SESSION 1
7:45am – 9:00am
Compassionate Care: Luxury or Necessity?
SPEAKER
Beth Lown, MD

Compassionate Care: Luxury or Necessity?
Beth A. Lown, MD
Medical Director, the Schwartz Center for Compassionate Healthcare
Associate Professor of Medicine, Harvard Medical School

Objectives
• Discuss a definition of compassionate care and a model of interpersonal compassion.
• Evidence regarding the impact of empathy and compassion on patients, clinicians and organizations
• Factors and commitments that promote compassion capacity and cultures of compassion.

Kenneth Schwartz
1954 - 1995

Are strong relationships, effective communication, and emotional support important in successful medical treatment?
- “Very important”: 85% pts; 76% physicians
- “Can make a difference in whether a pt lives or dies”: 81% pts; 71% physicians
Are we practicing compassionate care?
1. Does the U.S. healthcare system provide compassionate care?
   (Our study) "NO": 47% patients and 42% physicians
2. Do most healthcare professionals provide compassionate care?
   (Our study) "NO": 46% patients and 22% physicians


Can we really “change the system?”

“Never worry about numbers. Help one person at a time and always start with the person nearest you.”

--- Mother Teresa

Key premises
- Compassion is the essential foundation of patient/family and relationship-centered care
- Compassion emerges from a universal need for human connection and relationships
- Compassion is correlated with important patient, staff and organizational outcomes
- Caring and compassion are sustained by the people, values, resources, training, processes, and policies that enculturate them

What is compassionate care?
Compassionate care is the recognition, empathic understanding and emotional resonance with another’s concerns, distress, pain or suffering, coupled with their acknowledgement, and relational action to ameliorate these conditions.
Recognizing and responding to ameliorate concerns, distress or suffering

The cost of technology

Focusing one’s attention
The “doorknob strategy”
**Neural Resonance**

“Experience sharing”
Affective empathy

“Mentalizing”
Cognitive empathy, Perspective taking

**Value the patient’s welfare**

Maytee Boonyapreedee:
“8 ½ Medical Students.” JGIM. 2005; 21(S1).

**Empathic concern and motivation to relieve distress and suffering**

- Attend, recognize
- Resonate
- Understand need
- Value another’s welfare

Organizational culture, support, systems, resources

Personal and team’s values, capacity, skills

Compassion and helping behaviors

**The compassion family of other-oriented emotions**

- Tenderness
- Kindness
- “Professional” love
- Caring concern
- Sorrow

**What distinguishes compassion from empathy and sympathy?**

- Cognition
- Feeling “with” another (in their shoes)
- Emotion
- Feeling care, concern and acting

- Empathy
- Feeling sorry “for” another

- Sympathy
- Compassion

**The empathy-altruism hypothesis**

Empathic concern

Empathy-induced altruism:
A state in which the ultimate goal is increasing another’s welfare

Respond with compassion: RSVP

- Reflective statements
- Support
- Validation
- Partnership

Teaching videos available from Oncotalk® at: http://depts.washington.edu/oncotalk/

Beth A. Lown, MD

Discernment: Co-producing compassionate care

- Who is this person?
- What is her emotional, social context?
- How does she explain and cope with illness?
- What are her concerns and expectations for the future?
- What does she value?
- Who does she love?

Sandra’s story. Available at: www.aachenline.org

Beth A. Lown, MD

Lown model of interpersonal compassion

Beth A. Lown, MD

Do empathy and compassion matter?

Patients of physicians with higher levels of self-reported empathy were significantly more likely to have good control of HgbA1C and LDL cholesterol than patients of physicians with lower levels of empathy.


Beth A. Lown, MD

Do empathy and compassion matter?

Patients of physicians with high levels of empathy compared with those with low levels of empathy had significantly fewer hospital admissions for metabolic complications (DKA, hyperosmolar coma).


Beth A. Lown, MD

Empathy and compassion are related to patient outcomes

- Increased immune response
- Randomized trials to improve clinician-patient relationship→ improved clinical outcomes for asthma, obesity, osteoarthritis, respiratory infections
- Lower costs on diagnostic tests
- Fewer readmissions

Compassion matters to clinicians

- Empathy training
  - Increased negative affect; may activate personal distress
- Compassion training
  - Increased positive affect; dampen personal distress
- Caring, compassion for others activates reward centers in the brain

We know the systemic challenges

- Workload, staffing
- Discontinuity, fragmentation of care
- Loss of community with colleagues
- Loss of autonomy and sense of control

Occupational hazards or improvement targets?

