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Compassionate care enhancement: benefits and outcomes

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Abstract

This review of outcome studies demonstrates that compassionate care benefits patients with regard to elected treatment adherence, wound healing, satisfaction and well-being; it benefits physicians with regard to lowered depression rates, elevated meaning, lower burnout, and more diligent technical care; it benefits healthcare systems that establish reputational gains at no greater use of time or resources; it benefits medical students with regard to their diminished complaints of abusive clinical environments and maladaptive team interactions. There is no doubt that compassionate care has many dimensions of beneficial impact.

Keywords

Art of medicine, care, compassion, dehumanization, depersonalization, empathy, ethics, healing, humanism, physician-patient relationship, person-centered medicine, science of medicine.

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Introduction

> *"We do not believe in ourselves until someone reveals*
> *that something deep inside us is valuable, worth listening to,*
> *worthy of our trust, sacred to our touch."*
> *E.E. Cummings.*

To be optimally effective in clinical medicine, every physician without exception should be technically excellent and practice with compassionate care. However much technical advances in medicine are beneficial to patients, no person who is ill should have to suffer the indignity of a technically competent but uncaring doctor, nurse, or other staff member. Good medical practice has been perennially captured in the phrase "the art of medicine," which combines scientific-technical knowledge with humanism, defined as the physician's interest in and respect for the patient as a person experiencing illness. Too many patients experience de-humanizing and impersonal treatment, so much so that this is now a crisis within healthcare systems, proving destructive not only for patients, but for professionals, families and the systems themselves [1,2].

Compassion is an essential quality in optimal medical care and constitutes a universal and perennial wisdom in medical ethics. As Dr. Francis Peabody of Harvard Medical School wrote nearly a century ago, "The secret of the care of the patient is in caring for the patient" [3]. In the absence of compassion, patients are dissatisfied and professionals lament a loss of meaning and gratification in their work. Healthcare systems that gain reputations for inhumane care are unable to compete and lose revenue. For the most part, the solution lies in the small acts that show care. Good is in the details and we must come to accept that we are all potential role models for our students and our colleagues.

The care of the patient

The care of the patient is both a science and an art. It is on the one hand the competent application of science; on the other hand it is the art of being attentively and fully present to the patient in a manner that facilitates well-being, security, treatment adherence and healing. Compassionate care is the essence of this art. What, then, does 'compassion' add to 'care'? In essence, it adds an element of stronger affective response and deeper awareness of the concrete reality of the patient's experience of illness. The current depersonalization and dehumanization of healthcare often leave patients feeling like 'the kidney in Room 5,' or 'the liver in Room 10', rather than persons, unique individuals with a unique story of illness. It is here that a truly "healing relationship" that manifests emotional

and social intelligence in response to illness, that will always remain central to patient and clinician satisfaction and to good clinical outcomes. By 'illness' is meant the subjective experience of disease as it interweaves with systems of meaning, social networks, hopes, emotions and values. It is here that the 'illness narrative' needs to be respected; no patient can be reduced to a biological puzzle to be 'figured out'. It is the loss of care that often accompanies such a reduction that is currently being identified across the United States, for example, as a pressing concern not only of patients, but of physicians and other healthcare professionals.

