

Breaking
Bad

News

Skillfully

Corey Metcalf, FRCPC
BCCA Medical Oncologist/Palliative Care
UBC Clinical Assistant Professor

DISCLOSURES

- Novartis

Participation in Advisory Board

- Co-investigator Clinical Trials

NCIC, Roche, Pfizer, Novartis, BMS, Merck, CCTG

BY THE END OF THIS PRESENTATION YOU WILL:

- Recognize and anticipate difficult communication situations
- Understand the SPIKES protocol to deliver serious news to patients
- Understand the NURSE protocol to recognize and respond to strong emotions

DISCUSSING SERIOUS NEWS

A THERAPEUTIC DIALOGUE

For the patient

**adjustment to illness
adherence to treatment
satisfaction with care**

DISCUSSING SERIOUS NEWS

A THERAPEUTIC DIALOGUE

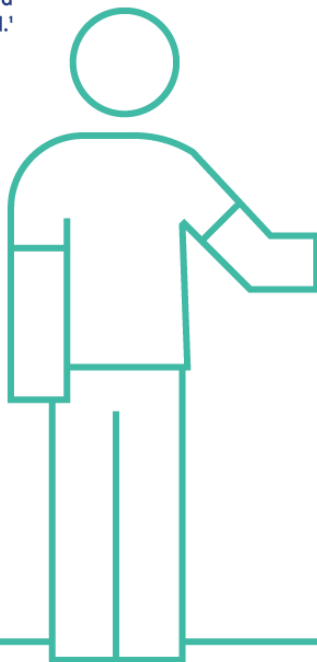
For the physician

Less stress and burnout

Greater enjoyment of work

42 million individuals

with at least one chronic condition and one activity of daily living (ADL) need.¹



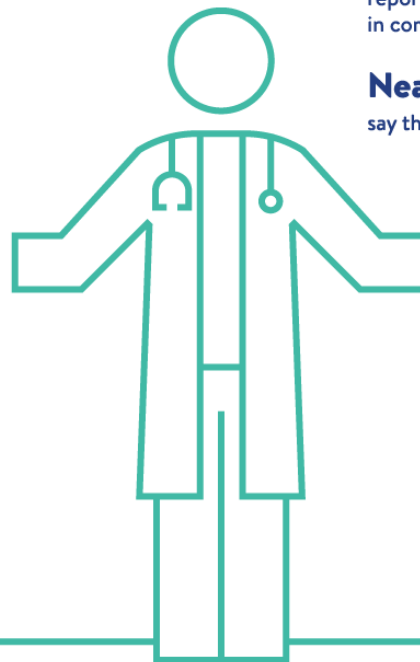
?

Fewer than one-third (29%) of physicians

report ever having had any formal training in communication about goals of care.²

Nearly half (46%)

say they are unsure about what to say.³



¹ Lewin Group, 2010. Individuals Living in the Community with Chronic Conditions and Functional Limitations: A Closer Look (p.3; data from 2006)
http://www.lewin.com/content/dam/Lewin/Resources/Site_Sections/Publications/ChartbookChronicConditions.pdf

^{2,3} National Survey conducted by The John A. Hartford Foundation, California Health Care Foundation (CHCF), and Cambia Health Foundation, 2016

Communication About Serious Illness Care Goals

A Review and Synthesis of Best Practices

Rachelle E. Bernacki, MD, MS; Susan D. Block, MD; for the American College of Physicians High Value Care Task Force

Patients want the truth about prognosis.

You will not harm your patient by talking about end-of-life issues.

