

## BREAKING BAD NEWS TO PATIENTS (SPIKES PROTOCOL)

**Hasanova Shakhnozakhon Akramovna**

*student of Tashkent State Medical University,*

*Tashkent, Uzbekistan*

*Khasanovashakhnoza72@gmail.com*

*Scientific advisor: Israilova Ilona Xalitovna (PhD), Associate professor*

*Tashkent State Medical University, Tashkent, Uzbekistan*

*ilonalirailova@gmail.com*

**Abstract:** *Delivering bad news to patients is one of the most ethically and emotionally demanding responsibilities in medical practice. Effective communication in such situations requires not only clinical competence but also linguistic sensitivity and cultural awareness. This article examines the use of the SPIKES protocol as a structured framework for breaking bad news in English-speaking medical contexts and analyzes the specific linguistic strategies employed, including modal verbs, hedging devices, warning shots, and collaborative language.*

*Through a comparative analysis, the study contrasts English communication patterns with those commonly observed in Russian medical discourse, highlighting differences in directness, emotional framing, patient involvement, and professional hierarchy. The findings demonstrate that English medical communication tends to prioritize empathy, patient autonomy, and shared decision-making, while Russian communication traditionally emphasizes clarity, authority, and efficiency.*

*The paper argues that these differences are deeply rooted in broader cultural values and significantly influence patient perception, emotional response, and therapeutic trust. Understanding these linguistic and cultural distinctions is essential for improving cross-cultural medical communication and enhancing patient-centered care in diverse clinical settings.*

**Key Words:** *Breaking bad news; SPIKES protocol; medical communication; cross-cultural communication; linguistic strategies; modal verbs; hedging; patient-centered care; empathy in medicine; doctor–patient interaction; cultural differences; medical discourse.*

There is a moment in every doctor’s career that feels heavier than any diagnosis, prescription, or procedure — the moment when words can change a person’s life forever. A quiet room. A patient waiting. A pause that seems too long. And then a sentence that divides life into “before” and “after.”

Breaking bad news in medicine is not simply the delivery of information; it is a deeply human interaction that requires empathy, cultural sensitivity, and precise language. The way a doctor speaks in such moments can influence not only how the patient understands the diagnosis, but also how they cope with fear, uncertainty, and hope.

Imagine a physician saying:

“I’m afraid the results show something serious. We may need to discuss treatment options together.”

Now compare this with a more direct version:

“You have cancer.”

Both statements convey the same medical reality, yet their emotional impact is profoundly different. The choice of words, tone, and structure can either soften the shock or intensify it. In English-speaking medical practice, physicians often rely on indirect phrasing, modal verbs, and collaborative language to protect the patient’s emotional state. In contrast, communication styles in other cultures, including Russian-speaking contexts, may appear more direct and less mitigated.

This article explores how doctors communicate bad news using the SPIKES protocol, analyzes the linguistic strategies employed in English, and compares them with Russian medical communication, highlighting the cultural factors that shape these differences.

Breaking bad news is one of the most emotionally complex tasks in medical practice. It is not only about what is said, but how, when, and in what context it is delivered. For this reason, modern medical communication in English-speaking countries is guided by a structured approach known as the SPIKES protocol. This model helps physicians navigate difficult conversations with empathy, clarity, and professionalism.

**The SPIKES Protocol: Structure Behind Sensitivity**

The SPIKES protocol consists of six steps:

**S — Setting up the interview**

The doctor ensures privacy, sits at eye level with the patient, and minimizes interruptions. Non-verbal communication already begins to prepare the patient emotionally.

**P — Assessing the patient’s Perception**

Before delivering the news, the physician may ask:

“What is your understanding of the tests so far?”

This question allows the doctor to evaluate how much the patient already suspects.

**I — Obtaining the patient’s Invitation**

Not all patients want full details immediately. Doctors may ask:

“Would you like me to explain the results in detail?”

