

Recapturing compassion

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John was wheeled into hospital on a Friday of a long weekend. He was elderly and frail, with severe Parkinson's disease. Many hospital staff attended to him – prescribing medications, delivering meals, and changing his sheets. Unfortunately, no one realised that John's limited mobility meant that he could not reach his drinking cup. Although the staff had performed their duties, the absence of compassion led John to become dehydrated and develop acute kidney injury.

When we first entered medicine, we pledged ourselves as model medical students. We spoke of our compassion for the sick and a dedication to helping our community. But as we progress through our studies into full time clinical work, putting such aspirations into actions becomes more challenging.

There are checklists for assessing practical skills – be it history taking and examination, inserting cannulas, or writing discharge summaries. Medical schools are honed to teach us to be competent; but do they teach us how to be compassionate?

Why should we care about compassion?

Compassion is derived from the Latin, 'compati', meaning 'to suffer with' other people. It also involves an active concern for and effort to alleviate that suffering.

Whilst as students we may initially see the best way to alleviate suffering is to 'cure' our patients with medicine, we soon come to realise that we cannot 'cure' all our patients. Indeed, over 7 million Australians suffer from chronic disease, which cannot be 'cured' completely. [1] But it is not just for these patients that the 'care' is just as, if not more important than the 'cure'. As Sir William Osler explains, 'The good physician treats the disease; the great physician treats the patient who has the disease.'

Patients want compassionate doctors. [2] Being compassionate can improve patient wellbeing and care. Compassionate doctors also help reduce patient anxiety. [3] A positive patient mindset is important, as several studies have linked optimism with better health outcomes. [4] When compassion enters the patient-physician relationship, it builds trust, aiding more accurate diagnosis and understanding of patient problems. [5] Through compassion, care is optimised. It transforms healthcare from being a system to a service.

Why do we struggle with being compassionate?

Although we may begin work with a good understanding of the necessity of compassion, stressors such as heavy workloads and limited time can harden our hearts towards our patients. [6] Bureaucracy and red tape takes time away from direct patient contact. We start to become wary as the list of people needing attention expands. It is possible to let faces blur and details melt away until we are treating 'the man with the ankle fracture' or 'bed 5's dehydration'. While we never intend to lack compassion, the current reality of medicine means that we are often pre-occupied with treating the patient, rather than caring for them.

In many instances, acting with compassion to a patient can be a challenge. In medicine, we see humanity at its best, but also at its worst. Patients are not always polite or easily satisfied. Sometimes, the most difficult keep coming back again and again. 'Frequent flyers' is a term applied to patients who commonly represent to hospital. Last year, 1,200 of these patients accounted for over 22,000 presentations to Victorian casualty wards between them. [7] One patient managed to visit Royal Melbourne Hospital 144 times alone. [7] Whilst some of these patients have legitimate health problems, others may be drug seeking, homeless, or hypochondriacs.

It is not surprising then that doctors are at high risk of 'compassion fatigue', resulting from the constant demand of caring for others. Compassion fatigue can lead to burn-out and compromise our ability to provide safe and effective patient care. It is concerning to look at the results of the 2008 Australian Health and Wellbeing Survey of junior doctors which found that 54 percent of respondents were at risk of secondary trauma or 'compassion fatigue'. [8]

How can we recapture compassion?

Perhaps we must begin by remembering to treat ourselves with compassion.

Having enough time for oneself is important in continuing to be a kind and functioning human being capable of showing others compassion. This includes addressing basic needs such as getting enough sleep, eating regular meals, and making time to refresh our bodies and souls. Unfortunately, it is common to see doctors neglecting on these things and



more. There are doctors who have abstained from drinking water to avoid bathroom breaks, and others who have even performed ward rounds with drips in their arms. Such exploits have been boasted about as personal achievements or as self-sacrifice for the sake of having more time with patients. But this is a misperception that is likely to do more harm to ourselves and our patients, as we are prone to make mistakes when tired and stressed. [9]

In fact, being compassionate does not necessarily require large amounts of time. One study compared two interviews in which the diagnosis of breast cancer was presented. In the second interview, the doctor was more compassionate and added two statements, which acknowledged the patient's difficulty of receiving such a diagnosis and expressing support. [3] Study participants evaluated the doctor as significantly more compassionate and they also had a reduced anxiety state compared to those exposed to the standard interview. Interestingly, the time difference between the two interviews was only 40 seconds. In the time that we might wait for a lift, it is possible to improve patient wellbeing by showing compassion.

Sometimes it seems difficult to know where we should start with being compassionate to our patients. It does not have to be a dramatic act, but may begin with pulling up a chair and four simple words, "Hello my name is...". This is the potent thought that Dr Kate Granger triggered across the world in her viral hashtag #hellomynameis. It was a call to address what she saw as an important gap in communication and patient care within the healthcare system. [10]

Dr Granger is a geriatrician. She is also a long-term patient diagnosed with sarcoma in 2011. During her illness she was startled to find that

many of the healthcare workers examining, treating, and looking after her went about nameless. They had missed an essential step to building relationship and trust – the introduction. [10] These experiences inspired her to start sharing her stories and encouraged reforms in Britain's National Health Service (NHS).

At the end of the day, we do not always need to feel compassionate or have vast time or strength for it. Instead, we choose

compassion in the little things and persevere in the remembrance that everyone has intrinsic worth. That is when we discover the simple truth – that what makes a compassionate doctor is the same as what makes a compassionate human being.

At the Australian Medical Student Journal, we provide a stepping-stone for medical student research and writing. We also hope to inspire not only more competent clinicians, but more compassionate ones too.

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Conflict of Interest

None declared.

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