



Remaining compassionate

Tim Dornan

Cleaner and grouper fish



Cleaner and grouper fish



Evolutionary altruism

- Within a group, ***individual*** altruists are disadvantaged relative to selfish colleagues
- The fitness of a ***whole group*** is enhanced by the presence of altruists
- Groups composed of selfish organisms go extinct, leaving behind groups containing altruists

This talk addresses two questions:



If altruism has evolutionary benefit and many people show it:

- Why do we need to think about **remaining** compassionate?
- How can we help doctors remain compassionate?

Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis
2. Axiom: Medicine is hard work and the stakes are high

Learning to work:

- **Social:** takes place, essentially, within work
- **Active:** a process of experiencing, which draws on contributions from within and beyond the individual
 - Involves touch, smell, and vision
 - Goes beyond simple semantic logic

Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis
2. Axiom: Medicine is hard work and the stakes are high
3. Axiom: Learning medicine is complex
4. Important parts of learning medicine take place within practice
5. They are poorly defined *Schön 1983; Eraut 2000*

Meanings of emotion words



Queen's University
Belfast

Without hierarchical distance

Passion: suffering, enduring (without complaint)

Patient: one who suffers

Compassion: suffering with

Sympathy: affected by like feelings

Ambiguous

Empathy: projecting feelings into a person

With hierarchical distance

Pity: mercy

... Altruism?



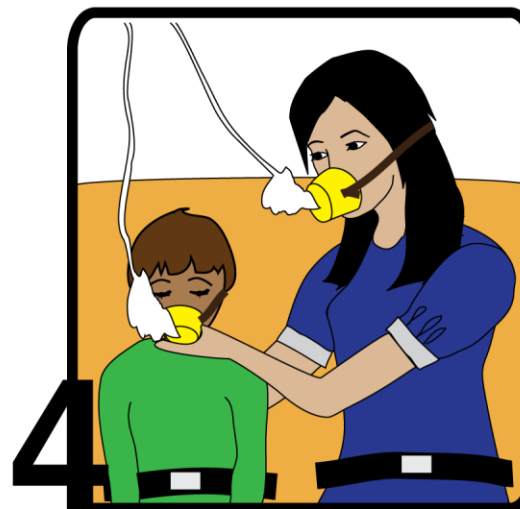
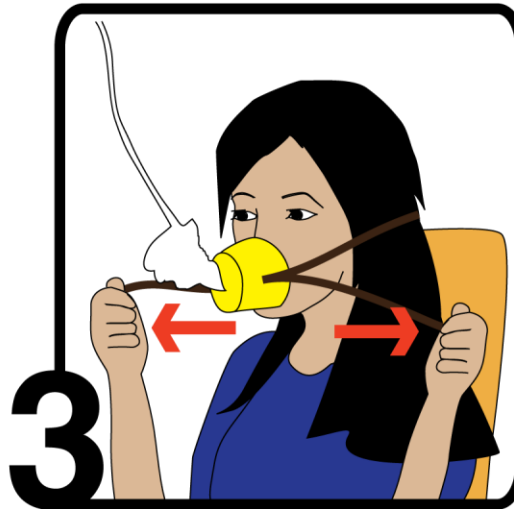
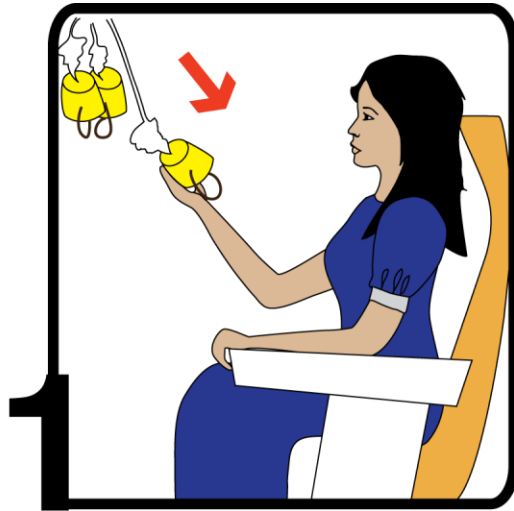
Altruism: disinterested and selfless concern for the wellbeing of others

Synonyms include:

- Self-sacrifice
- Self-denial

“Promoting altruism ... is contradictory and misguided. Instead, an approach to clinical care that is pro-social and empathic is recommended” *Burks et al 2012*

- Patients must be able to trust doctors with their lives and health
- To justify that respect you must
 - Show respect for human life
 - Make sure your practice meets the (4 types of) standard expected of you
- 1. Knowledge, skills and performance
 - Make the care of your patient your first concern



Way of the warrior

Nishigori et al 2014

The seven principal virtues of the Samurai

- Rectitude
- Courage
- Benevolence
- Politeness
- Honesty
- Honour
- Loyalty

Self-sacrifice
Shame

My first question:

1. Why do we need to think about **remaining** compassionate?

Danielle Ofri, MD



What

HOW EMOTIONS AFFECT

Doctors

THE PRACTICE OF MEDICINE

Feel



"Danielle Ofri brings us into that place where science and the soul meet.
Her vivid and moving prose enriches the mind and turns the heart."

— **JEROME GROOPMAN**, author of *How Doctors Think*

A narrative of
emotions in (US)
medicine

Who comes into medicine?

