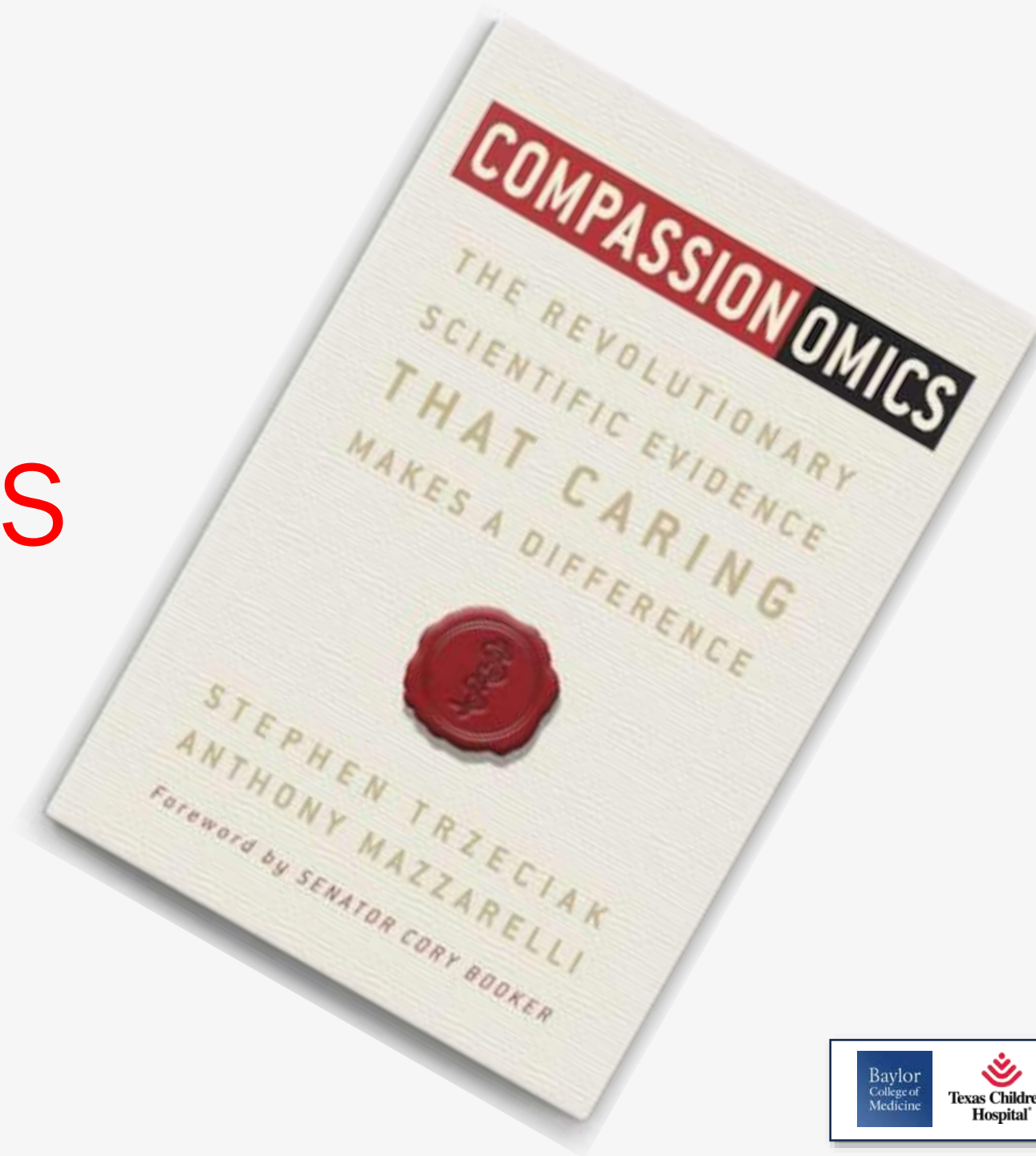
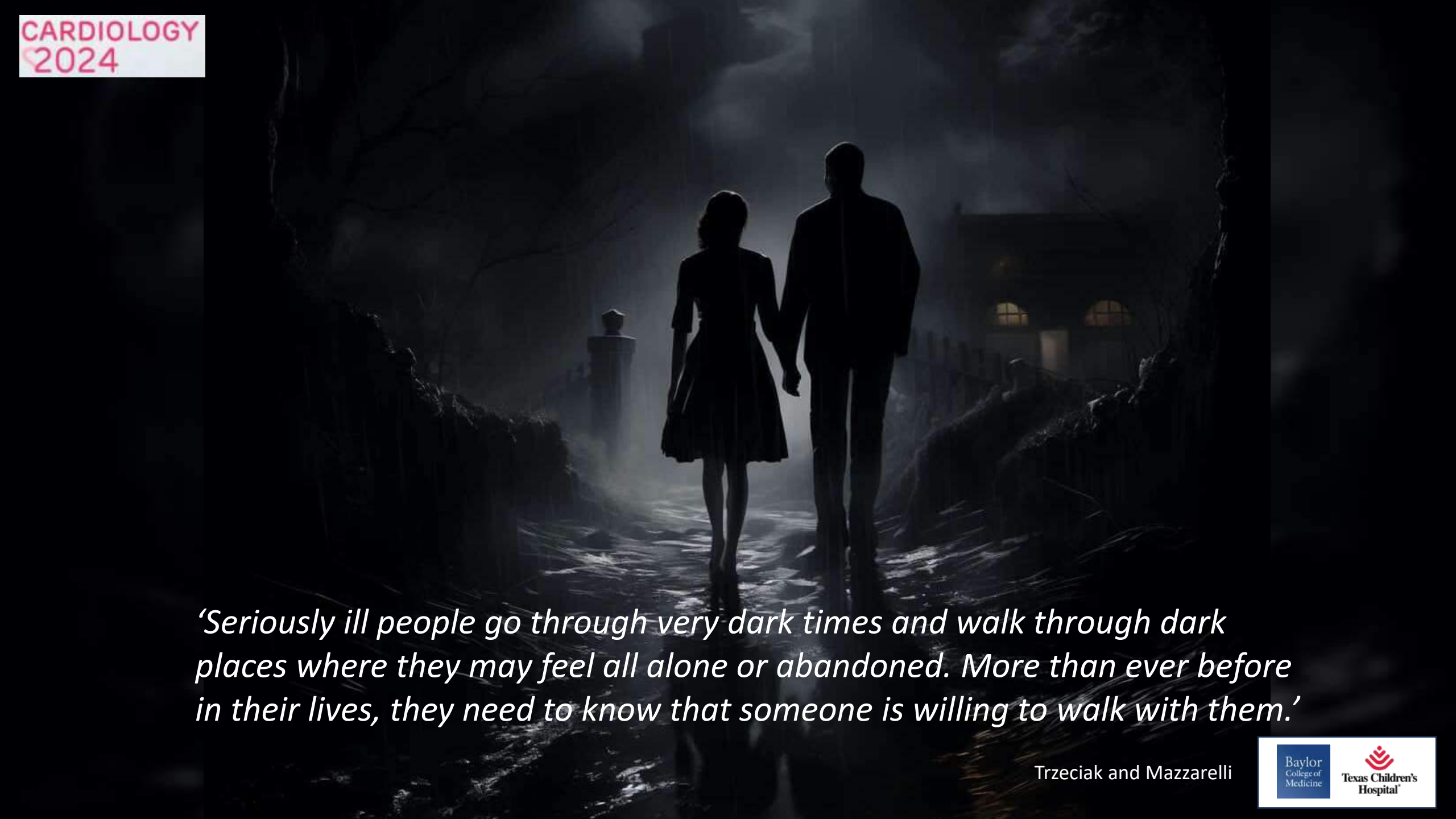


