Original Article

PHYSICIANS PERSPECTIVE OF BREAKING BAD NEWS-SPIKES PROTOCOL

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Abstract

Background: Doctor patient relationship is one of the closest and trusted relationship. An effective and good communication is the key to a satisfied client with enhanced capacity to take right decisions. To assess physician knowledge and attitude about SPIKES protocol of breaking bad news.

Material and Methods: This cross sectional study was conducted at Ghurki Trust Teaching hospital affiliated with Lahore Medical & Dental College from 1st October 2023 to 31st December 2023. We used convenient sampling through a questionnaire based on SPIKES protocol which will be filled by doctors who consented to participate in the study.

Results: A total of 182 doctors belonging to different specialties of the hospital participated in the study. There were 153 (84.1%) females and 29 (15.9%) males. Majority (63.1%) were residents and had less than 10 years of experience. 90.6% were not aware of the SPIKES protocol for breaking bad news and (68.1%) learnt by seeing experts or by hit and trial. About 48.9% considered setting of BBN should be in an office. Majority (80.2%) had a tendency to tell the truth about diagnosis to both patients and family members. About 60.4% admitted that they listened to questions asked by patients without interruption. Half of the participants (53.8%) felt sad while delivering bad news. About fears faced by doctors while BBN 37.9% feared they will be ending hope for patient and 20.3% feared of patient's reaction. One hundred and sixty (87.9%) participants believed that it is very important to incorporate "how to break bad news" in graduation course.

Conclusion: Breaking bad news is an essential communication skill for doctors. Training should be given about protocol in undergraduate years.

Keywords: S setting, P perception, I invitation or information, K knowledge, E empathy, and S summarize or strategize (SPIKES), Breaking bad news, Communication skills

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INTRODUCTION

Doctor patient relationship is one of the closest and trusted relationship. An effective and good communication is the key to a satisfied client with enhanced capacity to take right decisions[1]. A crucial aspect of communication is breaking bad news. Bad news is defined as news "that results in a cognitive, behavioral or emotional deficit in the person receiving the news that persists for some time after the news is received"[2]. Intellectually humans find it very challenging to grasp bad news when it arrives and have a great propensity to personify the bad news and identify it to the person who brings it.

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Before the late 1900s, physicians were advised to keep a deathly diagnosis confidential. With changing trends, patients want their doctors to be honest and informative apart from being compassionate, caring and hopeful. However, many healthcare professionals are uncomfortable discussing bad news due to perceived lack of training, stress, emotional needs, fear of upsetting patients, and inadequacy in treatment. This leads to poor patient satisfaction, poor rapport and stress to physicians[3,4].

Breaking bad news well is an essential skill for all doctors but mostly they lack training with protocols. There are a number of protocols available like BREAKS, Rapport, Explore, Announce and ABCDE[5]. One of the most widely used protocol for breaking bad news (BBN) is the SPIKES (Setting up, Perception, Invitation, Knowledge, Emotions, Strategy and Summary) protocol published in The Oncologist in the year 2000, as a protocol for delivering bad news to cancer patients[6]. SPIKES protocol has four objectives: Gathering information from patient, transmitting the medical information, providing support to the patient and eliciting patient's collaboration in developing strategy or treatment. This has been the most widely used protocol and even part of curriculum in various settings[7,8].

Health care providers need to be skilled at breaking bad news, but curricula don't give this skill much emphasis. As a result, health care providers experience increased burnout, distress, and exhaustion when they feel ill-prepared to break unpleasant news. Studies have shown that healthcare professionals who take training course on breaking bad news feel more comfortable and confident when communicating such information[8,9]. We planned this study to evaluate the perception and attitude of physicians about SPIKES protocol of breaking bad news.

MATERIALS & METHODS

This cross-sectional quantitative study was conducted at Ghurki Trust Teaching hospital affiliated with Lahore Medical & Dental College. We used questionnaire based on SPIKES protocol which will be filled by doctors at the above hospital. Doctors who did not come in contact with patients directly (pathologist, radiologist, lab workers) and those who did not sign the free and informed consent statement were excluded. The potential sample included all doctors of hospitals including the junior doctors as well as the senior ones. Convenient sampling technique was used and the duration of study was from 1st October 2023 to 31st December 2023. Total number of doctors who participated in the study was 182.

RESULTS

Of a total of 182 participants, more than half were females 153 (84.1%), while fewer 29 (15.9%), were males. Mean age of participants was 30.32± 4.57. Those with experience of 1-10 years were 115 (81.3%). 141 (77.4%) participants did not know of any protocol for breaking bad news.