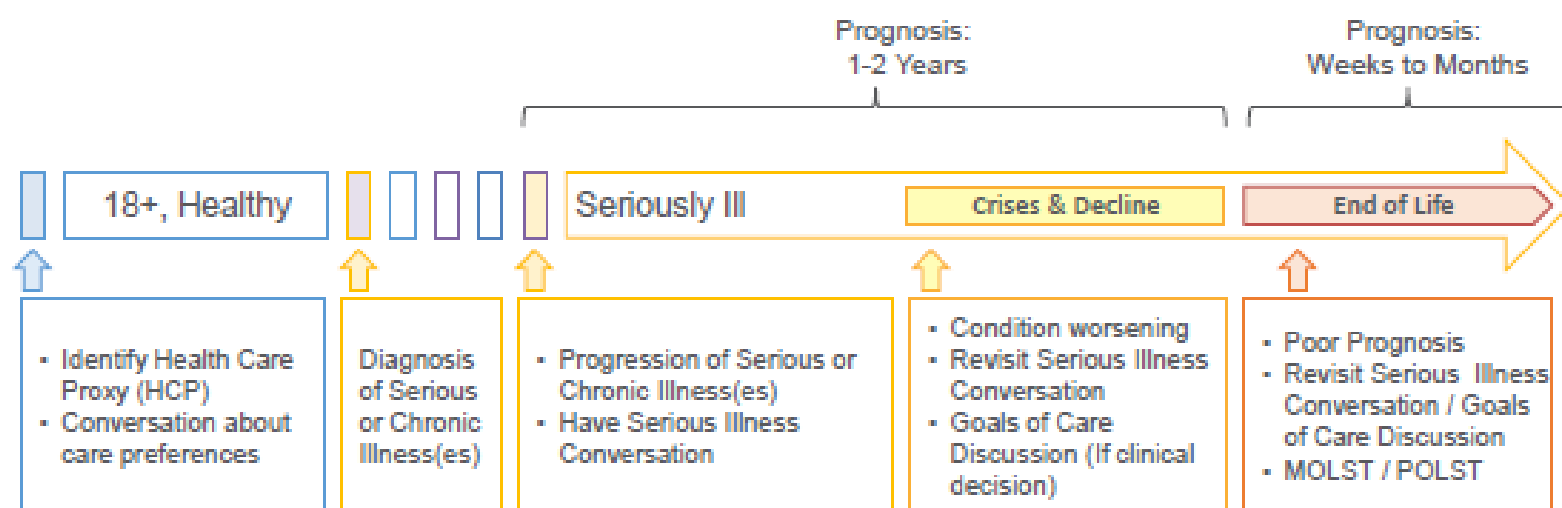
Anxiety is normal for both patient and clinician during these discussions.

Patients have goals and priorities besides living longer; learning about them empowers you to provide better care.

Giving patients an opportunity to express fears and worries is therapeutic.

Advance Care Planning Terminology

“early planning, not early decisions”



Advance Care Planning = Planning in Advance of Serious Illness

Serious Illness Care Conversation = Planning in the context of progression of serious illness

Goals of Care Discussion = Decision making in context of clinical progression / crisis / poor prognosis

PATIENT-CENTRED COMMUNICATION

'communication that invites and encourages the patient to participate and negotiate in decision-making regarding their own care'



Nurse-patient communication: an exploration of patients' experiences McCabe J Clin Nursing Volume 13, p41-49, 2004

WHAT ARE YOUR THOUGHTS?



WHAT IS "BAD NEWS" ?

News that alters view of future
in a negative way

How bad?

Depends on gap between
expectation and reality



WHEN IS “BAD NEWS” ? TRANSITIONAL MILESTONES IN ONCOLOGY

Early

Awaiting diagnosis

Consultation: prognosis, treatment

Advanced

Newly diagnosed metastases

Change in therapy

Stopping active anti-cancer Rx

S P I K E S



SIX STEP S-P-I-K-E-S PROTOCOL

SET UP get the physical setting right

PERCEPTION what does patient understand

SET UP

get the physical setting right

EMOTION respond N-U-R-S-E

SUMMARIZE written outline next step

Buckman R. Breaking bad news: a six-step protocol. In: Buckman R, editor
How to break bad news. A guide for health care professionals
Baltimore: Johns Hopkins University Press, 1992: 65–97



SET UP

Is this a good time to talk ?

Are the right people there ?

Make time

or

set limits on what you can deliver

SIX STEP S-P-I-K-E-S PROTOCOL

SET UP get the physical setting right

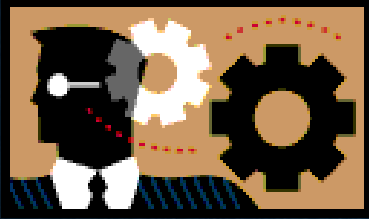
PERCEPTION what does patient understand

PERCEPTION

what does patient understand

EMOTION respond N-U-R-S-E

SUMMARIZE written outline next step



PERCEPTION

Understand level of sophistication

Understand emotional state

Find out how serious the patient thinks it is

PERCEPTION

What have you been thinking about this symptom?

What do you understand about the reason we did these tests?

What have the doctors told you?

What did you think they meant?

SIX STEP S-P-I-K-E-S PROTOCOL

SET UP get the physical setting right

PERCEPTION

INVITATION

readiness and amount of info

EMOTION respond N-U-R-S-E

SUMMARIZE written outline next step

INVITATION

Are you ready to talk about this?

