Hospice of Palm Beach County
Hospice by the Sea
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Difficult Conversations

A Physician's Guide

The most common questions physicians ask me is how to give bad news to patients, as well as how to discuss end-of-life care. I have developed my own personal approach over the years, adapted from the **SPIKES** method of Robert Buckman, MD. May it offer useful reminders in the process of what we as physicians do intuitively, each day.

With regards,

Faustino Gonzalez, MD, FACP, FAAHPM
Chief Medical Officer
Trustbridge

SPIKES

6 Steps for Effective Communication

Setting

- Choose a private, comfortable place to have the conversation without interruptions.
- Plan what I'm going to say and confirm the medical facts of the case.
- Determine who else the patient would like to have present.

Patient's perception

Establish what the patient and family know about the patient's health. If they are unprepared or need additional support to comprehend the information, I sometimes reschedule. Assessment questions may include:

- "What do you understand about your illness?"
- "How would you describe your medical situation?"
- "Have you been worried about your illness or symptoms?"

Invite patient to share information

Establish what the patient wants to know. Patients have the right to decline receiving information and may designate someone to communicate on their behalf. Questions may include:

- "If this condition turns out to be something serious, do you want to know?"
- "Are you the type of person who wants to know all the facts?"
- "Would you like me to tell you the full details of your condition? If not, is there someone else you would like me to talk to?"

I continually discuss goals with patients. By discussing goals such as, "I want the ability to hunt for shells on the beach with my grandson," we can work together to bring those to life. In my work with hospice patients, most of their dreams are possible

despite a seemingly hard situation. I like to say we specialize in making dreams come true.

Knowledge transmission

(effectively and compassionately)
Start with a warning shot, letting the patient know that you have bad news. Next, share the facts, slowly and with frequent pauses. Then, stop and give the patient or family time to process the new information. I work hard not to minimize the severity of the situation, as this may lead to confusion. Some helpful phrases may be:

Warning shots

- "I'm afraid the news is not good."
- "I'm afraid that I have bad news."

Share the facts clearly

"The MRI shows the cancer has spread."

Stop

Check for understanding

- "This is difficult information; tell me what you heard."

Explore emotions and empathize

Support patients and families through a broad range of reactions. I give them time to react even though outbursts of strong emotions can be uncomfortable. I listen quietly and attentively.

I encourage them to describe their feelings.

- "What worries you most?"
- "What does this news mean to you?"

I acknowledge their emotions. I reassure them that their responses are normal and that I will try to help them.

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Summarize and strategize

Patients often don't want to be perceived as asking ignorant questions, so it helps to freely offer a summary. Then, establish a plan for the next steps—this gives the patient something to hold onto. The next steps may be treatment or support such as homecare or hospice.

I reassure the patient and family that they are not alone and I will be engaged in an ongoing plan to help, regardless of the prognosis.

I offer reminders of how to contact me or my staff with additional questions, and establish a time for a follow-up appointment.

Adapted from Education in Palliative and End-of-Life Care for Oncology (EPEC-O), Self-Study Module 7: Communicating Effectively.

Buckman R. How to Break Bad News: A Guide for Health Care Professionals. Baltimore, MD: The Johns Hopkins University Press; 1992:65-97.

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