Bernard Lown MD, one of the greatest cardiologists of our time, the inventor of the defibrillator and recipient of the Nobel Peace Prize for founding and developing the organization International Physicians for the Prevention of Nuclear War, also authored a classic book some fifteen years ago entitled *The Lost Arts of Healing: Practicing Compassion in Medicine* [4]. Lown's volume is a powerful statement about how compassionate care, often in the form of attentive listening, creates a 'healing relationship' with patients that improves diagnostic clarity, patient outcomes, patient adherence with difficult treatment regimens and brings immense gratification to the professional in addition. As a cardiologist, Lown was acutely aware of how protracted, negative emotional states were closely associated with stress and heart disease. He considered the physician-patient relationship to be as important as any technical medical intervention and, in these contexts, sometimes more so. He records with emphasis the number of times his diagnoses, based on careful listening in a caring mode, were more accurate than those of colleagues who centered their assessment on various tests but did not connect, affirm and listen to patients. As Lown writes, it is impossible to treat a patient optimally without the basic "care" that allows for positive emotions to displace anxiety or hostility, which in turn influence healing processes *within limits* as is now scientifically understood at the levels of neurology, immunology and endocrinology. Such observations entreat us to reflect on why treating patients with compassion *matters*. In all healthcare systems, we ought to aim for a culture of compassionate care in which the experience of humiliating insensitivity or rudeness is precluded and where the experience of compassion, respect, a reassuring manner (appropriate etiquette, dress, speech), hospitality and attentive listening is guaranteed. Here, interactions with patients would be uniformly recognized as having the significance of any other important clinical intervention; physicians, nurses and all staff would find patient care more gratifying and meaningful; benevolent and respectful interactions between members of the healthcare team would be understood as establishing the secure base from which the compassionate care of patients unfolds; and the clinical learning environment would inspire students with a pervasive ethos of compassionate respect, eliminating their complaints of patient and/or student maltreatment. This, then, should be our noble aim, a foundational part of our highest professional aspirations.

Four Beneficiaries of Compassionate Care

There are four potential beneficiaries of compassionate care in the healthcare setting.

The first beneficiaries

Clinicians, nurses, residents and other healthcare staff all benefit from a compassionate approach to care. Jerome Groopman a well known Harvard University doctor and author, is clear that, "The entire compassionate dimension of medicine, which is really key to the profession and which is so gratifying – all of that is threatened, severely threatened, if not erased, when you are put in an environment where you are constantly hectored around money and efficiency and making sure that time is minimized with patients in delivering care, in order to maximize revenue" [5]. The opportunity to practice compassionate care, then, that is so uplifting and meaningful for physicians and other healthcare workers is often denied them. This diminution in the opportunity to exercise compassion has deleterious results. Indeed, stifling of compassion can harm physician morale. For example, Zuger [6] has documented that 87% of physicians who report erosion in enthusiasm for medicine (58% of 2,608 surveyed nationally in the USA) attribute this loss to the inhibition of empathic care. Additionally, Shanafelt [7] observes that clinicians' satisfaction with their relationships with patients can protect against professional stress, burnout, substance abuse and even suicide attempts. Such results are of substantial significance.

Indeed, up to 60% of primary care clinicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects) and a low sense of accomplishment. Burnout is strongly associated with poorer quality of care, patient dissatisfaction, increased medical errors, lawsuits and decreased expressions of empathy. Substance abuse, stress-related health problems, marital and family discord and automobile accidents are among the documented consequences for physicians. Participation in a 'mindful communication program' (didactic material, formal mindfulness meditation, discussion) consisting of 8 weekly 2.5 hour sessions, plus one all-day session, was associated with short-term and sustained improvement in well-being and attitudes associated with patient care [8]. Efforts to provide compassionate care and patient experience result in greater employee satisfaction and reduced employee turnover. In one hospital study, employee turnover was reduced by 4.7% [9].

It is not the case that most professionals do not want to care about patients. Rather, they become very task oriented

in an environment where speed is praised and rewarded. Such conditions predispose to the loss of the ability to see the patient as a person unless clinicians are able to retain both self-awareness and a capacity to be intentionally 'care-full'. If clinicians lose the deeper meaning of their professional lives, many will eventually suffer adverse consequences. It takes considerable resolve to carve out the space for compassionate care regardless of environment, but in the end doing so involves relatively small purposeful acts that change the emotional and social quality of patient interactions so as to allow greater salutogenesis. There is a certain humility involved is carving out this space. Humility requires unflinching self-awareness, empathic skills, and gratitude for the privilege of caring for sick persons [10]. A simple question or comment can have extraordinary effects; for example, "This must be pretty tough on you, yes?" or "How are you handling this and do you need some help?" or "It's natural to feel pretty overwhelmed at time like this." Physicians should realize that their relationships with their patients are a major predictor of patient loyalty. One study found that patients reporting the poorest relationships with their physicians were three times more likely to leave that physician's practice than were patients with the highest-quality relationships [11].

