Difficult Conversations in Oncology

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Disclosures

None

Objectives

- Provide an overview of common types of difficult conversations in oncology
- Review principles of effective communication
- Learn techniques to promote effective communication

Difficult Conversations in Oncology

- Breaking bad news
  - Biopsy results, CT scan results, prognosis discussion
- Goals of care discussions
  - Preferences for care, aggressiveness of care; "family meeting"
- Code status discussions
  - Whether or not to attempt CPR, intubation
- Hospice discussions
  - After (or instead of) cancer-directed therapy
- End-of-life discussions
  - How to have the best possible death

Patient Case

- Mrs. M
  - 63 y/o woman with newly diagnosed NSCLC (squamous) returning to clinic to review results of staging scans and determine treatment plan
  - At initial visit, we discussed that patient was at least stage IIIB (locally advanced, potentially curable) based on CT chest, but PET scan and brain MRI were needed to finalize staging and treatment plan. Provided brief overview of stage III vs. stage IV disease…
  - MRI brain was negative for CNS metastasis, but PET scan showed hypermetabolic bone lesions consistent with metastatic disease.
  - *"How did my scans look?"*

Audience response

What kind of difficult conversation is most imminent at this time?

A. Code status discussion

B. Goals of care discussion

C. Breaking bad news discussion

D. Hospice discussion

Communication Tips

- There's no "one way" to do it well
- Basic principles…
  - BE AUTHENTIC
  - BE HONEST
  - BE PRESENT
  - LISTEN
- Become familiar with a communication framework
- Find realistic hope to offer

Framework for Communication

- SPIKES
  - Setting
  - Perception
  - Invitation
  - Knowledge
  - Emotions/Empathy
  - Strategy/Summary

Baile WF, et al. SPIKES – A six step protocol for delivering bad news: application to the patient with cancer. Oncologist. 2000; 5:302-311.

SPIKES

- Communication tool designed for delivering bad news to cancer patients
- Four objectives
  - Gather information from the patient/family
    - Knowledge, expectations, readiness to hear information
  - Transmit medical information to patient/family
    - Understandable format, in accordance with pt's needs/preferences
  - Provide support to patient/family
    - Reduce emotional impact and isolation
  - Develop strategy/treatment plan with patient
    - In accordance with patient's values/goals

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SPIKES

- S – Setting
  - Arrange for privacy
    - Close door, draw curtains
    - Have tissues ready
  - Involve significant others per patient request
    - In person or by phone
    - If very large family, consider having patient designate 1 or 2 representatives
  - Involve subject matter experts when appropriate
    - Oncology, Cardiology, Hepatology
  - Sit down
    - Unrushed, no barriers
    - Make sure patient is comfortable; try to find seating for everyone or raise patient to eye level
  - Manage time constraints and interruptions
    - Silenced or covered pager, inform of expected interruptions
  - Establish rapport
    - Eye contact, common ground, ice breakers

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SPIKES

- P – Perception (patient's perception of condition, seriousness of illness)
  - Determine what patient knows or suspects about current condition
    - Before you tell, ask
    - Open-ended questions
      - *"What have you been told about your medical situation so far?"*
      - *"What is your understanding of the reasons we did the biopsy?"*
  - Ascertain patient's level of comprehension
    - Correct misunderstandings, tailor delivery to patient's understanding
  - Accept denial, do not confront yet
    - Wishful thinking, unrealistic expectations for treatment
  - This helps you meet them where they are

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SPIKES

- I – Invitation (obtain invitation from patient to give information)
  - Most want all information, but not everyone
    - *"How much do you want to know right now?"*
    - *"Would you like to know the results of the test?"*
    - If patient wants limited information
      - Ask them what they want to know from you – *"What questions do you want to ask me?"*
      - Make sure they have identified someone to receive the all of the information and help with decision-making

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SPIKES

- K – Knowledge (giving medical information to patient)
  - Fire a warning
    - *"Unfortunately, I have some difficult information to share with you…"*
    - *"I wish I had better news today" or "I regret to tell you that…"*
  - Use language patient can understand
    - Consider education level, socio-cultural background, emotional state
    - Use their vocabulary
    - Use non-technical words or define technical words
      - *"spread"* for *"metastasized", "sample of tissue/tumor"* for *"biopsy"*
  - Give facts as accurately as possible re: treatment options/expected outcomes, prognosis, costs
    - Be honest about what you don't know
    - Caution with being very specific about prognosis
      - Hours to days, days to weeks, weeks to months, months to a year, a few years, a few to several years

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SPIKES

- K – Knowledge (continued)
  - Give information in small chunks
    - Go slowly
  - Periodically check for understanding
    - *"Do you have any questions about what I've said so far?"*
  - Respond to the patient's reactions as they occur
    - Pause – give patient time to react, provide empathy
  - Avoid being too blunt or negative, but also avoid being vague
    - *"Your cancer is going to kill you."*
    - *"There's nothing we can do."*
      - There's always good symptom management!
      - Reframing: *"We're going to do the best we can with what we've got."*

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SPIKES

- E- Empathy (address emotions)
  - Observe for emotion expressed by patient
    - Tearfulness, sadness, silence, shock
  - Identify emotion expressed by patient
    - *"I can see this is very difficult for you to hear." "I can see that this is making you very sad."*
    - If you can't tell: *"What are you feeling/thinking right now?"*
  - Give time for patient to express their feelings
    - Wait to move on until emotion has been processed at least somewhat
    - Therapeutic silence
  - Respond empathically
    - *"I know this is not what you wanted to hear."*
    - *"I wish I had better news to give."*
    - Move closer, simple touch

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Table 2. Examples of empathic, exploratory, and validating responses

Empathic statements	Exploratory questions	Validating responses
"I can see how upsetting this is to you."	"How do you mean?"	"I can understand how you felt that way."
"I can tell you weren't expecting to hear this."	"Tell me more about it."	"I guess anyone might have that same reaction."
"I know this is not good news for you."	"Could you explain what you mean?"	"You were perfectly correct to think that way."
"I'm sorry to have to tell you this."	"You said it frightened you?"	"Yes, your understanding of the reason for the tests is very good."
"This is very difficult for me also."	"Could you tell me what you're worried about?"	"It appears that you've thought things through very well."
"I was also hoping for a better result."	"Now, you said you were concerned about your children. Tell me more."	"Many other patients have had a similar experience."

