

## COMMUNICATION FRAMEWORK FOR SHARING SIGNIFICANT OR SERIOUS INFORMATION

During the course of a child’s illness, the health professional will be required to deliver significant or serious information (“break bad news”) to the family and possibly the patient. This information is usually life-altering, distressing and difficult for the family or patient to hear. The words and attitude of the health professional can have a lasting impact on the person receiving the news. It is important that information is communicated in a clear and structured manner, and with an attitude of respect, non-judgement and empathy.

### SPIKES: A six-step protocol for delivering significant information

STEP	WHAT TO DO
<b>S – Setting and Set-up</b> Ensure the environment is private, comfortable and safe.  Prepare for the interview.	Consider the time, the size of area, physical barriers, and position of the people in the room. Ensure the appropriate family or team members are present. Have tissues and water available. Use the <b>SOLER</b> technique: <b>S</b> it squarely with an <b>O</b> pen posture. <b>L</b> ean towards the person, make <b>E</b> ye contact and <b>R</b> elax. Clear your own mind. Ensure you have the necessary patient information and medical facts, and prepare what you want to say. Have awareness of the caregiver’s emotional state, past experiences, cultural/spiritual background and expectations. Have awareness of your own emotional reaction when sharing the news
<b>P – Perception</b> Find out what the caregiver or patient understands	Consider open-ended questions, e.g. ask them to tell their story. The caregiver may already have some information or have investigated on their own. Use attentive listening and reflect the language that they use
<b>I – Invitation</b> Gain permission to share more information	Find out more about what the caregiver or patient wants to know (and in how much detail). Parental permission and assistance should be sought in the case of disclosing to a child. Clarify any misinformation that they may have heard. The caregiver may decline further information, or delegate someone to receive the information on their behalf (consider cultural variation). Consider that there may be important decisions to be made – inform them of this and proceed gently
<b>K – Knowledge</b> Provide the information to the family.	Use the <b>Warn, Pause and Present, Check back Chunk (WPC)</b> method: <ul style="list-style-type: none"> <li>- Give a warning shot that you will be sharing significant news.</li> <li>- Pause until they are ready.</li> <li>- Present one piece (chunk) of information at a time allowing time and silence for the patient/parent to process.</li> <li>- Watch their facial expression and body language to ensure that they are ready for the next chunk.</li> <li>- When all the information has been given, gently ask them to repeat back to ensure that they have correctly understood the information.</li> </ul> Use language that the caregiver can understand and avoid jargon.
<b>E – Empathy</b> Explore what the family and patient are feeling.	Throughout the conversation acknowledge what they might be feeling. Anticipate a range of emotional reactions. Remain calm and empathetic, use silence. Resist the temptation to make the news better than it is; your task is to leave them feeling safe and cared for.
<b>S – Summary and Strategy</b> Summarise the main points of the session and plan the next steps.	Address concerns expressed by patient/caregiver. If there are decisions to be made, ensure that all treatment options, and benefits, risks, uncertainty of the treatment options are explained well enough for the decision to be shared. Clearly state plan going forward. Make arrangements for follow-up sessions. Refer for psychosocial support if needed.

## HELPFUL HINTS

### DO the following:

- Emphasise that palliative care is not just about the end of life.
- Emphasise that palliative care is a holistic, active approach.
- Give reassurance regarding hope, purpose, value and meaning.
- Give assurance regarding non-abandonment.
- Make use of appropriate moments of silence.
- Be aware of your own emotional response and triggers i.e. counter transference.
- Use appropriate language that is familiar to the person/s that you are speaking to (avoid medical jargon).
- Use the home language of the caregiver or patient if possible (you may need the help of an interpreter).
- Acknowledge impact on family and relationships.
- Offer help and sharing of information with family members or other significant parties.
- Ask if they need spiritual support.
- Ensure they are able to get home safely.
- Helpful phrases:
  - “We want to keep your child’s best interest at the centre of all decisions even if their life is short.”
  - “We are on this journey with you, regardless of the path it takes.”

### DO NOT do the following:

- Rush.
- Give specific time frames.
- Make false promises.
- Compare their child’s illness or journey with others.
- Assume spiritual beliefs.
- Use phrases like:
  - “There is nothing more we can do.”
  - “I know how you feel.”
  - “Everything will be fine.”
  - “At least you have another child.”
  - “Your child is in a better place.”
  - “Just be grateful for the time you had together.”
  - “Just stay strong for your wife/husband/children.”
  - “Everything happens for a reason.”
  - “This is a test from God.”
  - “You’re still young and can have more children.”

## REFERENCES

Walter F. Baile, Robert Buckman, Renato Lenzi, Gary Globler, Estela A. Beale, Andrzej P. Kudelka, **SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer**, *The Oncologist*, Volume 5, Issue 4, August 2000, Pages 302-311. <https://doi.org/10.1634/theoncologist.5-4-302>.

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