The second beneficiaries

Medical students experience demoralization and disenchantment when they encounter a clinical environment that is dehumanizing and uncaring toward patients or themselves as learners. Often, the same resident or other clinician who is rude and abrupt with patients behaved similarly with students. Medical students recognise bad role modeling when they see it and we should act to limit its effects through discussion groups and encouragement. We all appreciate that no clinical environment is without its faults; at the same time, everything possible should be done to enhance the student's experience through a commitment on the part of institutional leadership to expect, acknowledge and reward clinicians who are good role models (i.e., those that manifest compassionate care of fellow professionals, team members, patients and students). Noteworthy in this context is a study reported by Dyrbye [12]. In a cross-sectional survey of 2,682 medical students attending 7 US medical schools in the Spring of 2009, those students experiencing 'burnout' (assessed by the Maslach Burnout Inventory) had less concern about physician responsibility to society and were less connected with their initial caring motivations. Good role modeling is essential for patient and student wellbeing. It is generally assumed that compassionate care is learned through observing good role models in the clinical setting. However, this dimension of good patient care may at times be de-emphasized or even trivialized in the existing clinical climate, as had been widely highlighted [13].

The third beneficiaries

The drive for human connection increases greatly during times of major distress and serious illness and this is intensified in the de-personalized environment of a hospital room. The presence of a compassionate clinician is a gift in and of itself that can achieve as much for patients as a great many medicines, or even more. Patients, then, are the third beneficiaries.

When doctors are compassionate, they achieve earlier and more accurate diagnoses because the patient is better able to divulge information when he or she feels emotionally relaxed and safe [4]. Moreover, there is more efficient treatment planning and patient adherence to that treatment in a time when as much as 30% of every American dollar spent on healthcare is related to poor self-care or compliance [14]. In essence, patients can care more responsibly for themselves when they sense that they are cared for by their doctor. Sequist and colleagues [15] have shown that patient experience of compassionate care correlates positively with both prevention and disease management. Diabetic patients, for example, demonstrate higher self-management skills when they self-report positive relationships with their providers [16]. Adherence to medical advice and treatment plans is highly correlated with compassionate care [17,18] and this is especially so when patients have chronic conditions [19].

Considerable research suggests that people who feel compassion are typically more secure and experience an emotional safe-haven as a result. This keeps cortisol levels down, which is important because high cortisol is associated with slower wound healing [20]. Emotional states, in turn, impact on the rate of healing and several studies show that hostile emotional states in patients delay the healing process. In one study, 42 married couples were fitted with a suction device that created eight tiny uniform blisters on their arms and allowed for fluid extraction. Each completed stress questionnaires and interviews. The investigators were able to observe that those couples with high levels of hostility needed two additional days for wound healing with the process occurring at 60% of the rate seen in couples showing low hostility. Biochemical analysis revealed that one cytokine – interleukin 6 – was present at significantly lower levels in couples with high hostility [21]. Furthermore, a review of 21 studies related quality of physician-patient communication with increased physical functioning, emotional health and decreased physical symptoms of pain in patients [22]. While the wound healing investigations provide a useful explanatory model, it seems readily observable that patients who experience compassionate care do often have better health outcomes [22,23]. Patients admitted to hospital following myocardial infaction who self-report more positive care experiences have better health outcomes [24] and one study showed a significantly lower mortality rate in the first year after discharge [25].

Studies of patients in end-of-life care show a strong association between the undermining of dignity and

depression, anxiety, desire for death, hopelessness, feeling of being a burden on others and overall poorer quality of life. When 'dignity therapy' is applied, in which dying patients are asked about what means the most to them in life and what they would like to be remembered for, 76% reported a heightened sense of dignity, 68% reported an increased sense of purpose and most reported an alleviation of stress and other benefits [26-28].

