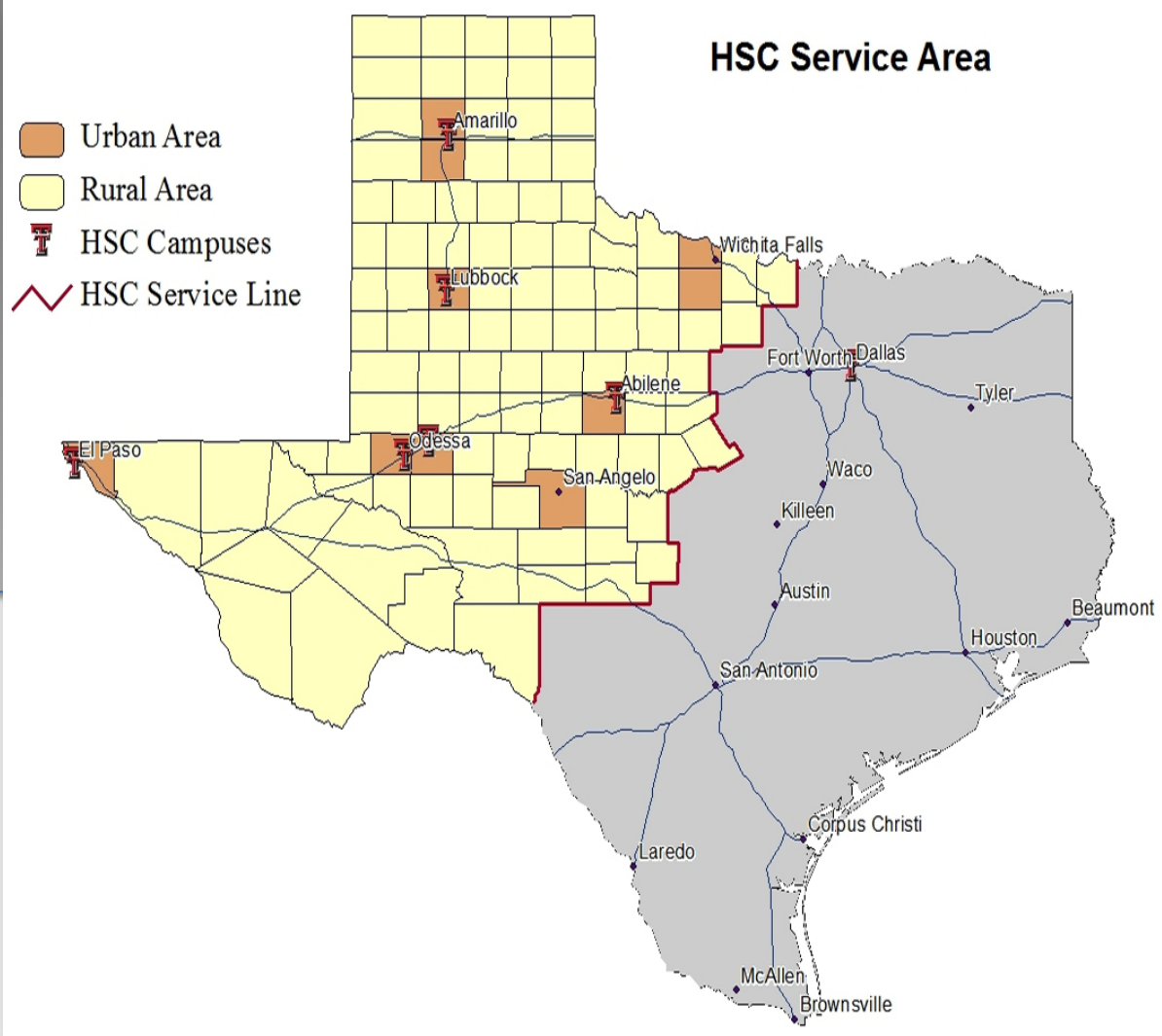




# SPIKES, ETC: Key Principles to Enhance Communication in Difficult Conversations

Tommie W. Farrell MD, Joshua Reed DO, Michael Roffers, DO

## Texas Tech University Health Sciences Center Hospice & Palliative Medicine Fellowship Program



### Background

The SPIKES protocol by Buckman *et al.*<sup>1</sup> has been a standard for presenting distressing news to patients and families since it was published. Though helpful, those in practice understand that further training is needed for these difficult conversations and for those that follow when deciding on treatment options. **What skills can be taught to prepare for these conversations?**

*We propose an additional acronym, ETC, to enhance clinician skills.*

<sup>1</sup>The Oncologist August 2000 vol. 5 no. 4 302-311

### SPIKES Structured Plan for Delivering Bad News

**S** – Setting  
**P** – Perception  
**I** – Invitation  
**K** – Knowledge  
**E** – Emotions  
**S** – Strategy & Summary

### SPIKES, ETC

**Emotional Alignment** – Establish an emotional alignment with the patient and family to facilitate further alignment of team goals with patient goals. This is an important step prior to discussing specific treatment plans.

**Example Language:** “Tell me what your hopes are for your treatment?” or “Your desire for your mother to get stronger makes perfect sense.”

**Transparency** – Share the ambiguity inherent in medical care. Present all options and the variability that exists with each. Be comfortable with the answer “I don’t know.”

**Example Language:** “We don’t always know exactly what will happen with treatment, but if your goal is to live as long as possible this will possibly extend life by months. If your goal is to maximize time with family, a person may choose to use the services of the hospice team who will focus on your being at home.”

**Clarity** – Clarify misconceptions and ensure that goals and treatment plans match. This may require prompting patients for expectations of treatment, accurately explaining outcomes and using clear, direct language.

**Example Language:** “When we say that this treatment is palliative, we mean that we don’t expect that it will cure, but it may provide on average an extra few months of life.” or “You have told me you hope to get stronger by doing this treatment. I need to tell you that typically this treatment does not make a person stronger and fatigue is actually a potential side effect.”

### Conclusions

Fellows, Nurse Practitioners and Nurses all find these principles helpful in discussing treatment options. They universally evaluate this skill set as being achievable and also report it enhances patient-physician relationships. Applying these key principles can enhance communication when making treatment decisions a patient with a potentially terminal illness. Adding them to other protocols such as the SPIKES protocol is beneficial.



**Modeling SPIKES, ETC  
in a family conference**

