



The Maguire Communication Skills Training Unit
The School of Oncology, The Christie NHS Foundation Trust

Discussing suspected cancer symptoms over the phone

A guide for difficult conversations where possible cancer symptoms are identified requiring urgent investigation, during online/ telephone consultations. A resource for Primary Care teams.

This resource follows the SPIKES model [1] for giving significant information (bad news). Bad News is defined as “any information which adversely and seriously affects an individual’s view of his or her future”

Important Principles

1. Elicit the patient’s worries and acknowledge.
2. Give a warning shot and pause.
3. Deliver the news at the patient’s pace (pause frequently) and with compassion and honesty.
4. Empathise
5. Elicit questions and new concerns.

Discussing suspected cancer symptoms over the phone

1. Eliciting the patient's perception is key

If a patient is already worried that their symptoms might indicate something serious, it will allow you to gently acknowledge and confirm that their symptoms are cause for concern and will need to be investigated further. This is much easier for the patient to manage than if the information is introduced cold.

“How are you feeling about the symptom(s)?”
“Have you been worried about the symptom(s)?”
“What thoughts have been going through your mind?”

Because there are no visual cues on the phone this makes listening for verbal cues doubly important. Listen for tone of voice, sighs, silence, words or phrases that suggest a difficult emotion, worry or concern.

“I’m okay I suppose”
“I’ve been trying not to think about it”
“I’m hoping it isn’t anything serious”

2. Warning shots

Prefaced with words such as "unfortunately", "sadly", "I'm afraid" followed by a pause will help people to prepare for the information/bad news whether or not they suspect.

“Yes I’m afraid I do agree your symptoms are a concern”.
“Sadly you are right, this may well indicate that the disease has progressed”
“Unfortunately I think it important we get your symptoms investigated properly at a hospital”

3. Deliver the news with compassion and honesty

Bad news is bad news and people will be upset. However your kindness and compassion can make a huge difference to how they cope. Pause frequently to allow information to be absorbed.

“I’m sorry but your symptoms may be serious (pause) and do require investigation/further tests”.
“Unfortunately with your symptoms we can’t rule out cancer as you are fearing.”
“I’m afraid this does mean a hospital appointment.”

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4. Empathise

Verbally acknowledging people's feelings and worries helps to reduce their distress and anxiety. This is showing a high level of compassion.

"I can hear this has come as a huge shock"
"You sound frightened"
"I can hear how upset you are"

5. Acknowledge and clarify questions

Once you have acknowledged the new emotions, find out the fears and worries before providing reassurance or further information.

"You say you are frightened. What is it that is frightening you?"
"You ask what this means. What are your worries?"
"You're crying. Can you bear to tell me what's going through your mind?"

Further information and next steps can be discussed when the person has had opportunity to voice their concerns and questions.

How the conversation might flow

Once you have established the patient's perception you will know whether you are confirming an existing worry or introducing new information, either way warning shots are still important in helping the person prepare.

(1st Warning shot) "Unfortunately, I am concerned about the symptom(s) you are describing....."

(2nd Warning shot) "I think it's important that we find out what is causing them".....

(Deliver bad news with compassion and honesty) "I'm afraid this means I need to refer you to.... for....."

Pause allow person to respond

(Empathy) "I can hear how distressed/ angry/ frightened you are" (Be careful not to change or minimise the emotion). "What is going through your mind, can you say?"

(Acknowledge and clarify questions) "You are asking whether it might be a cancer is that right?"
"You are asking what that might mean, what are you wondering?"

(Deliver news with compassion and honesty) "I'm afraid we can't rule that out....."
"I'm afraid one of the things it might be is a cancer"

Empathy

Is a powerful clinical skill. It helps people cope and de-escalates strong emotions very quickly. Be empathic whenever you are aware of distress in the other person.

Three steps to empathise:

1. **HEAR IT** Notice the emotion
2. **NAME IT & PAUSE** Verbally name what you can hear at the level you hear it
3. **CHECK IT** Allow the person to confirm or state how they are feeling

e.g.

"I can hear how frightened you are and that the stress of being cooped up is feeling unbearable right now"

Avoid phrases like "I understand" try instead to reflect back their words and feelings.

"You said you were worried". "You sound frightened".

For further advice and training in effective, compassionate communication please contact the Maguire Communication Skills Unit.
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[1] Baile, Buckman et al. SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist* 2000;5:302-311

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