Some patients want me to cover every medical detail and other only want the big picture...what would you prefer now?

SIX STEP S-P-I-K-E-S PROTOCOL

SET UP get the physical setting right

PERCEPTION what is the situation? what is the problem?

KNOWLEDGE
disclose the news

EMOTION respond N-U-R-S-E

SUMMARIZE written outline next step

KNOWLEDGE

Share the information

Well, the situation appears to be more serious...

Be straightforward

Your back pain appears to be caused by **cancer** in the bone

Check in to determine understanding

I want to stop here and check to see if you have any questions, or if I need to clarify or go over the information again.

Small steps

SIX STEP S-P-I-K-E-S PROTOCOL

SET UP get the physical setting right

PERCEPTION what does patient understand

IN **EMOTION**

KN respond N-U-R-S-E

EMOTION respond N-U-R-S-E

SUMMARIZE written outline next step

TWO TRACKS

Cognitive

Logical methodical



Emotional

Fast overwhelming



EMOTIONS DERAIL COGNITION

Stop delivering information when emotions are high



Offer an empathic response instead

**PUT YOURSELF IN THEIR
SHOES...**



N-U-R-S-E

Name *it seems like you are frustrated*

Understand *This must be very difficult for you to hear*

Respect (praise) *You are doing your best...*

Support *"I wish" statements*

Explore *Tell me more*

SIX STEP S-P-I-K-E-S PROTOCOL

SET UP get the physical setting right

PERCEPTION what does patient understand

SUMMARIZE

written outline next step

EMOTION respond N-U-R-S-E

SUMMARIZE written outline next step

SUMMARIZE

Summarize and make a concrete plan

Ensure clarity:

Are there any other questions you'd like to ask?

Be explicit about next contact

AUTHENTICITY

Understand the person, family,
situation

Respect that accepting the truth
may be too difficult psychologically

Give them time to **explore** their
feelings

DISCUSSING SERIOUS NEWS SUMMARY

a therapeutic dialogue

**techniques can be learned and
mastered**

track emotional data

respond with empathic statements

EXPLORING GOALS OF CARE

Serious Illness Conversation Guide

CONVERSATION FLOW

PATIENT-TESTED LANGUAGE

1. *Set up the conversation*

- Introduce purpose
- Prepare for future decisions
- Ask permission

"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"

2. *Assess understanding and preferences*

"What is your **understanding** now of where you are with your illness?"

"How much **information** about what is likely to be ahead with your illness would you like from me?"

3. *Share prognosis*

- Share prognosis
- Frame as a "wish...worry", "hope...worry" statement
- Allow silence, explore emotion

"I want to share with you **my understanding** of where things are with your illness..."

Uncertain: "It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."

OR

Time: "I **wish** we were not in this situation, but I am **worried** that time may be as short as ____ (*express as a range, e.g. days to weeks, weeks to months, months to a year*)."

OR

Function: "I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel, and things are likely to get more difficult."

4. *Explore key topics*

- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Tradeoffs
- Family

"What are your most important **goals** if your health situation worsens?"

"What are your biggest **fears and worries** about the future with your health?"

"What gives you **strength** as you think about the future with your illness?"

"What **abilities** are so critical to your life that you can't imagine living without them?"

"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?"

"How much does your **family** know about your priorities and wishes?"

5. *Close the conversation*

- Summarize
- Make a recommendation
- Check in with patient
- Affirm commitment

"I've heard you say that ____ is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we _____. This will help us make sure that your treatment plans reflect what's important to you."

"How does this plan seem to you?"

"I will do everything I can to help you through this."

6. *Document your conversation*

SHARE PROGNOSIS

- Tailor information to patient preference
- Frame as “wish...worry” or “hope...worry”
- Allow silence, explore emotion
- I hope that I am wrong, but I’m worried that time may be short
- I wish things would improve, but I am worried that this may be as strong as you feel

“HOW MUCH TIME DO I HAVE DOC?”