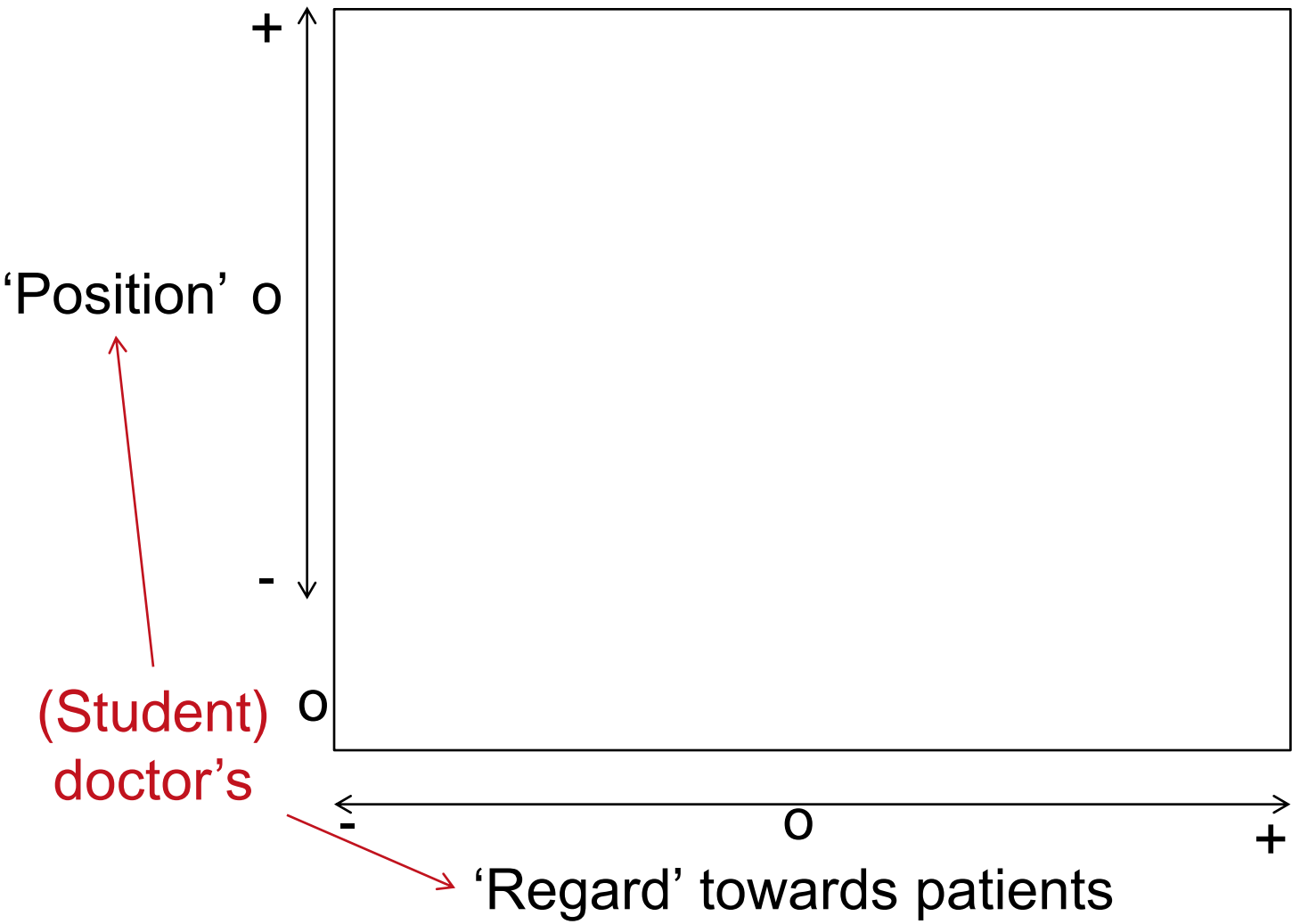


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- Pro-social attributes
 - ± Moral superiority
- High social capital
 - Ambitious
 - Able
 - Successful
 - Emotionally and socially in-control
- Competitive