Among these medical professionals, the majority, 94 (51.6%), occasionally provided bad news to others, while 82 (36.8%) provided bad news to others frequently. Majority 132 (72.5%) used verbal and non-verbal forms, and 50 (27.4%) used only verbal counselling. Coming to rating their ability to deliver bad news 45.6% considered themselves good, 24.7% very good, 28.02% acceptable, and 1.65% thought they were bad at it.

While considering the ideal setting of breaking bad news of 182 respondents, 67 (36.81%) searched for a private and cozy place to give bad news, 89 (48.9%) preferred doing it in an available office. In the case of bedridden patients, the majority, 56.5% liked to inform them standing beside the bed, while 43.4% liked sitting beside the bed.

Amongst all, 89 (48.92%), provided the bad news in a clear manner easily understandable words while rest explained in more detail.

The majority 146 (80.2%) doctors tend to tell the truth very carefully about the diagnosis. Among these, 167 (91.75%) thought that

medical truth should be told to the family and patients both.
About 110 (60.4%) professionals admitted that they listened to the questions asked by patients carefully and without interrupting them.
When asked about the contents they explored during their conversation with patients 67 (36.8%) respondents explored what the patient already knew about their health condition, 8 (4.4%) wanted to explore what patient wanted to know, 29 (15.9%) explored what concerned the patient and rest utilized multiple ways mentioned above.
When asked about how did the doctors feel about giving bad news 96 (52.7%) felt sad after giving bad news, 47 (25.8%) felt helpless while fewer felt 2 (1.09%) sacred and 5 (2.74%) unsafe after giving bad news.
About the fears doctors faced while giving bad news, 69 (37.9%) feared that they will be ending hope for patient, 37 (20.3%) feared of patient's reaction ,16 (8.7%) had fear of being blamed, while others had multiple answers to the type of Fear.
Of 182 subjects, 51 learnt during graduation ,56 learned to deliver bad news by trial and error, 58 by seeing other experts, and 17 by other ways. Majority (77.4%) of professionals did not know of any instrument in use to give bad news. Most doctors 160 (87.9%) believed that it is very important to incorporate "how to break bad news" in the graduation course.

Table 1: Demographics & Perception of participants about Breaking Bad news-SPIKES Protocol

Demographics	Categories	Number	Percentage
Mean Age	30.32±4.57		
Designation	Consultant	67	36.8
	Resident	115	63.2
Years of Experience	<10 years	147	80.8
	>10 years	35	19.2
Gender	Female	153	84.1
	Male	29	15.9

Table 2: Frequency of responses of doctors regarding their perception of breaking bad news according to spikes protocol

	Responses	Number	Percentage
What is Bad News?	All information that causes physical harm to the patient	14	7.7
	Just give notice of death	6	3.3
	Any information transmitted that implies any negative change	162	89.0
How often do you give bad news?	Almost always	15	8.2
	A lot	67	36.8
	Occasionally	94	51.6
	little and never	6	3.3
How do you give bad news?	Only verbally	50	27.5
	Verbal and non-verbal form (touch, look, empathy...)	132	72.5

How do you rate your ability to deliver bad news?	Very Good	45	24.7
	Good	83	45.6
	Acceptable	51	28.0
	Bad	3	1.6
Where do you give bad news?	Search for a private and cozy place	67	36.8
	Inform in an available office	89	48.9
	Informally inform in the hallway or somewhere outside the office	26	14.3
If the patient is bedridden	Inform sitting beside the bed	79	43.4
	Inform standing beside the bed	103	56.6
How do you provide the bad news? (may have more than one answers)	With Clear, Understandable Language, Avoiding Technical Words	89	48.9
	With Clear, Understandable Language, Avoiding Technical Words, I Explain in Detail	51	28.0
	With Clear, Understandable Language, Avoiding Technical Words, I Explain in Detail, And Technically, I Clarify Doubts	36	19.8
	I Put Myself in The Patient's Shoes	6	3.3
When breaking bad news do you always tell the truth about the diagnosis, prognosis and treatment?	Never	2	1.1
	Avoid telling the truth	4	2.2
	Say it all at once	30	16.5
	Give cautiously, as required by the patient and family members.	146	80.2
Who do you Tell the truth to?	Only to the patient	3	1.6
	Only to the family	12	6.6
	To the patient and their companion at the same time	39	21.4
	Preferably first to the patient, then to the family	69	37.9
	Preferably first to the family, then to the patient	59	32.4
When the patient speaks and/or asks a question, you: (may have more than one answers)	Listen carefully and without interrupting the patient	110	60.4
	Listen to what the patient says, but interrupt whenever he has something to add	36	19.8
	Does not let the patient talk too much and is objective	5	2.7
	Listen carefully and without interrupting the patient, always take the time to answer the questions	30	16.5

