LETTER TO THE EDITOR

Author's Response to Letter to the Editor: Communication Gap in ICU—SPIKES can be a Useful Tool!

Shalini Nair

Keywords: COVID-19, Communication, Critically ill patients.
Indian Journal of Critical Care Medicine (2023): 10.5005/jp-journals-10071-24550

Dear Editor,

I read the article by Varghese MP et al. titled 'Assessment of family satisfaction with remote communication for critically ill COVID-19 patients: An observational cohort study', with great enthusiasm, as I am a clinician with a keen interest in communication.[1] The authors have done a commendable job in the study. I would like to give the following comments regarding the article.

Though the authors have commented on biases in the limitations of the study, recall bias has not been sufficiently emphasized. The interview was conducted post-discharge/demise but it was not mentioned how long it was. The participants may not be able to remember events after a few days. Negative recall bias was mentioned as limitation, but on the other hand, positive recall bias should also be considered as a good outcome that might have psychologically favored a positive response from the interviewee.

Response: We indeed agree with the authors that while negative recall bias (as mentioned in article[1]) played a significant role in negative response, there also could have been sizeable bias from positive recall due to good outcomes.

Regarding the domains of the questionnaire, the frequency of the communication should have ideally been documented in the daily patient's progress chart and details obtained from them. Making an ICU policy for a fixed number of communication and documentation would be a solution, as there would be subjective variation regarding the demands of individuals/patient's relatives. This domain will always be a matter of debate and dissatisfaction for a few patients regardless of the number and quality of communication unless this has been made as a hospital policy.

Response: We do have a hospital policy of mandatory once-a-day family updates with documentation for ICU patients as mentioned in the methodology.[1] Additional sessions are taken up to communicate essential and emergency changes occurring on an as-and-when basis. During the COVID pandemic, due to increased workload, record keeping was not the best and hence retrieving data about communication from patient information was difficult. However, details of the family member who was contacted were well documented and obtained from patient data.

We agree that one size may not fit all and there will never be a protocolized approach to satisfy the frequency and amount of information given to the caregiver.

The authors have mentioned a lack of guidelines for communication and counseling. Six step protocol for delivering bad news among oncology patients (SPIKES) has been used to deliver bad news and help clinicians in communicating during difficult situations which is a model that can be tried. SPIKES is a six-step protocol for establishing proper communication including knowledge sharing and emotional aspects.

Step 1: Setting up the *I*nterview

Step 2: Assessing the patient's *P*erception

Step 3: Obtaining the patient's *I*nvitation

Step 4: Giving *K*nowledge and information to the patient

Step 5: Addressing the patient's *E*motions with *E*mpathic responses

Step 6: Strategy and *S*ummary

Response: SPIKES is a very useful tool in breaking bad news.[2] However, the circumstances in communicating with the caregiver of an ICU patient differs in comparison to the SPIKES approach for Oncology patients. Firstly, the approach that works for a patient in agony and suffering (as studied in SPIKES) may not be successful while communicating to the patient's surrogate. The information communicated involves multidisciplinary team involvement that may not simulate the SPIKES approach. Hence a specific guideline for intensive care communication to the patient's caregiver needs to be evolved which could be along the principles of SPIKES but needs individualization. Such a guideline is the need of the hour.

As the questionnaire was administered by an investigator, though neutral, there could be Interviewer bias. The personal

Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India

Corresponding Author: Shalini Nair, Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India, Phone: +91-416-2286159, e-mail: drshalininair@gmail.com

How to cite this article: Nair S. Author's Response to Letter to the Editor: Communication Gap in ICU—SPIKES can be a Useful Tool! Indian J Crit Care Med 2023;27(10):772–773.

Source of support: Nil

Conflict of interest: None

qualities of the interviewer might affect the response.[2] Ideal scenario to avoid the bias is a self-administered questionnaire.

Response: For standardized evaluation of response self-administered questionnaire was differed. We agree that the personal qualities of the interviewer could affect the response, this bias was minimized to the extent possible by involving personnel who have been trained for such interviews and working in other aspects of health care.

Also, regarding the fifth theme of the questionnaire, objectifying visitation with strict hospital policies especially during the pandemic is very vital for stopping the pandemic situation. Verifying the satisfaction about the theme would be an ethical conundrum.

Response: The strict restriction on the visiting was in keeping with hospital policies. However, allowing visitation only when the end of life was anticipated is a matter of debate. We retrospectively think that the responses may have been more favorable if visitation was permitted a little earlier when health status began deteriorating.

Orcid

Shalini Nair https://orcid.org/0000-0002-2961-5346

References

1. Varghese MP, Selwyn T, Nair S, Samuel S, Chacko B, Pichamuthu K. Assessment of family satisfaction with remote communication for critically ill COVID-19 patients: An observational cohort study. Indian J Crit Care Med 2023;27(8):537–544. DOI: 10.5005/jp-journals-10071-24504.
2. Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES - A six-step protocol for delivering bad news: Application to the patient with cancer. Oncologist 2000;5(4):302–311. DOI: 10.1634/theoncologist.5-4-302.