Module 3: Communicating bad news to cancer patients

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The way in which health care professionals communicate with patients has implications for:

> Quality of relationship provider-patient
> Patient’s adjustment
> Patient’s satisfaction
> Professional’s satisfaction and well-being (less burnout)
> Health care economy

**Good communication skills** facilitate addressing patients’ concerns and needs, provide **basic emotional support**, detection of emotional problems and a patient-centered care model.
Communication skills are the cornerstone of doctor-patient relationship and a critical factor for comprehensive quality care in oncology.

Michael Levy MD, ASCO 1998

The majority of complaints expressed by patients pertain to the (lack of) quality of communication with oncology service providers.

ESMO / ASCO Recommendations for a Global Curriculum in Medical Oncology Edition 2016


5. PSYCHOSOCIAL ASPECTS OF CANCER

6. COMMUNICATION
What is Communication?

• **verbal and non-verbal behavior** which conveys thoughts, attitudes, feelings, ideas and information

• **a circular process:**
  
  sender → receiver (sender) → receiver

• **impossible not to communicate**
  
  (silence is a form of communication)

• **influenced** by several variables (e.g. beliefs, emotions, socio-cultural, environmental context)

• persons (patients) are not passive recipients of information, they **actively construct** ideas and **meanings** about what they are told
The clinical encounter

Doctor’s knowledge
(meanings about: health, disease, treatment, future, QoL, etc.)
Specialist in medicine

Patient’s knowledge
(meanings about: health, disease, treatment, future, QoL, etc.)
Specialist in own life

Dialectics

YOU HAVE CANCER!

OMG!!!!!!!!!!!

healthcare professional

patient

patient-centered care approach

L Travado, CCC 2015
Basic communication skills:

- active listening, eye contact, attentive posture
- open-ended questions
- clarification
- encouraging patients to express concerns and emotions
- screening for problem areas
- respond to cues
- respond to emotions: empathize – validate – explore
Bad news is any news that seriously and adversely affects the patients view of his or her future

Buckman, 1990
“Bad News” in Oncology

- Cancer Diagnosis
- Very Poor Prognosis
- Disease Recurrence
- Unsuccessful Treatment
- Irreversible Side-Effects
- End of Anti-Cancer Treatment
- Resuscitation
- Sudden Unexpected Death or Complications
SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer

WALTER F. BAILE, a ROBERT BUCKMAN, b RENATO LENZI, a GARY GLOBER, a ESTELA A. BEALE, a ANDRZEJ P. KUDELKA b

aThe University of Texas MD Anderson Cancer Center, Houston, Texas, USA; bThe Toronto-Sunnybrook Regional Cancer Centre, Toronto, Ontario, Canada

The Oncologist, 2000; 5:302-311.
Breaking Bad News

The main objective is to separate **THE MESSENGER** from **THE MESSAGE** so that even though the message is bad, the messenger can be seen as part of the support system.
S-P-I-K-E-S Protocol
Six Steps in Giving Bad News

SPIKES

S - Setting up the interview
P - Perception of the illness
I - Invitation
K - Knowledge: what and how much
E - Emotions: how to address
S - Strategy & Summary

Baile, Buckman et al, The Oncologist 2000
STEP 1: SETTING UP the interview

Goals:
- Prepare for the interview
- Create “rapport”
- Put patient at ease
- Facilitate information exchange

Procedures:
- Reflect
- Arrange uninterrupted time
- Who should be there?
- Sit down
- Kleenex handy
- Eye contact
- Patient should be ready
STEP 2: Find out the patients **PERCEPTION** of the illness

Goals:
- To determine information gaps
- To assess “denial” and its mimics
- To create rapport
- To understand patient expectations and concerns

Procedures:
- Use open-ended questions:
  - “Tell me what you’ve been told”;
  - “I’d like to make sure you understand the reason for the tests”
- Correct misinformation and misunderstanding
- Address “denial”
- Address unrealistic expectations
- Define your role
S-P-I-K-E-S Protocol

STEP 3: Get an **INVITATION** from the patient to give information

**Goals:**
To determine how much information the patient wants and when to give it
To acknowledge that patient information needs may change over time

**Procedure:**
Ask “Are you the type of person who wants information in detail or....”
STEP 4: Giving the patient **KNOWLEDGE** and information

Goals:

To prepare the patient for the bad news
To ensure patient understanding

Procedures:

Forecast the arrival of bad news— “I’m afraid I have some bad news for you....”
Give the information in small chunks
Check for patient understanding
Avoid jargon
Address all questions
S-P-I-K-E-S Protocol

STEP 5: Responding to patient EMOTIONS

Goals:
- To acknowledge emotional responses
- To facilitate emotional “recovery”
- To acknowledge our own emotions

Procedures:
- Expect emotions and be prepared for them
- Use empathic response to emotions such as crying
- Clarify emotions you are not sure about
- Validate patient feelings

Walter Baile, IPOS, 2005
IPOS online curriculum
www.ipos-society.org
Three techniques for addressing EMOTIONS

Each response to an emotion should be one of these

• EXPLORING
• VALIDATING
• EMPATHIZING
# Addressing Patient Emotions

<table>
<thead>
<tr>
<th>Technique</th>
<th>Example</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Exploring</td>
<td>“Can you tell me what you are thinking right now?”</td>
<td>Patient feels you are interested</td>
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<tr>
<td>Validating</td>
<td>“It’s very common for patients to feel this way.”</td>
<td>Patient feels “normal”</td>
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<td>Empathizing</td>
<td>“I can see how upsetting this is to you.”</td>
<td>Patient feels you are “tuned-in”</td>
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**Empathizing + Validating + Exploring = SUPPORT**

Walter Baile, IPOS, 2005
IPOS online curriculum
www.arios-society.org
STEP 6: STRATEGY and SUMMARY

Goal:

To ensure that there is a clear, negotiated plan for the future

Procedures:

Make treatment recommendations
Check patient understanding
Provide options for treatment
Understand barriers and concerns
Communicate your role
Patient-Clinician Communication: American Society of Clinical Oncology Consensus Guideline


Abstract

Purpose
To provide guidance to oncology clinicians on how to use effective communication to optimize the patient-clinician relationship, patient and clinician well-being, and family well-being.
Patient-Clinician Communication: American Society of Clinical Oncology Consensus Guideline

**Guideline Question**
What communication skills and tasks can clinicians use to optimize the patient-clinician relationship, patient and clinician well-being, and family well-being?

