Compassion in Medical Practice

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Gratitude

- ~1200 doctors, ~800 nurses
- ~400 + med students
- ~150 ED staff, 20 hospice patients
- University of Auckland, Mind and Life Institute
Definitions

Empathy
Recognising another being’s emotional state

Compassion
Empathy + wanting to alleviate suffering

Inferior parietal cortex
(understanding others)

Dorsolateral PFC and communication with nucleus accumbens
(emotion regulation and positive emotions)
Why Bother with compassion? Because we benefit

- Self-compassion
- Makes us more attractive to future partners
- Good for the body and the brain
  - Take stock?/ count the number of people we have helped?
  - Feel connected
  - Better immune response and lower inflammation
Why bother with compassion? Because patients benefit

- Patients need it
- Better outcomes for patients
  - Glucose control
Why bother with compassion?

- We are in healthCARE
  - Expectation of medical regulatory bodies and doctors’ themselves

- Makes us feel good

  - WHY DOES COMPASSION MAKE US FEEL GOOD?
Brain (and body) is wired to feel VERY good when we are connected/ compassionate.

Lighting up of our pleasure centres
Brain (and body) is wired to feel VERY good when we are connected/compassionate

- Hugging someone you care for
- Oxytocin (love hormone?)
- Vasopressin
Urge to help
URGE to help

- Stranger rescues
- Altruistic impulse
- Volunteerism
- Medicine and Healthcare
Compassion = survival

- Caring of helpless young
- Caring of the weak (seen in other species too)
- Compassion is oxygen for our species
Interspecies caring
Compassion = survival

- ...for those communities, which included the greatest number of the most sympathetic members, would flourish best and rear the greatest number of offspring.
- Charles Darwin
Urge to connect is so strong...

- When disconnected, rejected, uncared for-
- worst human experience
- Feels like we have been dismembered
If the brain is wired for connection, caring, compassion---why is there so much conflict? hatred? killing?
Can only have one mind state at a time
limited mind resources
Threats (external or internal)

Connection

Satisfy basic needs

Defend from threats!
What prevents doctors from being compassionate?
Barriers to Compassion in Medicine
(Fernando, Consedine PGMJ 2014)

- Burnout/ Fatigue
- Difficult Patient/ Family
- External Distraction
- Clinical Complexity
Patient Factors, Interruptions and medical compassion (Consedine, Skinner, Fernando 2015)

<table>
<thead>
<tr>
<th>Low responsibility/Positive presentation</th>
<th>High responsibility/Positive presentation</th>
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<tbody>
<tr>
<td><strong>DAVID:</strong> teacher, IBS following chemo for lymphoma, grateful</td>
<td><strong>ALAN:</strong> asthmatic smoker, well-dressed and pleasant</td>
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<table>
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<tr>
<th>Low responsibility/Negative presentation</th>
<th>High responsibility/Negative presentation</th>
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<tr>
<td><strong>BRENDAN:</strong> pain patient, tried rehab, wants more Tramadol; angry</td>
<td><strong>ERIC:</strong> obese, BP, dirty, smelly, non-adherent; has genital warts</td>
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So, in the experimental setting, the best predictors of compassion were not found in the physician, but in the patient.

- Negative presentation “trumped” responsibility and responsibility only matters for positive presenting.
- Interruptions reduce compassionate responding for the most difficult patients.
Transactional Model of Compassion

- *It’s not all about the doctor*
Implications

Compassion not as simple as turning on a “switch” by the doctor
Can we enhance compassion then?

- “god given”, “either you have it or not”?
- Very possible
Enhancing Compassion

- Seeing everyone as exactly like you—just wanting to be happy, free from suffering

- Motivation to be kind
  - Instead of “first do no harm” → “May I be of highest benefit to myself and others beings”

- Habits or Rituals of compassion in daily clinical practice
Enhancing Compassion

- Mindfulness
  - Mindfulness induction in medical students (Fernando, Skinner, Consedine 2015 under review)
  - Mindfulness effects similar to compassion meditation training in increasing response to suffering (Condon, Desbordes, Miller, DeSteno 2013)
Enhancing Compassion

- Acts of Kindness
  - Easily flows with nice patients
  - Minimal with tough patients
  - Not expect recognition
Enhancing Compassion

- Compassion Meditation
calm.auckland.ac.nz → guided meditations
Enhancing Compassion

- Compassion Training Protocols
  - Being with Dying- Upaya, New Mexico**
    - GRACE model of compassion
    - Roshi Joan Halifax
  - Compassion Cultivation Training Programme- Stanford University
  - Cognitively Based Compassion Training (CBCT) – Emory University
  - Mindful Self-Compassion Training Programme
Enhancing Compassion

- Modelling
Enhancing Compassion

- Dealing with anger
Enhancing Compassion

- Preliminary data
  - Enhancing self-compassion
  - Modifying perception of patient and work load
  - Spending more time with hobbies
Enhancing Compassion

- Need to address systems---
  - NZ Doctors and barriers to compassion (Fernando, Consedine 2015 unpublished)
  - Most barriers to compassion experienced:
    - GP’s and Gen Med > Paeds/Surgery > Psychiatry
Imagine...
Motivation

If You Want Others Happy, Practice Compassion.

If You Want To be Happy, Practice Compassion.