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Editorial

SPIKES for Difficult Conversations with Cancer Patients

A hallmark of oncology practice is the need to share bad news with patients. Too often cancer is a devastating disease, and oncologists must by necessity discuss heartbreaking and frightening clinical results with patients and their families. Training in oncology often focuses on technical performance of care delivery—the right type of surgery, how to arrange radiation treatment fields, chemotherapy dosing, and side effect management. Oncology training usually does not concentrate on a different kind of professional performance: the communication of medical information. The resulting inexperience may be compounded by the stress of bad news, for both the clinician and the patient. Seasoned clinicians may develop successful ways to talk with patients, but that often occurs through years of experiences, both good and bad.

Fortunately, the literature on how to better manage these moments with patients, families, and medical providers is growing, yielding better communication and a more satisfying emotional experience. In this issue of *JNCCN*, we feature an article by Jacobsen and Jackson that outlines a communication approach for oncologists when discussing some of the most challenging topics in cancer care: "bad news" and care at the end of life. These are some of the most demanding moments in the lives of cancer providers, and suggestions that enhance our ability to communicate with our patients are most welcome.

Guidance for such important clinical moments is clearly needed, and SPIKES is an acronym that is worth remembering in this context: S, setting up the interview; P, perceptions of the patient; I, an invitation to solicit patient preferences; K, providing knowledge or information at hand in ways accessible to the patient and family; E, sharing patient emotion in response; S, having a strategy for moving forward together.

Oncologists may already be good at many of these tasks. I would guess that we are best at "K" and the second "S;" that is, we have a wealth of data and we have a plan. On other fronts, however, we are all too often deficient. Too often our conversations with patients are hurried, wedged into busy clinical days or held amid bustling, noisy, and crowded hospital wards. This is hardly the optimal setting for helping people come to terms with life-altering news. In our haste to update everyone with our data and plans, we often fail to note how much the patient already appreciates or knows, where they are in their own personal planning, and how their emotions may affect their ability to understand what is being shared.

Like most successful guidelines, SPIKES is actually a handsome distillation of common sense, but one can do a lot worse than to use common sense. Creating a suitable environment for a serious conversation is essential. Giving patients the chance to absorb and react to information, equally so. Gauging their needs for emotional comfort, sharing their experience with genuine empathy, and providing hope and reassurance through the articulation of a plan—these are all the tasks of clinicians who want to communicate most effectively with patients at times of bad news.

As Jacobsen and Jackson note, skilled communication can soften the blow of sadness and grief in oncology and provide comfort that the patient is not alone in facing illness. Quality care in oncology demands that we hone our skills as communicators with the same vigor that we use in delivering the more technical aspects of medical service.

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