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SPIKES

- S- Strategy and Summary
  - "Let's talk about where we go from here."
  - Summarize information – highlights
  - Ask for need to clarify
  - Assess patient's goals
    - *"What are you hoping for at this point?" "What are your goals at this point?"*
  - Create a plan that matches patient's goals
    - *"I want to get home." "I want to spend time with my grandchildren." "I want to get more treatment."*
  - Set agenda for next meeting, next steps

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Audience response

Which of the following best describes the components of the SPIKES communication tool?

A. Scenery, Perspective, Innovation, Knowledge, Excitement, Summary

B. Setting, Perception, Invitation, Knowledge, Empathy, Strategy

C. Setting, Promising, Intuition, Knowledge, Elevation, Synopsis

D. Surroundings, Portrayal, Incitement, Knowledge, Embrace, Strategy

Patient Case

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  - *"How did my scans look?"*

SPIKES

- S – Setting
  - Arrange for privacy
  - Involve significant others per patient request
  - Involve subject matter experts when appropriate
  - Sit down
  - Manage time constraints and interruptions
  - Establish rapport

SPIKES

- P – Perception (patient's perception of condition, seriousness of condition)
  - Determine what patient knows or suspects about current condition
  - Ascertain patient's level of comprehension, acceptance

SPIKES

- I – Invitation (obtain invitation from patient to give information)
  - *"How much do you want to know right now?"*

SPIKES

- K – Knowledge
  - Give information in small chunks
  - Periodically check for understanding
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SPIKES

- E- Empathy (address emotions)
  - Observe for emotion expressed by patient
  - Identify emotion expressed by patient
  - Give time for patient to express their feelings
  - Respond empathically

SPIKES

- S - Strategy and Summary
  - Summarize information – highlights
  - Ask for need to clarify
  - Assess patient's goals
  - Create a plan that matches patient's goals
  - Set agenda for next meeting, next steps
    - "Now our pharmacist is going to come in to give you more details on the chemotherapy."

Being present

- What does that mean?
- Mindfulness

Mindfulness Detour

- Mind-body therapy
  - Roots in Buddhism
- Engaging in the present moment
  - Being present
  - Awareness of outer and inner experiences
- Non-judgmental, purely observational
  - Awareness of thoughts, allowing them to pass
  - Distance yourself from your own mental noise

•Merkes M. Mindfulness-based stress reduction for people with chronic disease. Australian Journal of Primary Health. 2010;16:200-210.
•Praissman S. Mindfulness-based stress reduction: a literature review and clinician's guide. Journal of the American Academy of Nurse Practitioners. 2008;20:212-216.
•Irving JA, Dobkin PL, and Park J. Cultivating mindfulness in healthcare professionals: a review of empirical studies of mindfulness-based stress reduction (MBSR). Complementary Therapies in Clinical Practice. 2009;15:61-66.

Mindfulness

- Goals
  - Hone unique attention
    - Non-judgmental awareness, openness, and acceptance of internal and external experiences
  - Act reflectively, rather than impulsively/reactively
    - Attune to physical, psychological, emotional, and intellectual experiences of each moment/situation
  - Improve one’s internal experience of stress
    - Awareness of affective response to external events

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Mindfulness

- Components
  - Awareness of sensations
  - Mindful meditation
  - Body scan
  - Mindful body movement
    - Hatha yoga
- Applications
  - Reducing/coping with stress
  - Promoting relaxation
  - Improving emotional distress
  - Alleviating physical discomfort

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Mindfulness

- Mindfulness-Based Stress Reduction (MBSR)
  - Developed 1979 by Jon Kabat-Zinn, PhD, and colleagues
    - University of Massachusetts Medical Center
  - 8 week secular program
    - Patient-focused structured group training and education
    - Complement to standard medical therapy
    - Enhance coping with physical and emotional pain
    - Apply informal mindfulness to every-day situations
  - Used for clinicians as well

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MBSR

- Patients with chronic illness
  - Improved mood, sleep quality, stress response, and quality of life
  - Reduced psychological distress, pain ratings, and fatigue
  - Effects lasted several weeks to 3 years
- Healthcare professionals
  - Improved mood, coping skills, empathy, self-compassion, life satisfaction
  - Reduced stress, anxiety, rumination

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Mindfulness

- Being present helps you become a better communicator
- The **Mindful Pause**
  - Reset button
  - Take a deliberate moment
    - Combine with a deep breath
  - Before you enter a room
    - Family meeting
    - Clinic patient
    - Rounds
  - Stay present throughout the encounter
    - Allow thoughts to pass in order to stay present

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Audience response

You are about to enter a patient's room to have a family meeting to discuss goals of care. Which of the following preparations for your meeting relates most to mindfulness?

A. Speaking to relevant consultants to ensure a good understanding of the patient's prognosis

B. Taking a moment outside of the room before entering to clear your mind and engage in the present moment

C. Making sure that the people whom the patient requested to be present at the meeting are able to attend

D. Silencing your pager and bringing a box of tissues

References

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