What Contents do you explore during the conversation with patients?	Health condition awareness	67	36.8
	Communication preferences	33	18.1
	Addressing worries	29	15.9
	Addressing patient queries	8	4.4
	Health condition awareness, Communication preferences, Addressing worries	31	17.0
	Health condition awareness, Addressing worries	89	48.9
How do you feel about giving bad news?	Sad	96	52.7
	Pitiful	14	7.6
	Feel Helpless	48	26.3
	Relieved	15	8.2
	Unsafe/ Scared	7	3.8
What fears do you have when giving bad news?	Fear of being blamed, fear for patients' reaction	25	13.7
	Fear of ending the patient's hope	69	37.9
	Fear of ending the patient's hope, Fear of death and the disease itself	33	18.1
	Fear of ending the patient's hope, Fear of the patient's reactions	46	25.3
	Fear of your own emotional reactions	7	3.8
How did you learn to deliver bad news?	During Graduation	51	28.0
	By trial-and-error method	66	36.3
	Specific course	7	3.8
	Seeing other experts	58	31.9
Do you know any instrument that helps in the ability to tell bad news?	Yes	41	22.5
	No	141	77.4
How important do you think is the incorporation of how to break bad news in the graduation course?	Very Important	160	87.9
	Unimportant	8	3.3

DISCUSSION

Breaking bad news is a major dilemma which physicians face and is stressful for both physician and patient. Traditionally, medical education has placed more emphasis on technical proficiency than communication skills. In our study, 77.4% of participants did not know about any protocol of BBN although it was agreed by 87.9% that learning to break bad news is very important. The studies from developing countries show similar findings of poor knowledge of physicians regarding any structured protocol of BBN[7,10-12]. There is evidence that skills-based communication training programs can be successful for learning how to break bad news. However, it is clear that purely didactic modalities are ineffective in changing communication behavior. Mixed strategies including brief lectures, discussions and simulations were described as important and effective as well as well received, resulting in more confidence and proficiency in breaking bad news[13]. In our study, 80.2% selected to give bad news cautiously as required by the patient and family members. In similar study from Sao Paulo,

93.3% physicians gave bad news cautiously[14]. There can be very little time to establish a rapport when a doctor has to break terrible news to a patient or family during an emergency because it is frequently the first interaction. This negative news may come as a surprise to patients and their families, which can cause shock, denial, animosity, dread, and grief[15]. While half (48.9%) of our participants break bad news with clear understandable language, only 19.8% wanted to go in details and clarify doubts. A study from Sindh shows similar results with 83.3% delivered news without clarifying doubts16. Recognizing that a BBN encounter will inevitably elicit powerful feelings, even if they are not verbally articulated, is the first step towards resolving emotions. It's critical to highlight vocal empathy expression in these interactions, as well as to acknowledge and validate the patient's feelings.

The most challenging aspect of BBN especially of cancer and any life changing illness or death is whom to break the news; patient or the family. In our study, 37.9% preferred giving news to the patient first and then family while 32.4% preferred informing the family first. It is important to ask the patient if he or she would like to be accompanied by family or a friend or a companion according to SPIKES protocol. When using a patient- and family-centered approach, the doctor delivers the information based on the requirements of the patient and the patient's family. When determining these demands, the family's cultural, spiritual, and religious traditions and beliefs are taken into consideration[7,10,11,12]. Patient’s perspective is also important in BBN. Studies report that they prefer to know the truth themselves. This has important implications in the era of patient’s choice and freedom[17].

In our study, experienced doctors (over 10 years) found both verbal and non-verbal methods effective (80%) versus 70.7% of less experienced doctors. Experienced doctors showed more empathy, while less experienced ones felt more helpless (27.8%). Overall years of experience had more profound effect in the ability to break bad news. Vogliotti et al noted that longer-experienced doctors took more time and used better approaches in delivering bad news[18].

Most (31.8%) of the participants learnt to break bad news by observing senior doctors and 30.7% by trial and error in our study. There is no formal training which was identified as need of hour by majority of participants. Similar deficiency is reported by other studies from Pakistan as well[12,16]. Various studies emphasize teaching breaking bad news in clinical years or educational courses. [19, 20] Simulation has strong theoretical underpinnings and is frequently used to teach medical professionals how to deliver bad news.

AUTHORS CONTRIBUTION:

AS: Conceptualization of Project & Writing of Manuscript
SS: Literature Review
IR: Data Analysis
AW: Data Collection
MSN: Review of Manuscript
TW: Review of Manuscript

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