- Inadequate self-care
- Pathological altruism, depletion
- Burnout (30% - 60%) ¹
- Physician suicide (♀ 130%>; ♂ 40% > population) ²
- 2° trauma - prolonged exposure to others’ suffering
- Moral distress – unable to do what is right
- Exposure to disrespectful behaviors, bullying, abuse
- Erosion of employee engagement

The key question...

What determines whether our observation of a patient’s distress leads to compassion or personal distress, avoidance, and uncompassionate actions?

...and what can we do about it?
Commitments that promote compassion capacity

- Compassionate leadership
- Education for compassion
- Value and reward compassionate care
- Support caregivers
- Involve, educate, learn from patients, families
- Build compassion into healthcare delivery
- Research and measurement of compassion and compassionate care

Education for compassion: Training we need (1)

- Mindfulness, focusing one’s attention
- Balanced emotion regulation
  - Cognitive strategies (CBT)
  - Contemplative strategies (CCT)
  - Reflection strategies
- Listening & nonverbal communication
- Essential & complex communication skills

Education for compassion: Training we need (2)

- Skills that diminish health disparities
- Relational skills for co-creating decisions
  - Sharing control, collaborating, partnering
  - Flexibility, managing uncertainty
- Meta-awareness - reflection in the moment
- Self-care and self-compassion

Self-compassion

“...being touched by and open to one’s own suffering, not avoiding or disconnecting from it....
...offering nonjudgmental understanding to one’s pain, inadequacies and failures, so that one’s experience is seen as part of the larger human experience.”

- Kristin Neff

http://www.self-compassion.org/test-your-self-compassion-level.html

Education for mindfulness

Participants demonstrated improvements in mindfulness, burnout, and empathy. Improvements in mindfulness correlated with improvements in “perspective taking” sub-scale of physician empathy and aspects of burnout (both p<.001).


Education for empathy

Empathy-trained residents showed greater changes in patient-rated “CARE” scores than control residents, greater changes in ability to decode facial expressions of emotion.

The “CARE” measure
1. Making you feel at ease
2. Letting you tell your story
3. Really listening
4. Being interested in you as a whole person
5. Fully understanding your concerns
6. Showing care and compassion
7. Being positive
8. Explaining things clearly
9. Helping you to take control
10. Making a plan of action with you

Beth A. Lown, MD

Organizational compassion
- Noticing
- Responding
- Compassion
- Feeling
- Understanding
- Wellbeing

Leadership commitment to compassion
- Sustained focus on employees’ and patients’ satisfaction
- Analyze causes of low scores
  - Qualitative interviews
  - Staff and patient stories
  - Operational correlates
- Quality improvement

Towers Watson 2010 Global Workforce Study – U.S. Healthcare

Caring and compassion for staff matters for organizational health

Physician wellness: a missing quality indicator
Subjective indicators from employees can be used to gauge and improve organizational performance and wellness. Staff wellness is a valid indicator of organizational health.

Lancet 2009;374:1714-21

Compassion practices and HCAHPS
In all regressions, compassion practices remained positively and significantly associated with HCAHPS ratings and likelihood to recommend the hospital, even after including robust control variables that capture technical quality of care (e.g., readmissions) and quality of organization (e.g., Magnet status)

Hospital-level (scale 0-5) departments/units dealing with crises, conflict, trauma, workplace stress
Support for providers and staff:  
Schwartz Center Rounds

- Experiencing and showing feelings is normalized
- Language of caring is shared
- Stories about compassion, kindness, caring are accepted and reinforced

Impact of Schwartz Center Rounds:  
“Dose response” among attendees

- Patient Interaction Scale
- Teamwork Scale
- Caregiver distress Scale

Summary and review

- Lown interpersonal model of compassion
- 7 commitments to advance compassionate, patient and family-centered care

Compassion is good medicine

- Compassion heals those who are distressed or suffering
- It reminds us why we chose this work
- Compassion nurtures our wellbeing and the wellbeing of those we serve
- Compassion creates a sense of meaning and purpose and reminds us of our common humanity

In the words of the Dalai Lama

“Love and compassion are necessities not luxuries.  
Without them humanity cannot survive.”