

Difficult Conversations Summary Sheet

Contact Information:

NMH Medical Records – 312.926.3375 (Ask if Jackie Smith is available)
Anatomic Pathology (Autopsy) Resident (available 24/7) – pager – 312.695.3419
Autopsy Office – 312.926.3212 **Autopsy lab**-- 312.926.3210

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Weekly Bereavement Multidisciplinary Drop-In Support Group for Staff

- Palliative Care and Oncology Unit/Feinberg 16 East
- 3-3:30 pm on first Friday of the month
- Voluntary and confidential opportunity for multidisciplinary support
- Opportunity to discuss both anticipated and acute events

- **Contact Social Worker Korey Reynolds, LCSW @ 6.7825**
- **Additional Feinberg Social Work contact – Rich Jentzen, LCSW @ 6.6331**

Patient Representatives 926-3112

NMH Medical Ethics Committee 926-3112 or 5-1118 (24/7)
NMH Chaplains 926-2272 (24/7)

Summary of SPIKES¹ Strategy

- Step 1: **S-SETTING UP** the Interview
Step 2: **P-Assessing** the Patient's **PERCEPTION**
Step 3: **I-Obtaining** the Patient's **INVITATION**
Step 4: **K-Giving KNOWLEDGE** and Information to the Patient
Step 5: **E-Addressing** the Patient's **EMOTIONS** with Empathic Responses
Step 6: **S-STRATEGY** and **SUMMARY**

Key Points to Remember...

Step 1: **SETTING UP** – arrange for privacy (to the greatest extent possible), involve significant others, sit down, make a connection with the patient (eye contact is critical), manage time constraints and interruptions (consider forwarding your pager or having someone else carry it for 15 minutes).

Step 2: Pt. **PERCEPTION** – attempt to determine the patient's starting point – what do they already know? (ie. when initiating conversation about autopsy, you might say “I'm uncertain if you're aware of (or if anyone has already talked with you about) some decisions you will be asked to make...”)

Step 3: Pt's **INVITATION** – recognize and respect that a pt/family's time frame is not always the same as ours. (ie. “I would like to talk with you for a few minutes about some decisions you will be asked to make. I recognize this might seem very soon/sudden, however, this is a decision that is

important to address sooner rather than later. I have time now to talk with you if you're able. If not, I could return this afternoon before rounds/call you after 5 pm at home..." etc.)

Step 4: **KNOWLEDGE**/information – be direct and honest but also kind, be straightforward but not overwhelming or rushed (read here, give information in smaller pieces; check frequently for understanding). (ie. "One decision facing you is whether or not to have an autopsy performed. I don't know how familiar you are with this examination and I wanted to ensure that you had accurate information and opportunity to ask any questions or express any concerns you might have before you make a final decision")

Step 5: **EMOTIONS** – observe emotion, identify the emotion, identify the *reason* for the emotion, acknowledge – don't avoid! – the emotion. (ie. with sadness - "I see from your tears that this is very difficult for you. I'm not sure if your tears are from great sadness over the death of your husband, from being overwhelmed by everything that has happened over the past few days, or from complete exhaustion – physical as well as emotional...actually, they might be from a combination of all.") (ie. with anger, "I'm sorry that I seem to be making this even more difficult by initiating conversation about autopsy. Please know that my intent was, and is, not to be premature or disrespectful; I realize your father just died this morning. I only want to ensure that we remain respectful of your father and your family – by having such a conversation to clarify that we are following your direction. My attempt was to give you as much control as possible in a situation that likely feels very out of control." (ie. with guilt – "I see that you're struggling with the decision of whether or not to have an autopsy performed, questioning what your son would have wanted. My sense is that this difficult decision you're faced with (whether or not to consent to autopsy) is now made impossible since there is no way to confirm what your son's wishes would have been. I am so sorry for the position this now places you in; however, I want to try to explain to you more about autopsy. That way, I can confirm that you are making a fully informed, thoughtful decision, which I'd argue, is exactly what your son would have wanted as well.")

**A side note on EMOTIONS – (One of the "validating" responses in the SPIKES article (page 307) is "I can understand how you felt that way.") Never, ever, EVER say this! YOU DON'T UNDERSTAND. Even if you have been through exactly the same situation (ie. losing your mother, observing the death of a loved one, etc.) you are different people and the circumstances surrounding the situation are different. NO TWO PEOPLE EXPERIENCE THINGS IN EXACTLY THE SAME WAY. We can't ask anyone to understand, rather, we can only ask that they try. When we attempt to comfort someone by stating, "I understand," this can create unexpected distance when the patient/family feels that we really don't understand. Subtle difference, but significant.

Step 6: **STRATEGY** and **SUMMARY** (Grief affects comprehension, retention, *everything!* Grief can leave patients and families feeling lost and isolated, just at a time they need that support and constancy more than ever. PLEASE provide patients with a clear plan for the future. This will greatly reduce anxiety and sense of vulnerability. Even if it's stating, "Unfortunately we don't have more information to offer at this time. We do expect the full written report to be available within 4-6 weeks' time. If you have not received a call from the attending physician within that time frame, please don't hesitate to contact him/her." (Then provide name/telephone number of said person.)

¹Baile, WF, Buckman, R, Lenzi, R, Glober, G, Beale, EA & Kudelka, AP. (2000). SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist*, Vol 5(4), 302-311.