Certainly, we do not appear to be paying enough attention to this key ingredient to patient outcomes. As Edward Hallowell has opined,

> *"What's in jeopardy in medicine – for a host of reasons – is the human connection between doctor and patient. There are doctors in training now who do not want to do the physical exam; they just want the lab tests and the echo-cardiogram on a heart patient, for example. But the laying on of hands is a powerful tool in establishing trust and healing. Doctors, patients and insurers alike should work to recreate the familiarity, the warmth, the trust, and the friendly alliances that used to define patient-caregiver relationships. If the health care profession would rediscover the power of human relationship, we could bring about the kinds of lifestyle changes that would reduce disease big-time" [29].*

The fourth beneficiaries

A key first element of healthcare reform must be a return to compassion. Indeed, when medical centers are able to create a seamless culture of compassionate care through new employee interviews and annual training, through explicitly developing expectations and reward systems for all staff and for including this dimension of care in educational endeavors, they will do better at the level of the economic 'bottom line'. The new H-CAHPS (Hospital Consumer Assessment of Healthcare Providers & Systems) questions ask patients if they have been treated with care and respect, were communicated with well and had things explained to them and felt responded to adequately by nurses, doctors and other staff. These 22 questions are now required for any healthcare system receiving Medicaid or Medicare reimbursements. In the months ahead, as much as 30% of this reimbursement will be in part determined by H-CAHPS scores. In addition, resources can be conserved, because patient adherence to treatment will rise, professional and other staff will find work more meaningful and gratifying and patient satisfaction will rise so as to create reputational gain. Moreover, compassionate care is associated with lower malpractice suits [30,31].

The Task Before Us

Evolutionary analyses and neuroscience show that compassion is a core "hard-wired" human capacity that exists across cultures, though it can be inhibited by negative environment [32], or by deficient opportunities for childhood attachment to an emotionally secure parent or parent surrogate [33]. Thus, a clinical hierarchy in which authority figures dismiss compassionate care or show poor role modeling can inhibit this capacity, although it is resilient. Doctors, for example, who are described as burned out and no longer caring show evidence of improvement when they go on medical missions for short periods and reconnect with their core desire to care for others. Medical mission trips of two-weeks duration to South America resulted in lowered scores on burn out scales following their return, scores which continued to improve at a six-month follow-up [34].

Patients seek compassion (i.e. supportive empathy) from their physicians. As Jodi Halpern has underscored, in medicine empathy is sometimes defined as a form of detached cognition in which one 'understands' the patient but without any emotional resonance. Outside of medicine, empathy is of course understood as grounded in emotion and for physicians, emotional attunement does contribute greatly to the understanding of the patient's emotions [35]. Elsewhere, Halpern defines empathy as "engaged curiosity about another's particular emotional perspective," and shows that in times of patient-physician conflicts, efforts to maintain empathy reduce patient anger and increase therapeutic impact [36].

Perhaps the ironic tendency to define empathy in terms of cognitive understanding without any emotional dimension is related with some concern to avoid becoming emotionally overwhelmed. There is a certain logic to this concern. But it is best addressed not by detachment, but by balance and wisdom. Over the years, physicians have stated that the way to be compassionate without being overwhelmed is to draw certain boundaries (Box 1).

Box 1 Methods suggested by physicians to be compassionate without becoming overwhelmed

- Realize that you cannot fix everything
- Entrust your colleagues
- Step back from your initial emotional reactions
- Have some sort of "spiritual" practice
- Keep in mind the meaning and privilege of being a healer
- Have a balanced life & claim the time for it
- Be empathic, but the patient's suffering is not your suffering (let it go)

Spiritual practice, which is a purely elective endeavor, might take many forms. One randomized trial has demonstrated that an 8-week 16 hour "Passage Meditation" program for physicians, nurses, chaplains, and other staff (silent repetition in the mind of memorized affirmations, focus on the present) helped healthcare professionals

reduce stress and concentrate on others, boosting their compassionate attitudes and behaviors based on follow-up studies of pro-social clinical behavior [37].

Clearly, a key factor in healthcare reform and education is compassionate care enhancement, taken with utmost seriousness, for the good of all.

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