



**For you, your career, and your life**

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## Essential Skills: Breaking Bad News

It's probably one of the toughest tasks of the profession: conveying bad news to patients and their families. It's not a skill typically covered at length in any formal training, and even the most experienced physicians sometimes find themselves wondering about the best approach.

"Breaking bad news is a skill set which must be learned and practiced," says Walter F. Baile M.D. "It does not get better or easier over time if you have not had the learning opportunity." Baile is Professor and Chief, Psychiatry at the University of Texas M.D. Anderson Cancer Center in Houston.

There are several barriers doctors must learn to overcome when they relate bad news, says family physician Rick Kellerman, M.D. He is President of the American Academy of Family Physicians (AAFP) and chairs the Department of Family and Community Medicine at the University of Kansas School of Medicine in Wichita.

"First of all, physicians don't enjoy sitting down to give bad news — it's uncomfortable. Second, it's never easy to deliver

the news in a way that is factual, yet sensitive. Third, it can be an emotionally intense situation for the physician, as well as the patient, and there is concern about how the patient or their family will react."

"It's important to have your approach in mind when you give bad news," says Baile. "You need to be prepared to deal with strong emotional reactions — your own and the patient's."

Baile and medical oncologist Rob Buckman, M.D. have developed a six-step protocol for breaking bad news called SPIKES (see page 2). Oncologists, oncology trainees and medical students have used it successfully to build confidence in their ability to disclose unfavorable medical information to patients.

There are certain words and phrases doctors should and should not use when breaking bad news, Baile advises. "Use empathic statements when you give any kind of bad news. For example:

'I wish it were different...'

'I was hoping we'd get a better result...'

And, when a patient cries, 'I

*Developing good communication skills is essential for your success as a physician. When you face challenges related to effective communication, conflict, finances, decision-making and other issues during your residency, the professionals at RAP can help. We offer counseling, coaching and an extra measure of support when you need it most. Let us know what barriers we can help you overcome to make you a more successful physician. Call us at 813-870-3344.*

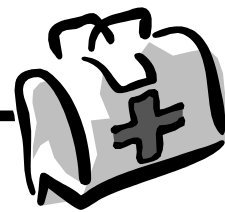
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can see how upsetting this is to you...'

"Don't use the phrase 'There is nothing more that we can do for you,'" says Baile. "Even if you preface it by saying 'I'm sorry,' it still feels like abandonment to the patient. And when a patient gets upset, you should not offer a treatment you know will not work in order to calm them down."

Doctors should be prepared

*Continued on next page*



**Nothing travels faster than the speed of light with the possible exception of bad news, which obeys its own special laws.**

*Douglas Adams (1952 - 2001), "The Hitchhiker's Guide to the Galaxy"*



## Money Matters

### Time to Switch Banks?

Bank fees are going up, ATM surcharges have hit a new high, and checking accounts that pay interest still don't pay very much. If you're not satisfied that you are getting the best deal from your bank, it might be time to take a closer look.

"With bank fees rising and interest checking accounts remaining at low yields, consumers need to be more conscientious than ever in finding the best options for their money," say Greg McBride, Senior Financial Analyst at Bankrate.com. Owned by Bankrate, Inc., Bankrate.com offers banking information, ratings and other tools to help consumers make informed banking choices.

In addition to comparing what banks charge for bounced checks, monthly service fees and ATM surcharges, look at deposit accounts that pay higher rates of interest. If you find a better rate elsewhere, ask your existing bank to match it – they may be willing to do so to keep you as a customer.

Some helpful resources for banking, financial services and financial planning:

[www.bankrate.com](http://www.bankrate.com)  
[www.aba.com](http://www.aba.com)  
[www.floridabankers.com/florida\\_banks.cfm](http://www.floridabankers.com/florida_banks.cfm)  
[www.munizandassociates.com](http://www.munizandassociates.com)

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### Breaking bad news, *continued*

to answer questions about why the diagnosis wasn't made sooner, why a certain type of care was delivered or why a surgery went poorly, says Kellerman. He also says it's best not to delegate the task of delivering bad news.

"If I get a test result back and it's potentially going to result in bad news or further testing, I try to deliver that information face-to-face whenever possible," he says. "If the patient isn't available right then, I will call them myself, instead of having my office staff call. That way the patient can ask questions instead of having to wait, not knowing anything, until they can get a follow-up appointment."

Both physicians agree that practicing with standardized patients is one of the best ways to develop greater confidence in communicating bad news. "We have a program in which med students and residents can go through simulated scenarios, then receive feedback on how well they did," says Kellerman. This kind of practice is invaluable, and far better than having to do it for the first time when you are on call or on your first day of residency."

### SPIKES—A six-step protocol for delivering bad news

Developed for communicating bad news to cancer patients, the SPIKES procedure can also apply to other patients. Its steps include:

**Setting**—Arrange for some privacy, involve significant others, sit down, maintain eye contact and minimize interruptions.

**Perception**—Find out what the patient already knows and expects. Before you tell, ask.

**Information**—Set goals for the interview jointly with the patient. "I'd like to talk to you about the test results —is that OK?"

**Knowledge**—Give information without jargon and in small chunks patients can understand

**Emotions**—Respond with empathic responses and watch your own emotions like fear, sadness and guilt

**Strategy and Summary**—Give the patient a plan, so they have a roadmap of what to expect, and summarize the discussion.

The complete SPIKES protocol can be found in *The Oncologist* 5:302-311,2000, <http://theoncologist.alphamedpress.org.ist.alphamedpress.org>

### Additional resources

- A Palm Pilot module on breaking bad news is available to physicians from the American Cancer Society at [www.acspdassupport.com](http://www.acspdassupport.com)
- "A Practical Guide to Communication Skills in Cancer Care" is available via Cinemedics at [www.flexec.ca/products/communication\\_skills.html](http://www.flexec.ca/products/communication_skills.html)
- Curbside Consultation: Discussing Terminal Illness with a Patient [www.aafp.org/afp/20060701/curbside.html](http://www.aafp.org/afp/20060701/curbside.html)
- Breaking Bad News: The Many Roles of the Family Physician [www.aafp.org/afp/20011215/editorials.html](http://www.aafp.org/afp/20011215/editorials.html)