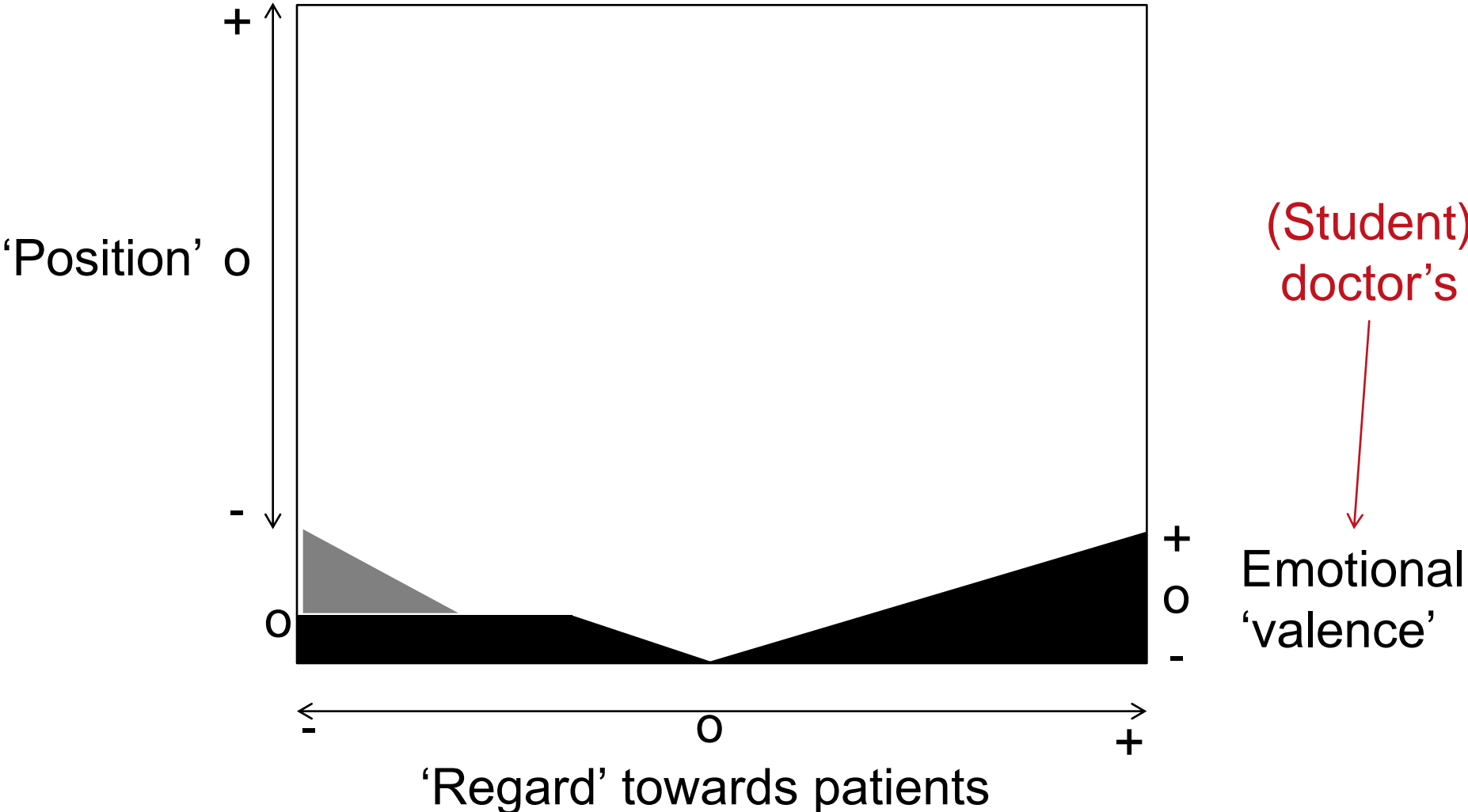
= Vulnerable

Challenges to compassion

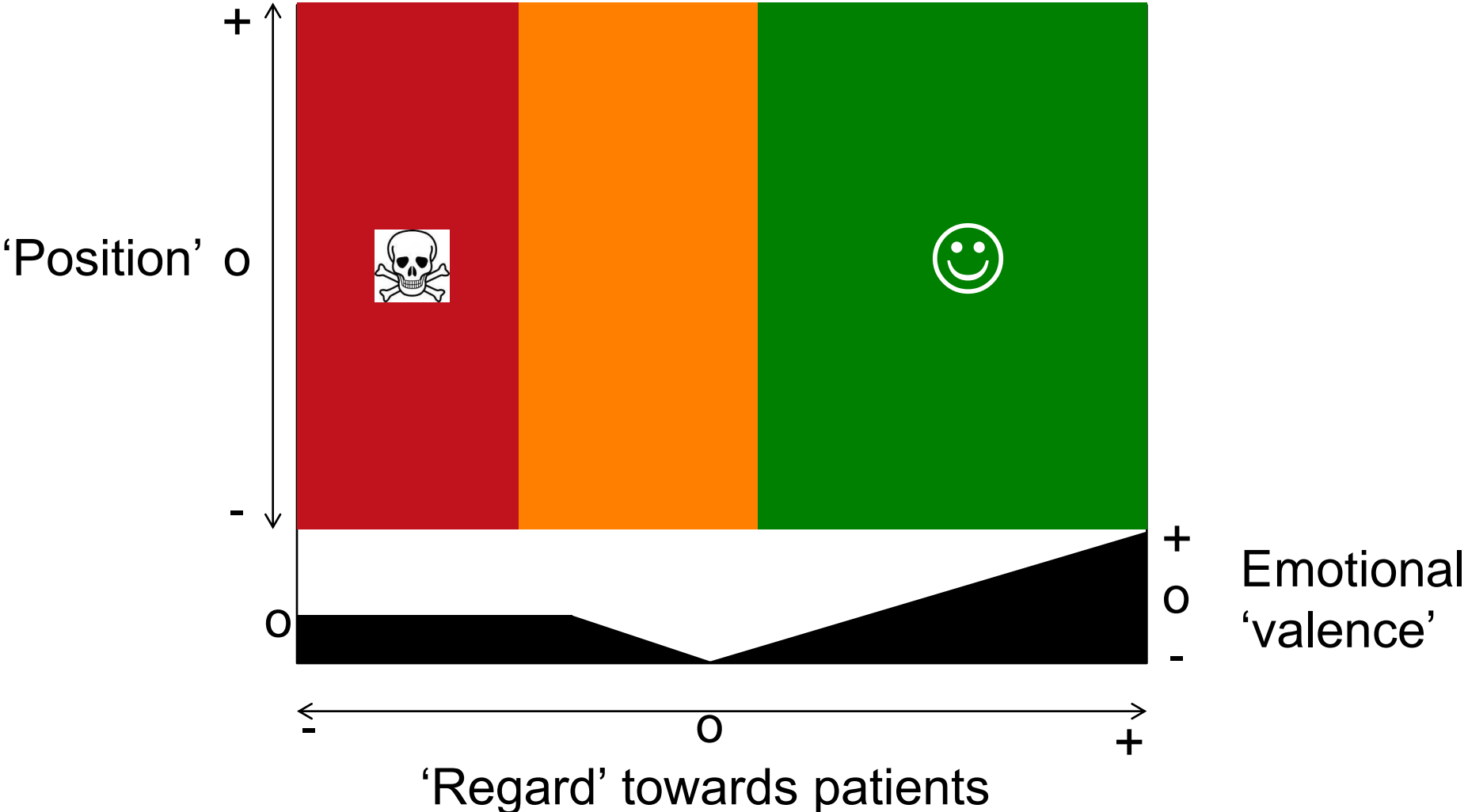


Identifying with a valued social position
+
Being able to access one
+
Being able to act in one
=
Higher position
=
Positive emotion (and vice versa)

