

How to deliver bad news to your oncology patient – Cláudia Gomes



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Communication is at the heart of the relationship between nurse and patient. The nurse is the professional who can best understand the meanings that the patient attributes to their experiences. Therefore, nurses play a key role in communication, and especially in the management of bad news, and it is important to define and value their intervention with the person.

Cancer was described as the second leading cause of death in 2018. Approximately 9.6 million people worldwide died from cancer. One in every six deaths was from cancer (World Health Organization, 2018).

Therefore, given that the oncological disease is complex, requiring different treatments, and associated symptoms and suffering, patients are in contact with healthcare professionals countless times. Communication is a basic tool in providing quality healthcare and it is essential that healthcare professionals are knowledgeable and experts in human relations. The nurse must intervene to help the patient and family. Effective communication with the person being cared for is a key point in excellent care, facilitating the decision-making process, self-management, and independence of the person with oncological disease.

If we do not always communicate clearly when it comes to simple aspects of everyday life, communicating and managing bad news adds additional difficulties. No one communicates bad news without feeling affected by it, whether to a greater or lesser extent.

Buckman (1992, p.11) defined bad news as “all information that involves a drastic and negative change in a person's life and outlook for the future”.

The S-P-I-K-E-S protocol created by Buckman (2005) is one of the most mentioned in the literature as a guiding instrument in communicating and managing bad news. This tool was created because oncologists who frequently deliver bad news were faced with a lack of specific training and difficulty managing emotions in these moments.

This strategy outlines guidelines and consists of 6 stages:

S - setting (relating to the environment and preparation for the interview);

P - perception (refers to the assessment of the perception of the person and family receiving the news);

I - invitation (related to prior knowledge of the person's situation);

K - knowledge (give knowledge);

E - empathy (validation of what is transmitted and response to the patient and family);

S - strategy/summary (synthesis of what was transmitted).

During my master's degree, I used instruments including SPIKES protocol to prepare myself before difficult conversations and found this helpful in preparing the environment, establishing a helpful relationship based on empathy and respect for the person and understanding whether the important messages were absorbed by the patient and family.

Following these difficult conversations, I would reflect on each step and whether I had achieved the proposed objectives that were established. Within the nursing team, we talked about all the steps and aspects on the SPIKES protocol and a poster was created as a prompt for how we should communicate in our daily practice.

Our nurses felt more confident and ready to communicate bad news, they focused more on being present in their relationships with patients and took advantage of the moments when two human beings can create a therapeutic relationship that is beneficial for both.

If you have difficulty delivering bad news to patients, I am happy to support or discuss any difficult situations. Email me (claudiasanchesgomes@gmail.com) to clarify any doubts.

References:

Buckman, R. (1992) How to Break Bad News: A Guide for Health Professionals. Johns Hopkins Press, Baltimore.

Buckman, R. (2005). Breaking Bad News: The S-P-I-K-E-S Strategy. Community Oncology 2, (2), 138-142.