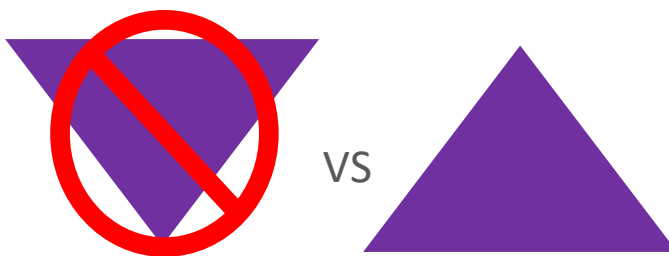
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## What patients value<sup>3</sup>...



We all have two “channels” in our brains: the emotion channel and the cognitive channel. The brain can only operate in one channel at a time. Your job is to figure out which of the patient’s channels needs attention so you can provide emotional support when needed and information/guidance when needed. You also have to be able to toggle back and forth between these two channels while your patient comes to terms with the news.

## GIVE A HEADLINE<sup>2</sup>....less is more



Try to give the news in 1 short phrase. Just like a headline of an article, lead with the punch line. You can always follow with the details if it is helpful to the patient.

### References:

1. Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer. *The Oncologist*. 2000;5(4):302-311.
2. McFarlin J, Tulsy JA, Back AL, Arnold RM. A Talking Map for Family Meetings in the Intensive Care Unit. *JCOM*. 2017;24(1):15-22.
3. Back AL, Trinidad SB, Hopley EK, Arnold RM, Baile WF, Edwards KA. What patients value when oncologists give news of cancer recurrence: commentary on specific moments in audio-recorded conversations. *The Oncologist*. 2011;16(3):342-350.