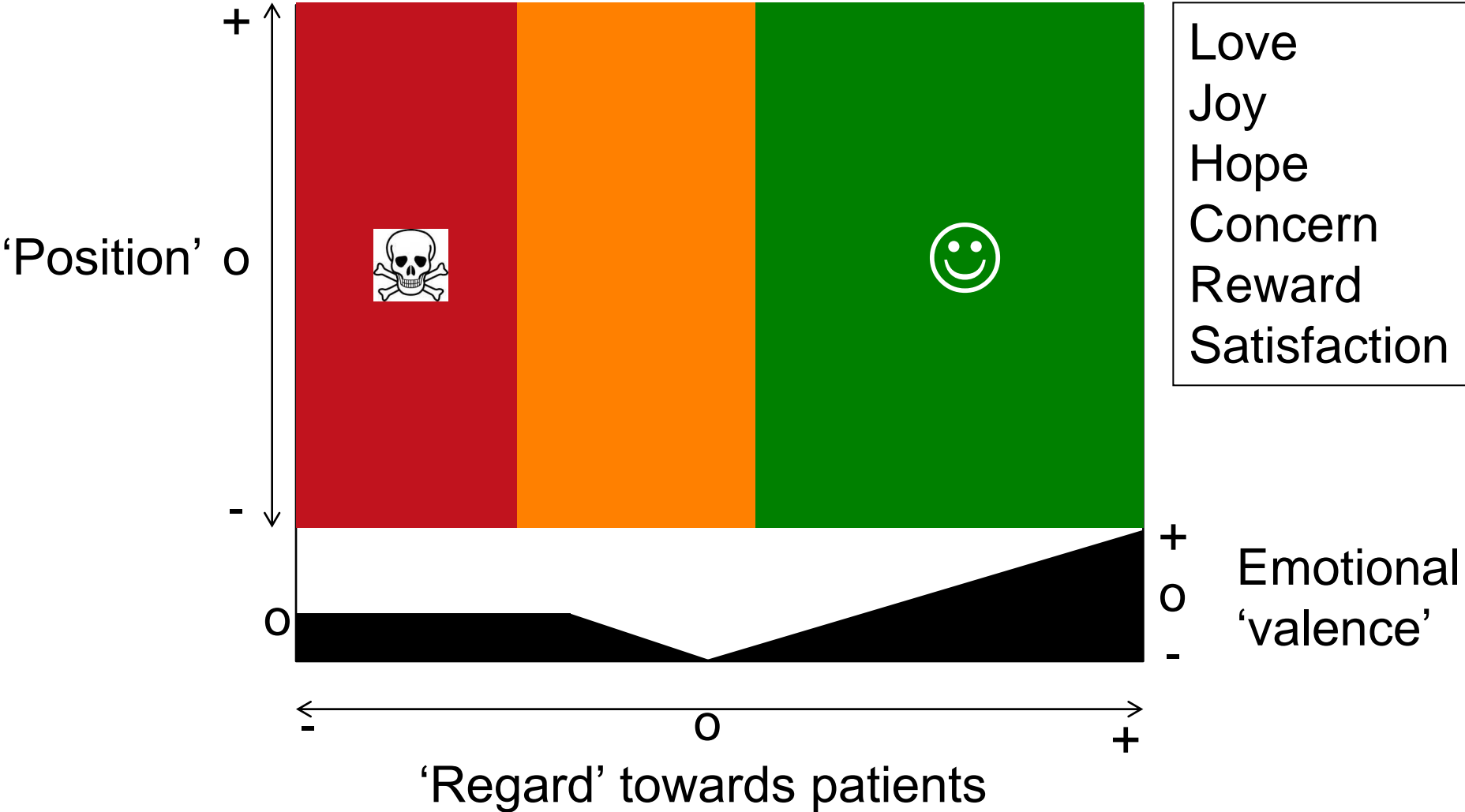
Challenges to compassion



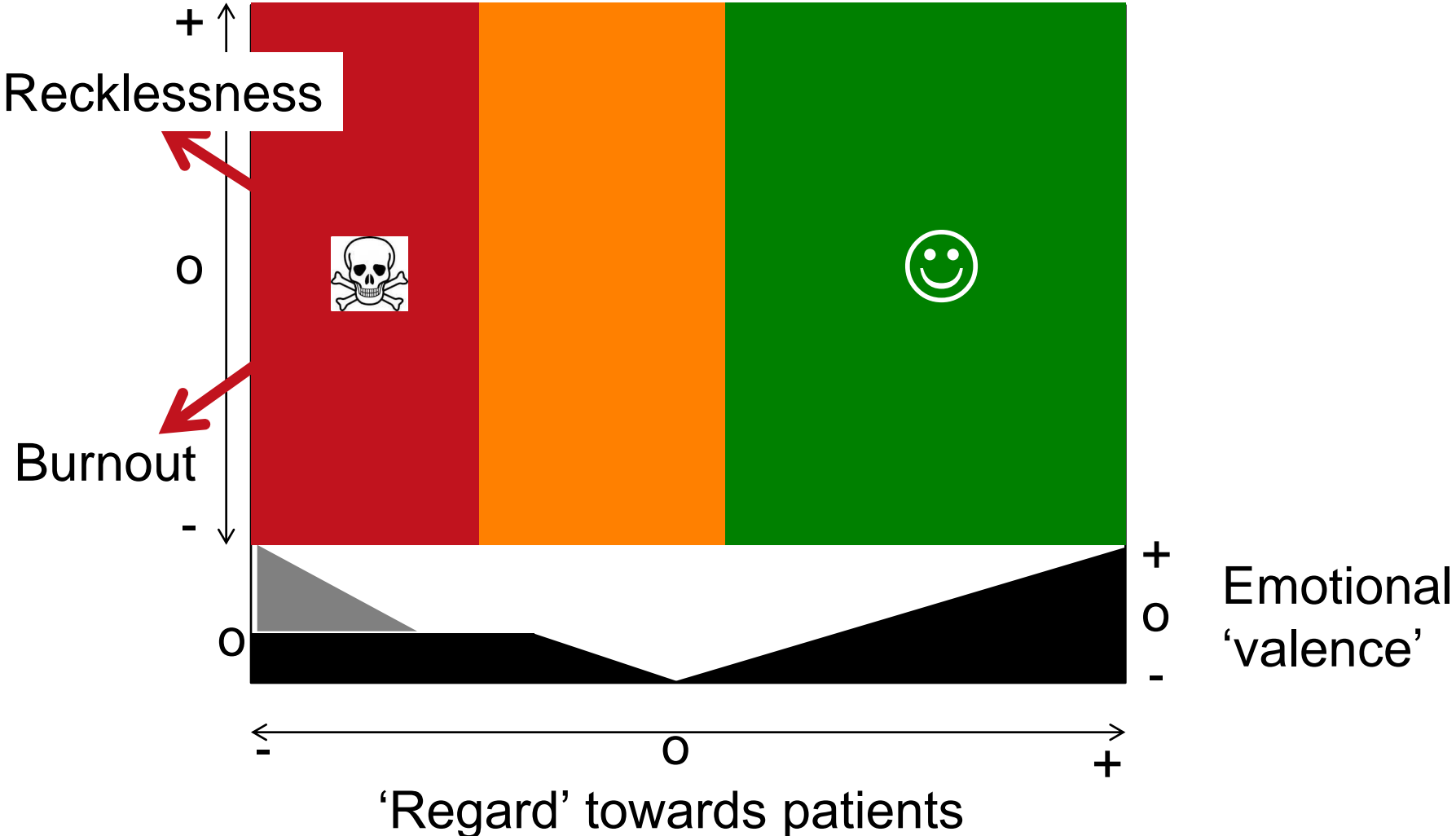
Challenges to compassion



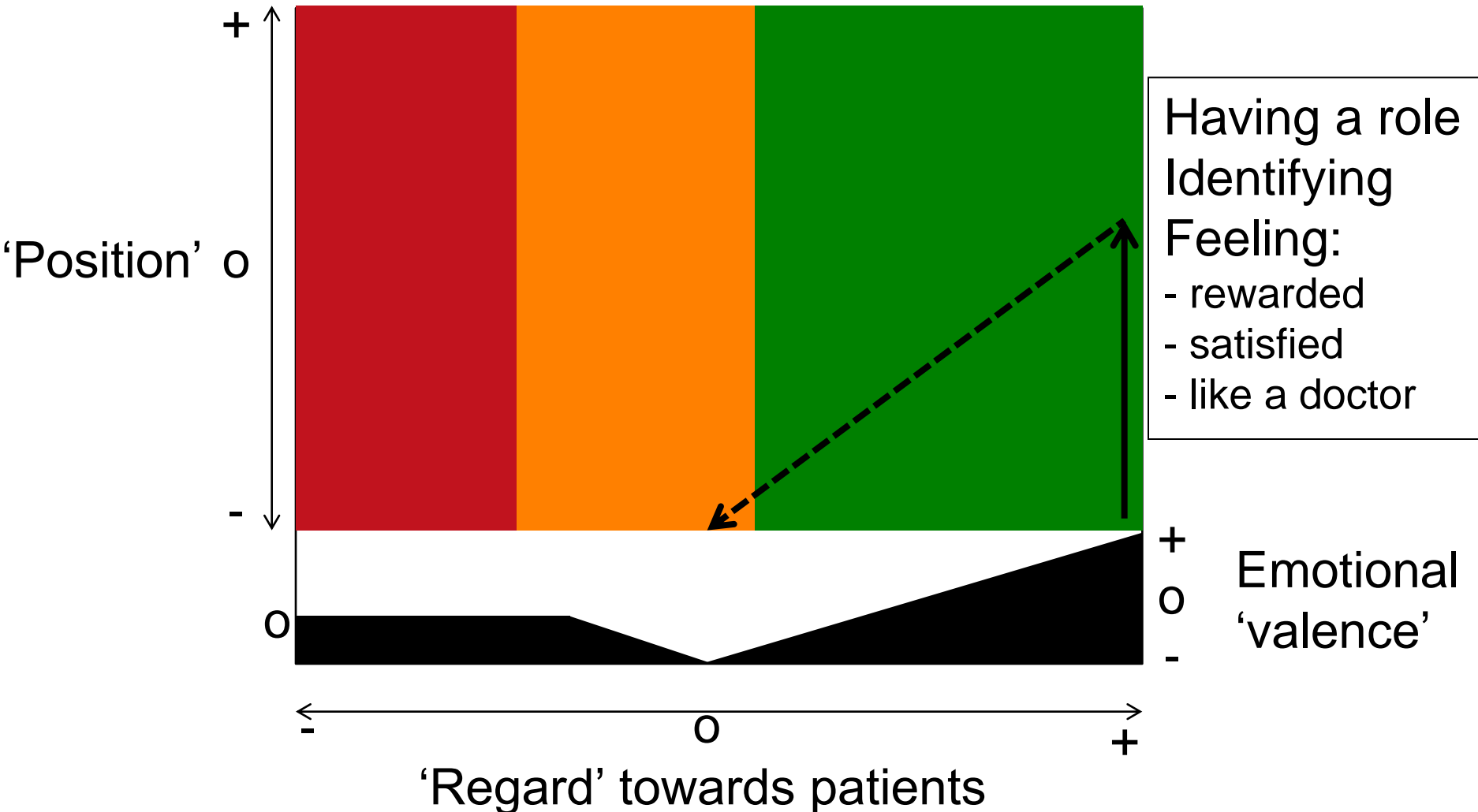
Challenges to compassion



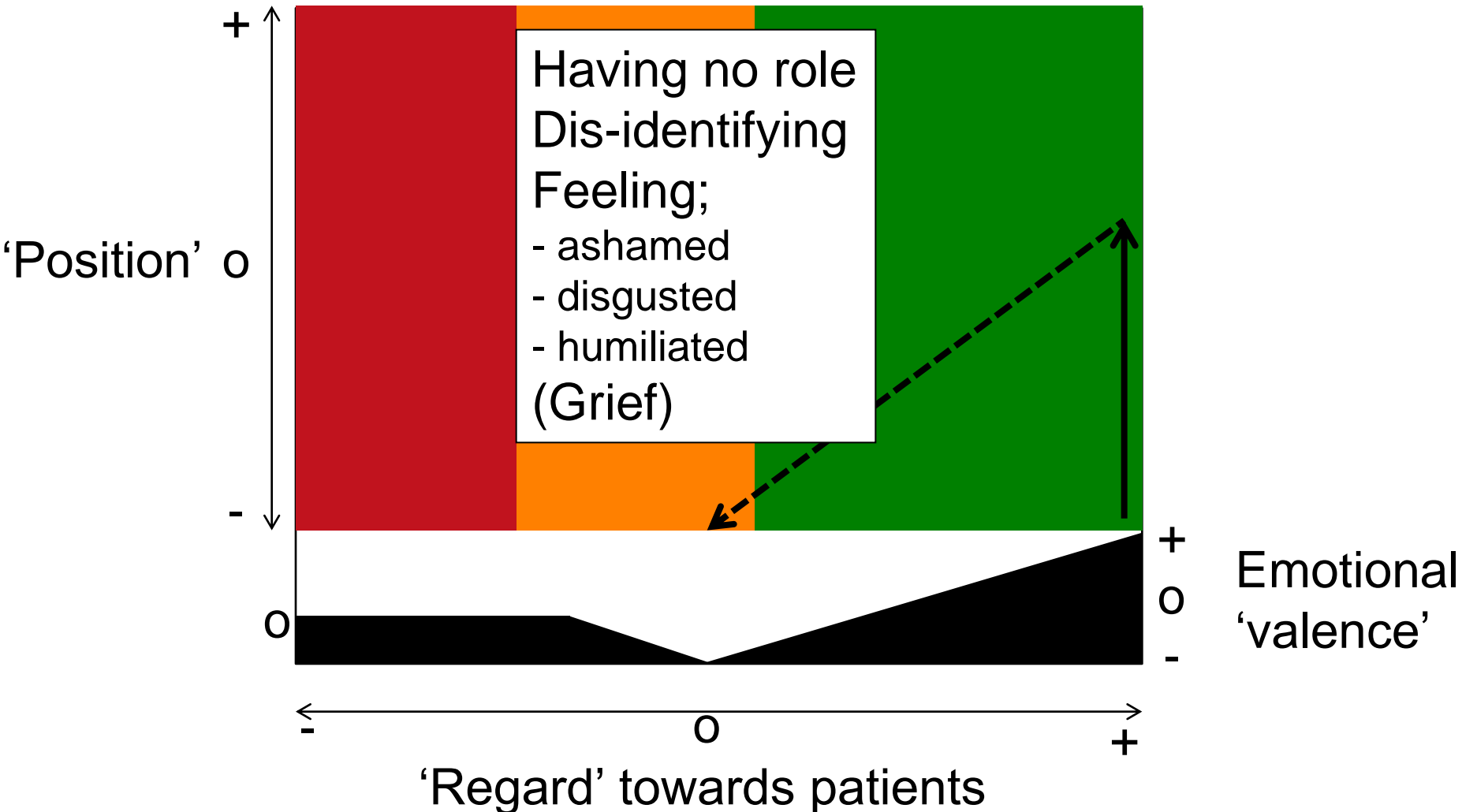
Challenges to compassion



Medical student trajectory

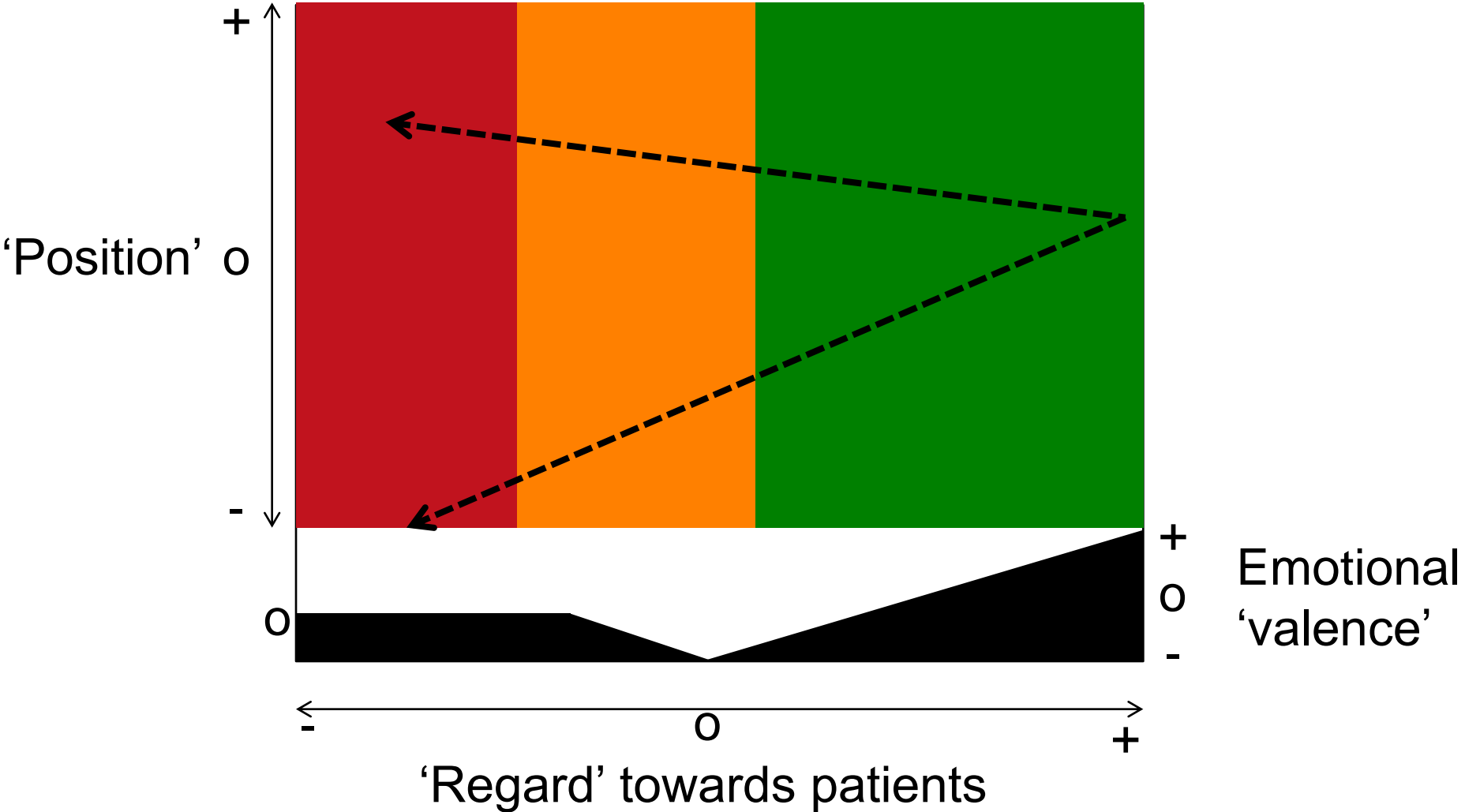


Medical students' trajectory



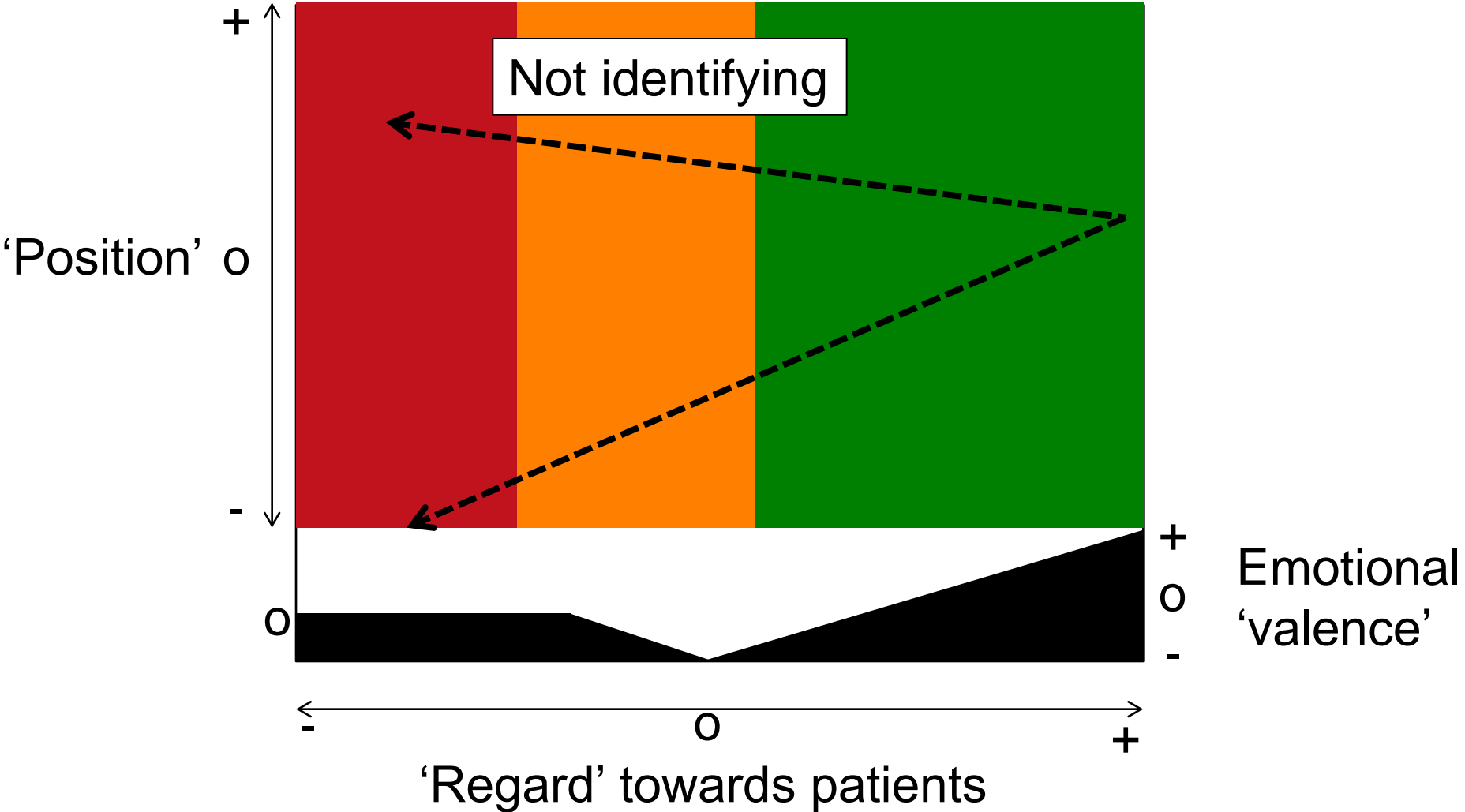


Doctors' trajectory





Doctors' trajectory





Psycho-physiological

- Excessive workload
- Fatigue
- Stress
- Boredom

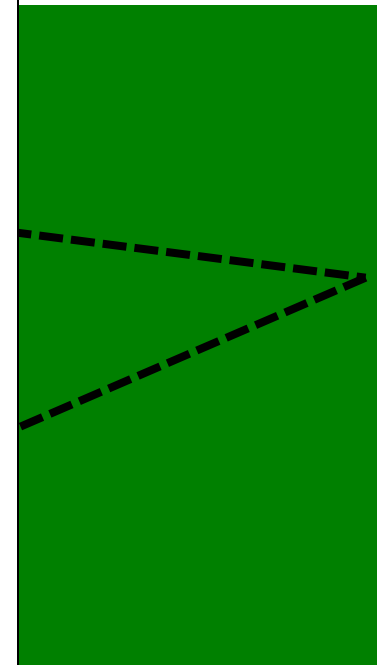
Social

- Lack of outside life
- Litigation and complaints

Moral distress

- Messiness/ambiguity of medicine
- Frustration and anger
