

Communication Models: SPIKES

SPIKES: A six-step protocol for delivering bad news

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Set up the interview: Plan ahead for details such as being sure that you are in a private, comfortable setting, that significant others are involved (if the patient wants that), and that your pager is silenced.

P

Assess the patient's perception: As described earlier, before you begin an explanation, ask the patient open-ended questions to find out how they perceive the medical situation. In this way you can correct any misunderstanding the patient has and tailor the news to the patient's understanding and expectations.

I

Obtain the patient's invitation: Find out how much detailed information the patient wants regarding diagnosis and prognosis.

K

Give knowledge and information to the patient: Communicate in ways that help the patient process the information. For example, preface your remarks with a phrase such as, *"I'm sorry to tell you that ..."* or *"Unfortunately I have some bad news to tell you."* Use plain language and avoid medical jargon: use the word *"spread"* instead of *"metastasized,"* for instance. Provide information in small amounts, use short sentences, and check periodically for understanding.

E

Address the patient's emotions with empathic responses: As described earlier, identify the patient's primary emotion and express that you recognise that what the patient is feeling is a result of the information received. This is the place to use continuer statements such as *"I can imagine how scary this must be for you."*

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Strategy and summary: Present treatment or palliative care options, being sure to align your information with what you ascertained (during the assessment of the patient's perceptions) to be the patient's knowledge, expectations, and hopes. Providing a clear strategy will lessen the patient's anxiety and uncertainty.

The SPIKES Protocol has been reproduced from 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 Aug 1;5(4):302-11.