# An Unexpected Gift

# No Disclosures





A couple is walking away from the viewer down a dark, misty path at night. They are holding hands and their figures are silhouetted against a faint light source in the distance. The path is flanked by dark, leafless trees and a stone pillar is visible on the left. In the background, a building with lit windows is partially visible through the fog.

*‘Seriously ill people go through very dark times and walk through dark places where they may feel all alone or abandoned. More than ever before in their lives, they need to know that someone is willing to walk with them.’*

Trzeciak and Mazzarelli

This Is  
NOT Just  
About  
Being Nice!



# Time – A Barrier to Compassion





56% of Physicians  
reported that they  
didn't have the  
time for empathy

# How Much Time Does It Take To Make A Difference?

## Can Compassion Reduce Patient Anxiety?

By Linda A. Fogarty, Barbara A. Curbow, John R. Wingard, Karen McDonnell, and Mark R. Somerfield

**Purpose:** To use a standardized videotape stimulus to assess the effect of physician compassion on viewers' anxiety, information recall, treatment decisions, and assessment of physician characteristics.

**Participant and Methods:** One hundred twenty-three healthy female breast cancer survivors and 100 women without cancer were recruited for this study. A randomized pretest/posttest control group design with a standardized videotape intervention was used. Participants completed the State-Trait Anxiety Inventory (STAI), an information recall test, a compassion rating, and physician attribute rating scales.

**Results:** Women who saw an "enhanced compassion" videotape rated the physician as warmer and more caring, sensitive, and compassionate than did women who watched the "standard" videotape. Women who saw the enhanced compassion videotape

were significantly less anxious after watching it than the women in the other group. Nevertheless, information recall was not significantly different for both groups, and enhanced compassion did not influence patient decisions. Those who saw the enhanced compassion videotape rated the doctor significantly higher on other positive attributes, such as wanting what was best for the patient and encouraging the patient's questions and involvement in decisions.