**K — Giving Knowledge and information**

Here language becomes crucial. Instead of blunt statements, doctors often use warning shots and softening devices:

“I’m afraid the results are not what we hoped for.”

“There appears to be a serious problem.”

“The tests suggest that this may be cancer.”

**E — Addressing Emotions with Empathy**

Silence is allowed. Emotions are validated:

“I can see this is very difficult to hear.”

“It’s completely understandable to feel overwhelmed.”

**S — Strategy and Summary**

The conversation ends with planning:

“We will go through this together.”

“There are treatment options we can consider.”

This structure transforms a devastating moment into a guided emotional process rather than a verbal shock.

#### Linguistic Strategies in English Medical Communication

One of the most striking features of English medical discourse is the frequent use of modal verbs and hedging expressions. These linguistic tools reduce the directness of the statement and create psychological cushioning.

For example:

“It might be a malignant tumor.”

“We may need further investigation.”

“This could indicate a serious condition.”

“There appears to be...”

“It seems that...”

Modal verbs such as *may*, *might*, *could*, *would* introduce uncertainty and soften the finality of the diagnosis. Even when the medical evidence is strong, the phrasing avoids sounding absolute.

Another key strategy is collaborative language:

“Let’s discuss the next steps.”

“We can look at treatment options together.”

“How would you like to proceed?”

This shifts the conversation from authority to partnership. The patient becomes an active participant rather than a passive recipient of bad news.

Additionally, English-speaking doctors often use warning shots — short preparatory phrases before delivering the core message:

“I’m afraid I don’t have good news.”, “I’m sorry to say...”, “Unfortunately...”

These phrases psychologically prepare the patient for what is coming, reducing the intensity of shock.

#### Comparison with Russian Medical Communication

In Russian-speaking medical contexts, communication may appear more direct and concise. For example:

«У вас злокачественная опухоль.», «Это рак.», «Операция необходима.»

Such statements prioritize clarity and authority. Historically, the physician in Russian culture occupies a highly authoritative position, and medical discourse reflects this hierarchy. Precision and efficiency are often valued over emotional cushioning.

However, this directness can sometimes be perceived as emotionally distant or abrupt, especially when compared to the indirect and patient-centered style common in English-speaking countries.

For example:

English version:

“The results suggest that this may be cancer. I know this is difficult news.”

Russian version (typical direct form):

«Это рак. Нужно начинать лечение.»

Both convey the same information, but the emotional framing is different. English communication focuses on gradual disclosure and emotional validation, while Russian communication traditionally emphasizes medical facts and action.

#### Cultural Foundations of the Difference

The difference is deeply rooted in cultural values.

English-speaking medical culture is influenced by:

individual autonomy, patient-centered care, shared decision-making, legal awareness and consent culture

Russian medical culture has historically emphasized:

physician authority, medical paternalism, efficiency and clarity, emotional restraint in professional settings

Thus, language reflects cultural priorities. In English discourse, emotional protection is central. In Russian discourse, informational clarity and professional authority dominate.



Picture 1. Cross- Cultural Comparison of Linguistic Strategies in Breaking Bad News (SPIKE Framework) Source by ChatGPT

#### Psychological Impact of Language Choice

Research in medical communication shows that the way bad news is delivered significantly influences: patient trust, treatment adherence, anxiety levels, long-term coping mechanisms

A blunt statement can trigger shock, denial, or emotional withdrawal. A structured and empathetic approach increases psychological resilience and strengthens the therapeutic alliance between doctor and patient.

In critical moments, language becomes more than grammar. It becomes care itself.

Breaking bad news is not simply a medical act — it is a linguistic, psychological, and cultural performance. The SPIKES protocol demonstrates that even the most devastating information can be delivered with dignity, empathy, and structure. By analyzing the linguistic

strategies of English medical communication and comparing them with Russian practices, we see that behind every sentence stands a culture — and behind every word stands a human life.

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