**Target Population and Audience**
Clinicians who care for adults with cancer.

**Methods**
An Expert Panel was convened to develop clinical practice guideline recommendations based on a systematic review of the medical literature and a formal consensus process.

**Key Recommendations**
1. Core communication skills

   (Type of recommendation: formal consensus; Strength of recommendation: strong)

   1.1. Before each conversation, clinicians should review the patient's medical information, establish goals for the conversation, and anticipate the needs and responses of the patient and family.

   1.2. At the beginning of conversations with patients, clinicians should explore the patient's understanding of their disease and collaboratively set an agenda with the patient after inquiring what the patient and family wish to address and explaining what the clinician wishes to address.

   1.3. During patient visits, clinicians should engage in behaviors that actively foster trust, confidence in the clinician, and collaboration.

   1.4. Clinicians should provide information that is timely and oriented to the patient’s concerns and preferences for information. After providing information, clinicians should check for patient understanding and document important discussions in the medical record.

   1.5. When patients display emotion through verbal or nonverbal behavior, clinicians should respond empathically.
Effective patient-clinician communication is central to the delivery of high-quality care. It is crucial in the cancer setting where patients have to deal with stress, uncertainty, complex information, and life-altering medical decisions.
Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers
### 4 How to discuss prognosis and end-of-life issues

<table>
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<tr>
<th>Recommendation</th>
<th>Useful phrases (where applicable)</th>
<th>Evidence level</th>
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<td>Use good generic communications skills and establish rapport with the patient and family.</td>
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<td>Make eye contact (if culturally appropriate), sit close to the patient, use appropriate body language, allow silence and time for the patient to express feelings.</td>
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<td>Engage in active listening (e.g., attend to the patient fully, reflect what you think he or she has said).</td>
<td>“If I’ve heard you right, you seem to be saying…”</td>
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<td>Show interest in the patient as an individual and as a whole person, as well as the family.</td>
<td>“This has been a tough time for you and your family, and you have faced the challenges of this illness with great courage.”</td>
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<td>Show compassion and use a warm, caring, respectful and empathic manner.</td>
<td>“Do you have any questions or other concerns?” “Some people are worried about things that may or may not happen in the future. It can help to talk about this.” “I am very happy to talk to you about any concerns or questions you have about this now or later. Is there anything you would like to ask me today about this?” “Often people with conditions like yours have got a lot of questions that are sometimes scary, or sometimes they’re not certain if they want to know the answer. Often the thing they fear or believe is worse than how it really is. So if there’s anything you want to know, feel free to ask me and I’ll answer as best as I can.”</td>
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<td>Be willing to initiate and engage in conversations about what may happen in the future and dying.</td>
<td>“What is your understanding of your health situation and what is likely to happen?” “Do you have thoughts about where things are going with your illness?”</td>
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<td>Ensure the patient and caregiver are aware that they can openly discuss these topics with you or someone else in the healthcare team if they wish.</td>
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<td>Broach the topic in a culturally appropriate and sensitive manner.</td>
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<td>Always give the patient and caregiver the option not to discuss these topics or to defer the discussion to another time.</td>
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<td>If the patient does not currently wish to discuss these topics, raise them again when the person’s condition or situation changes (Box 1).</td>
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<td>Before giving new information, use open directive questions to clarify the patient’s or caregiver’s level of understanding of the illness.</td>
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Communication is a critical core competence essential in supporting patients and families

- can be learned and improved with training
- benefits patients (reduces anxiety) and professionals (reduces burnout)
- have been recommended to be part of routine education for health professionals in cancer settings
- still enormous lack of formal training in academic settings and in continuous education
- CST:
  EU survey conducted under EPAAC: 19/27 countries (70%) referred to having CST resources, and 17/27 countries (63%) said they provide CST during medical education

❖ **Communication and Interpersonal Skills in Cancer Care** by Walter Baile, MD (USA)
❖ **Anxiety and Adjustment Disorders in Cancer Patients** by Katalin Muszbek, MD (Hungary)
❖ **Distress Management in Cancer Patients** by Jimmie C. Holland, M.D, USA
❖ **Depression and Depressive Disorders in Cancer Patients** by Luigi Grassi, MD (Italy) and Yosuke Uchitomi, MD, P.D (Japan)
❖ **Psychosocial Assessment in Cancer Patients** by Uwe Koch, MD, PhD & Anja Mehnert, PhD (Germany)
❖ **Cancer: A Family Affair** by Lea Baider PhD (Israel)
❖ **Loss, Grief and Bereavement** by David Kissane MD (Australia)
❖ **Palliative Care for the Psycho-Oncologist** by William Breitbart MD (USA)
❖ **Ethical Implications of Psycho-Oncology** by Antonella Surbone MD, PhD, FAC (Italy)
❖ **Psychosocial Interventions: Evidence and Methods for Supporting Cancer Patients** by Maggie Watson PhD and Barry Bultz PhD (UK, Canada)

www.ipos-society.org
THANK YOU

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