**Conclusion:** The enhanced compassion segment was short, simple, and effective in decreasing viewers' anxiety. Further research is needed to translate these findings to the clinical setting, where reducing patient anxiety is a therapeutic goal.

*J Clin Oncol 17:371-379. © 1999 by American Society of Clinical Oncology.*

40 Seconds



# The Boston Globe Magazine

July 16, 1995

In my new role as a patient, I have learned that medicine is not merely about performing tests or surgeries, or administering drugs. These functions, important as they are, are just the beginning. For as skilled and knowledgeable as my caregivers are, what matter most is that they have empathized with me in a way that makes me feel like a human being, not just an illness.

# The Boston Globe Magazine

July 16, 1995

Again and again, I have been touched by the smallest kind gestures – a squeeze of my hand, a gentle touch, a reassuring word. In some ways, these quiet acts of humanity have felt more healing than the high-dose radiation and chemotherapy that hold the hope of a cure.

‘You can go through your daily activities with brusque efficiency and let people know how busy you are, or you can go through your day valuing human connection and showing compassion and it actually doesn’t take any longer’

Stephen Trzeciak









Sir Luke Fildes 1894





*Will this be the picture to put on record the status of the doctor in **OUR** time?*



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## MD Anderson Cancer Center

Haider A et al. JAMA Oncol 2018

### Physicians' Compassion, Communication Skills, and Professionalism With and Without Physicians' Use of an Examination Room Computer: A Randomized Clinical Trial

To our knowledge, no randomized clinical trials (RCTs) have been conducted regarding patients' perception of their health care professional who use an examination room computer (ERC) during clinic visits. Our primary objective was to com-

pare patients' perception of physicians' compassion; secondary objectives were to



Supplemental content



Figure. Flowchart Showing the Crossover Study Design

543 Patients assessed for eligibility



*'I'm  
just too  
Burnt Out  
to Add  
Anything  
More To My  
Plate'*

I know but I'm just  
not a Touchy-Feely  
Person

I'm not Wired That  
Way





We Can Do A Lot To Improve The  
Compassion Of Our Care...

*And this will not only help our patients, but ourselves*

# Greater Attention To Compassionate Care Can Help To Prevent Burnout



# Compassionate Care Requires Organizational Cultural Change





## Compassion Is a Necessity *and* an Individual and Collective Responsibility

Comment on “Why and How Is Compassion Necessary to Provide Good Quality Healthcare?”

Beth A. Lown\*

### Abstract

Compassion is a complex process that is innate, determined in part by individual traits, and modulated by a myriad of conscious and unconscious factors, immediate context, social structures and expectations, and organizational “culture.” Compassion is an ethical foundation of healthcare and a widely shared value; it is not an optional luxury in the healing process. While the interrelations between individual motivation and social structure are complex, we can choose to act individually and collectively to remove barriers to the innate compassion that most healthcare professionals bring to their work. Doing so will reduce professional burnout, improve the well-being of the healthcare workforce, and facilitate our efforts to achieve the triple aim of improving patients’ experiences of care and health while lowering costs.

**Keywords:** Compassion, Compassionate Healthcare, Burnout, Organizational Change, Patient-Centered Care

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### \*Correspondence to:

Beth A. Lown

Compassion is an ethics across cultures, and this means it is a universal human trait. Fotaki, arguing for the ethical foundation of the critical point of the interrelation between structure and culture, can serve as a guide to the ethics of care.<sup>1</sup> We must act collectively to provide compassion in healthcare. There are far too many barriers arising within the healthcare system, from neglect and harm from neglect and and hatred and violence. Fotaki suggests, and we must provide compassion and organizations and healthcare professionals must meet performance and well-being, and rather than focusing on promoting health – promoting health, possible, managing, genuine, widespread of the ill and vulnerable, to supporting the primacy of healing relationships, and healthcare workers themselves, as well as patients, families and their communities. Driving healthcare professionals and teams to work faster and harder with fewer resources is not a solution. This will only exacerbate

deepen our understanding of the nature of compassion and its impacts through research and measurement; and to support healthcare professionals and staff to manage the psychological and emotional stress of providing care so that they are able to act with compassion rather than experiencing personal or

It is tempting to place responsibility for compassion failures on “the system” or “organizational culture.” But where does the balance lie between collective and organizational responsibility on the one hand, and individual motivation, agency and skill in acting with compassion on the other hand?

Commit to Not  
Leaving The  
Patient's Room Until  
You Have  
Performed Even a  
Small Act of  
Compassion – a  
gesture, a phrase.







Be More Conscious of  
How You Use The  
Medical Record.



See how it  
makes you feel.