 - Patients' self-destruction
- Fear (of doing harm)
- Grief and helplessness
- Disgust
- Failure

Existential challenge



+
0
-
Emotional
'valence'

'Regard' towards patients

Effects

- Pragmatism; 'getting by'
- Emotional
 - blunting
 - distance
- Disrespectful language and humour
- Depression
- Anger
 - blame
- Disillusionment
- Abuse of alcohol or other substances

My second question:

2. How can we help doctors remain
compassionate?

Outline of part 3

- Dos and Don'ts
- Managing
 - Workload
 - Emotions

Dos and Don'ts

Do: **Messy – affective – personal**

- Be supportive – particularly to trainees
- Be a good doctor

Don't **Tidy – cognitive – impersonal**

Tangle with:

- Measuring or training emotions
 - Emotional intelligence
 - Empathy
- Fatigue management

- Dos and Don'ts
- **Managing**
 - **Workload**
 - Emotions

Beyond work hours

Taylor et al 2014 and provisionally accepted



- After tiring periods of on-call, residents made trade-offs between recovery of:
 - Sleep
 - Self
- It is important for at least some to:
 - Maintain a normal life
 - Stay connected with clinical problems
 - Learn

Subjective nature of workload

Nishigori et al (in peer review)

Factor	Heavier	Lighter
Professional interaction	Isolation	Interaction
Patients	Unappreciative or critical	Appreciative
Control	At the mercy of the system	In control
Education	Learning less	Learning more
Private life	Worse	Better
Nature of work	Dull	Interesting
