

Navigating Hope and Reality: Challenges in Communicating Glaucoma Diagnosis and Prognosis

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Breaking bad news is an intricate aspect of the ophthalmologist's role, especially in the realm of glaucoma care, where it is the leading cause of irreversible blindness worldwide. Within Ophthalmology clinics, practitioners often encounter challenging scenarios, such as when end-stage glaucoma patients present seeking advice, hopeful that glasses or cataract surgery will restore their vision. Additionally, in tertiary care ophthalmic settings, patients may arrive with an established glaucoma diagnosis, hoping that advanced treatment facilities will provide solutions to their vision concerns. However, informing these patients about their condition and discussing the irreversible loss of vision due to glaucoma can evoke intense emotions, leading to feelings of hopelessness.¹

Effective communication, particularly in delivering distressing news, is an essential skill for Ophthalmologists specializing in glaucoma care. While the disclosure of distressing information commonly pertains to end-of-life scenarios, ophthalmologists routinely confront circumstances where revelations could profoundly affect a patient's long-term perspective. These situations may involve unveiling a novel chronic condition or delving into the advancing trajectory of glaucoma despite therapeutic endeavors.

Breaking bad news encompasses a multifaceted task, demanding careful consideration of various elements. Establishing a mental strategy for conveying information, addressing emotions, involving family members, and planning for ongoing care and support becomes more manageable when there's an existing relationship between the ophthalmologist and the patient. Utilizing a

structured approach, such as a template or communication protocol, can imbue the process with quality and empathy, even in challenging clinical settings.

The SPIKES Protocol offers a valuable framework for effectively delivering bad news.² Developed by Walter Baile and colleagues, this protocol guides healthcare professionals through following essential steps:

Setting up: Establishing an appropriate environment for the conversation, including physical space and timing.

Perception: Understanding the patient's existing knowledge, perceptions, and emotional readiness.

Invitation: Seeking permission from the patient to share information.

Knowledge: Presenting the news clearly and sensitively, tailoring the information to the patient's level of understanding.

Emotions with Empathy: Acknowledging and responding empathetically to the patient's emotions.

Strategy or Summary: Collaborating with the patient to develop a plan for the next steps and ongoing support.

Each step in the SPIKES Protocol is crucial for facilitating effective communication and supporting patients through difficult news. While following a structured protocol may not always be feasible in every clinical scenario, adopting its principles can enhance communication and patient-centered care.

Ensuring proficiency in breaking bad news is essential for ophthalmologists specializing in glaucoma care. Incorporating communication skills training into their education and professional development, through both didactic and experiential learning approaches, can equip them with the tools

they need to navigate challenging conversations effectively.³

In conclusion, breaking bad news is an integral aspect of glaucoma care, demanding professionalism, empathy, and careful communication. By embracing structured approaches like the SPIKES protocol and prioritizing communication skills training, ophthalmologists can effectively support patients and families through moments of uncertainty and distress, ultimately enhancing the quality of care provided in glaucoma management.

References:

1. Hilkert SM, Cebulla CM, Jain SG, Pfeil SA, Benes SC, Robbins SL. Breaking bad news: a communication competency for ophthalmology training programs. *Surv Ophthalmol.* 2016;61(6):791–798.
2. Kaplan M. SPIKES: a framework for breaking bad news to patients with cancer. *Clin J Oncol Nurs.* 2010;14(4):514–516.
3. Monden KR, Gentry L, Cox TR. Delivering bad news to patients. *Proc (Bayl Univ Med Cent).* 2016;29(1):101–102.