**SPIKES**

**A Six-Step Protocol for Conversations That Contain Hard News**

**Hard or bad news may be defined as “any information which adversely and seriously affects an individual or family’s view of one’s own or someone else’s future”**

**Step 1: S – SETTING UP the interview/meeting – including review the plan and mental rehearsal**

* **Arrange for some privacy**
* **Involve significant others - *Assemble your team, and make sure the patient is able to assemble theirs***
* **Sit down**
* **Make connection with the patient**
* **Manage time and constraints (Turn off/hand off your pager/phone!)**

**Step 2 – P – Assessing the patient’s PERCEPTION**

* **Steps 2 and 3 are points where one implements the axiom *before you tell, ask* *What is your understanding of your child’s current condition...What is the child’s understanding…?***

**Step 3 – I – Obtaining the patient’s INVITATION**

* ***How would you like me to share information…? Shall we begin? What are you prepared to hear today?***

**Step 4 – K – Giving KNOWLEDGE and information to the patient**

* **Avoid lingo, jargon andeuphemisms.**

**Step 5 – E – Addressing the patient’s EMOTIONS with empathic responses**

* **Don’t be afraid to name the emotions displayed. *i.e., It appears that you are upset by this news. Could you help me to understand what you’re feeling?***

**Step 6 – S – STRATEGY and SUMMARY**

**Slightly adapted by Ted Bowman and Scott Schwantes from “SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient With Cancer” (2000) by W. Baile, R. Buckman, R. Lenzi, G. Glober, E. Beale, and A. Kudelka. *The Oncologist*, 5, pp. 302-311** [**www.TheOncologist.com**](http://www.TheOncologist.com)

**See also: *How to Break Back News: A Guide for Health Care* Professionals (1992) by Robert Buckman. Baltimore: The Johns Hopkins University Press.**