

COMMUNICATING BAD NEWS

Over the last few years I have regularly taught medical students about giving bad news. Most of them know SPIKES, which as far as I can work out was originally described by Baile and others¹. SPIKES is a mnemonic: a list of things to do – a useful reminder. It says, very briefly, to do this:

S = SETUP. Set up the situation so it has a good chance of going smoothly. Pay attention.

P = PERCEPTION. Find out the patient's perception of the medical situation.

I = INVITATION. Find out how much information the patient wants.

K = KNOWLEDGE. Use language that matches the patient's level of education.

E = EMPATHIZE. Use empathic statements to respond to patient emotions.

S = SUMMARIZE AND STRATEGIZE. Summarize the clinical information and make a plan for the next steps.

This is very good, and the more detailed explanation is very complete and well worth reading and doing, but I wonder whether it is all that easy to remember these instructions and advice when you're doing this for the first time, and what clinicians, medical, nursing and others, might do to improve their chances of doing well for their patients in these discussions. I have a few suggestions.

Practice. There is a great body of evidence that the best way of learning communication skills is to do it, and what better way than to practice in a safe but realistic environment in which you can get feedback from the patient and from other participants. Cancer Council Victoria provides such experiential workshops on a regular basis in the Grampians Region. These workshops run for half a day and you can find out about them by contacting the Grampians Regional Palliative Care Team at <http://www.grampianspalliativecare.com.au> or Cancer Council Victoria on (03) 9635 5000. Participants find these workshops challenging, but also almost uniformly find them very helpful and confidence-building. Talking about serious matters with patients is something they very much want, and it is an essential part of practice for all of us dealing with advanced disease. Another good spin-off is that there is also evidence that clinicians who are good communicators are less likely to experience burnout and other work-related emotional problems. Looks like if you can talk with others about serious matters, you also learn how to talk to yourself at the same time!

Having run such workshops regularly for several years now, I have noticed that when talking to people in the clinical context, clinicians tend to avoid approaching discussion of that person's emotional state, even when the workshop is about addressing emotions. That brings me to my suggestion about another way of framing difficult discussions that is more directly attuned to the emotions and to making emotional connection.

Here is the way I think of it.

1. Information. Read the record beforehand and get all information you can. This will give a good impression of your interest, and save a lot of time.
2. Relationship. Pay attention. Use appropriate touch and introduce yourself carefully. Handshake remains the personal touch least likely to be misunderstood.
3. Emotion. Begin with the intention of having a conversation, and start with open questions that allow you to go direct to the emotional, not the factual. Don't be afraid that this will take too long. You will save time overall. An anxious person may not remember facts, but will surely remember the emotional support you gave, and the more relaxed they are, the more they will remember.
4. Needs. Use your emotional connection to talk about the fears and the needs of the patient, and about any facts or information you need to offer.
5. Engineer a plan. Use all of this to make plans for care.

You could have a mnemonic for this too. IRENE, perhaps. But really, if you go to a workshop and practice putting it together, you will be far better off! Remember that the process of doing this talking is actually a therapy in itself – for both you and the patient. What could be better than that?

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1. Baile WF, Buckman R, Lenzi R, Goble G, Beale EA, Kudelka AP. "SPIKES-A six-step protocol for delivering bad news: Application to the patient with cancer." *Oncologist*, 2000; 5:302-11.

NEPALESE ASSOCIATION OF PALLIATIVE CARE, AAA & GRPCT

In recent times the GRPCT has been working with Aussie Adventures Abroad (AAA - Australia) and the Nepalese Association of Palliative Care (NAPCare - Nepal) to establishment of a partnership agreement between the three organizations. In January 2012 we signed a formal partnership agreement in Nepal. The GRPCT was represented at this meeting by Jan Milliken, who was a member of our team three years ago.

This partnership aims to strengthen the partnership between the parties and share experiences and future directions. We will hopefully be able to share knowledge and understanding of the needs of people of all ages with life threatening illness & their families and in turn recognize specific cultural needs & restrictions regarding Palliative Care provision in different settings. We are also hoping that each organization will be able to offer educational resources, strategies and professional support. And that in the near future and with improved technology that Nepal will be able to link into our monthly twilight sessions. The partnership also aims to connect Palliative Care multidisciplinary teams and volunteers from Australia and Nepal and provide staff exchanges when finances are secured. And ideally we would like to develop specific programs to educate communities as to the aims and philosophy of Palliative Care within the context of culture.



This is an exciting time for the Grampians region and gives us an opportunity to broaden our knowledge of palliative care. We are looking forward to the future with Nepal and hope that as a member of the Grampians Palliative Care Community you will choose to participate with us.

NEW PCV WEBSITE AND ONLINE LIBRARY

Palliative Care Victoria recently launched its new website and online library, making it easier for patients, families, carers, volunteers, health professionals, other service providers and the community to find information and services regarding palliative care. The new website www.pallcarevic.asn.au has an improved postcode and suburb search for palliative care services, easier navigation and updated content. It also gives more prominence to the importance of volunteering and cultural diversity in palliative care. The online library www.pcvlibrary.asn.au is also accessible to the public and offers a wide range of documents that can be searched and downloaded easily.

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