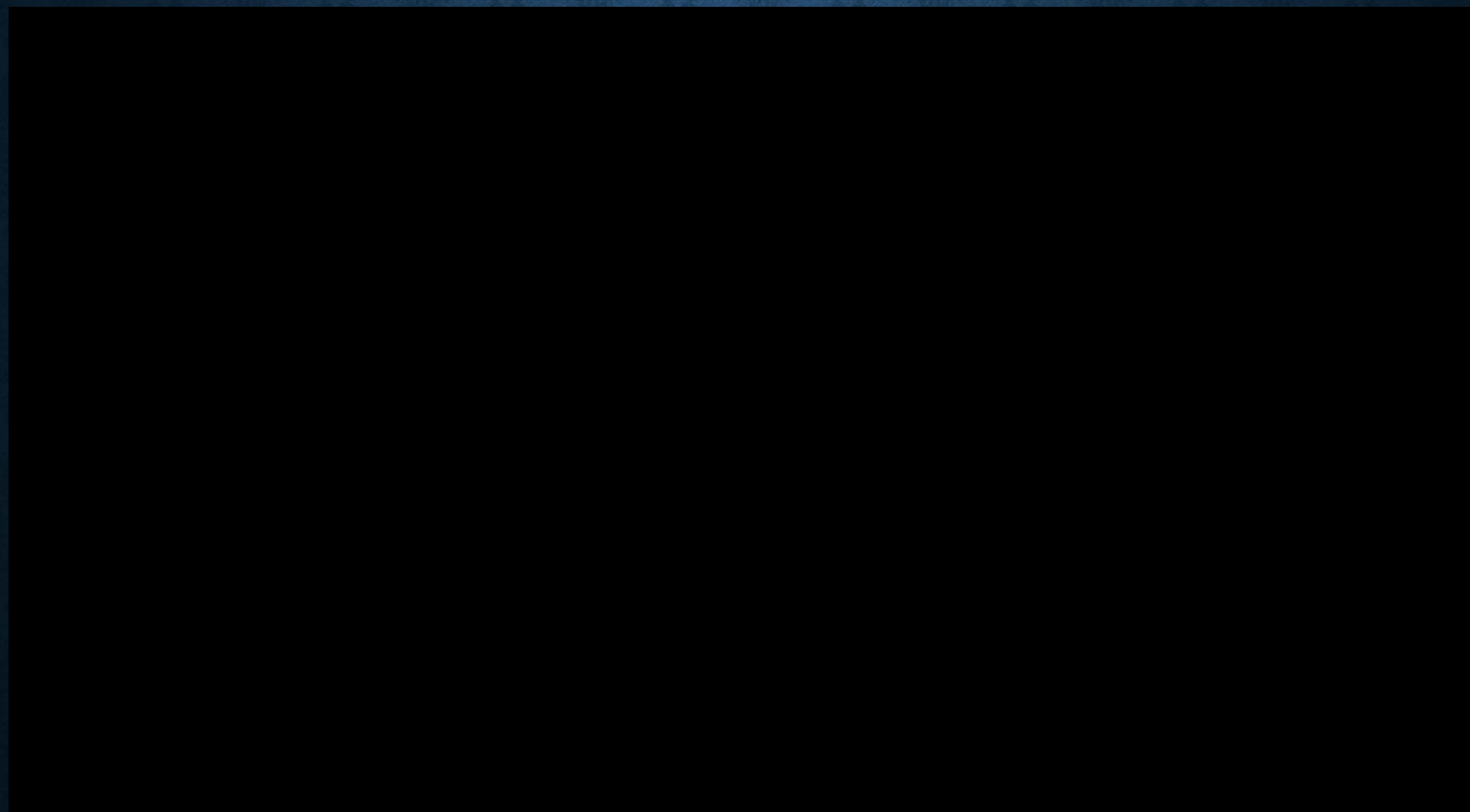
- Ask why (always be curious)
 - If I could tell you exactly when the time may come, how would you use that information?
- Try not to talk in absolutes
 - Hours to days
 - Days to weeks
 - Weeks to months
 - Months to years

EXPLORE KEY TOPICS

- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Tradeoffs
- Family
- What are your most important goals if your health situation worsens?
- What are your biggest fears and worries about the future with your health?
- What gives you strength as you think about the future with your illness
- What abilities are so critical to your life that you cannot imagine living without them?
- If you become sicker, how much are you willing to go through for the possibility of gaining more time?
- How much does your family know about your priorities and wishes?

DOCUMENT THE CONVERSATION

- Most CMPA claims are due to poor communication
- Documenting clearly helps patient care and serves as record



OTHER REFERENCES

Baile, Buckman, Lenzi, et al

SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer. Oncologist. 2000; p 302-11

The End!

**** Back, Arnold and Tulsky

Mastering Communication with Seriously Ill Patients:
Balancing Honesty with Empathy and Hope; 2009

Buckman, R

Practical Plans for Difficult Conversations in Medicine:
Strategies that Work in Breaking Bad News, 2010