Free time	Unprotected	Protected

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- Dos and Don'ts
- **Managing**
 - Workload
 - **Emotions**



There can be no knowledge without emotion

Arnold Bennett

- Alexithymia = difficulty recognizing, processing, and regulating emotions
- Doctors tend to mistrust emotions; distance themselves from them; function solely at a cognitive level
- “Working skillfully with emotions”

Guilt and shame

Bynum 2014; Fraser 2014

Emotion	Response to ..	Reaction
Guilt	An action	“reparation”; prosocial;
Shame	A perceived flaw in oneself	Reparation cannot fix the flaw; antisocial;

Three preventive measures

- Acknowledge shame and guilt in learners
- Avoid humiliation
- Leverage effective feedback

The task of medicine

Sweeney 2000



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Belfast

- The most fundamental responsibility of doctors is to relieve suffering ('passion')
 - Doctors' and patients' 'selves' in a reciprocal relationship
 - Empathy is in tension with self-protection

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Helping doctors remain compassionate



- Provide a reasonable workload in warm and well-structured surroundings
- Interact
- Encourage them to come to terms with their emotional selves
- When things go wrong:
 - “What you did” rather than “who you are”
- “Work skillfully with emotions”

The secret of the care of the patient is in
caring for the patient

Francis Peabody 1927