



DEDER GENERAL HOSPITAL

BAD NEWS BREAKING PROTOCOL

THE “SPIKES” acronym

S-Setting up interview
P-Assessing patient's perception
I-Obtaining the patient's invitation
K-Giving knowledge and information to patient
E-Addressing the patient's emotions with empathetic response
S-Strategy and summary

PREPARED BY: HSQU

JULY 2016 E.C
DEDER, EASTERN ETHIOPI



PROTOCOL APPROVAL SHEET

NAME OF PROTOCOL: BAD NEWS BREAKING PROTOCOL

PREPARED BY

S/N	NAME	RESPONSIBILITY	SIGN
1	Abdi Tofik (BSc, MPH)	Health Service Quality Director (HSQD)	
2	Abdella Aliyi (BSc MW)	HSQ Officer and Reform f/person	
3	Redwan Sharafuddin (BSc Pharm)	HSQ Officer	

APROVED BY

S/N	NAME	RESPONSIBILITY	SIGN
1	Nureddin Yigezu (BSc, MPH)	Chief Executive Officer (CEO)	
2	Dr. Derese Gosa (MD)	Medical Director	
3	Dr. Isak Abdi (MD, G/Surgeon)	OR Director & SaLTS Team leader	

THIS PROTOCOL IS EFFECTIVE

FROM

JULY 2016 E.C TO JUNE 2018 E.C

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INTRODUCTION

Providing distressing information is emotionally draining for both the recipient and the person delivering the news. A counselor strives to help people improve their lives, but watching the often-gut-wrenching reaction of a parent, student or any other person who has just received emotionally shocking information can make even the most seasoned specialist struggle. Many professional helpers develop their own method for delivering difficult information throughout the course of their careers. Graduate students, however, often receive no training on this challenging task during their schooling (Nardi and Keefe-Cooperman [2006](#)). Bad news, defined here as any information that affects a person's view of his or her future (Baile et al [2000](#); Buckman [1992](#); Nardi and Keefe-Cooperman [2006](#)), is universally likely across cultures.

Counselors must face many possible reactions when giving bad news, and may worry about potential negative outcomes from the communication exchange. The school or mental health counselor may fear being unable to intuitively know how much information to give. The feelings and emotions experienced by the counselor can be stressful. The professional may wonder if they said too much or too little. The dialog may not even be desired by the person hearing the bad news. Couselees may blame the counselor, or question competency. Repeated instances can result in compassion fatigue for the school and mental health counselor, whereby the repeated and ongoing act of being compassionate can lead to professional burnout (Ray et al. [2013](#))

Information that drastically alters the life world of the patient is termed as bad news. Conveying bad news is a skilled communication, and not at all easy. The amount of truth to be disclosed is subjective. A properly structured and well-orchestrated communication has a positive therapeutic effect. This is a process of

negotiation between patient and physician, but physicians often find it difficult due to many reasons. They feel incompetent and are afraid of unleashing a negative reaction from the patient or their relatives. The physician is reminded of his or her own vulnerability to terminal illness, and find themselves powerless over emotional distress. Lack of sufficient training in breaking bad news is a handicap to most physicians and health care workers. Adherence to the principles of client-centered counseling is helpful in attaining this skill. Fundamental insight of the patient is exploited and the bad news is delivered in a structured manner, because the patient is the one who knows what is hurting him most and he is the one who knows how to move forward.

PURPOSE

The purpose of this protocol is to enable **Deder General's health-professional** to use their skills to deliver bad news clearly, honestly and sensitively in order that patients can both understand and feel supported.

SCOPE

This document is applicable across all service areas, service users and service providers of Deder General Hospital.

PROCEDURES

Six-step **SPIKES** protocol is widely used for breaking bad news. This unfortunate acronym nevertheless helps memories the steps and consider their elements.

The SPIKES protocol for breaking bad news has four objectives:

1. Gathering information from the patient
2. Transmitting the medical information
3. Providing support to the patient
4. Eliciting patient's collaboration in developing a strategy or treatment for the

future.

Strategy for breaking bad news

Meeting the above goals can be accomplished by completing six tasks, each of which is associated with specific skills.

Six Steps of SPIKES:

S – Setting

- Arrange for some privacy
- Involve significant others
- Sit down
- Make connection and establish rapport with the patient
- Manage time constraints and interruptions.

P – Perception of condition/seriousness

- Determine what the patient knows about the medical condition or what he suspects.
- Listen to the patient's level of comprehension
- Accept denial but do not confront at this stage.

I – Invitation from the patient to give information

- Ask patient if s/he wishes to know the details of the medical condition and/or treatment
- Accept patient's right not to know
- Offer to answer questions later if s/he wishes.

K – Knowledge: giving medical facts

- Use language intelligible to patient
- Consider educational level, socio-cultural background, current emotional state
- Give information in small chunks

- Check whether the patient understood what you said
- Respond to the patient's reactions as they occur
- Give any positive aspects first e.g.: Cancer has not spread to lymph nodes, highly responsive to therapy, treatment available locally etc.
- Give facts accurately about treatment options, prognosis, costs etc.

E - Explore emotions and sympathize

- Prepare to give an empathetic response:
 1. Identify emotion expressed by the patient (sadness, silence, shock etc.)
 2. Identify cause/source of emotion
 3. Give the patient time express his or her feelings, then respond in a way that demonstrates you have recognized connection between 1 and 2.

S – Strategy and summary

- Close the interview
- Ask whether they want to clarify something else
- Offer agenda for the next meeting eg: I will speak to you again when we have the opinion of cancer specialist

RESPONSIBILITIES

1. Service providers (healthcare providers) are expected to adhere to this protocol while dealing with breaking bad news to their clients
2. The head of departments along with quality unit shall be follow adherence to this protocol, provide all the necessary supplies, and availing monitoring mechanism for adherence

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