

primed
American College of Physicians
Leading Internal Medicine, Improving Lives

SESSION 1
7:45am – 9:00am

**Compassionate Care:
Luxury or Necessity?**

SPEAKER
Beth Lown, MD

primed **ACP** American College of Physicians
Leading Internal Medicine, Improving Lives

Presenter Disclosure Information

The following relationships exist related to this presentation:

- ▶ Beth Lown, MD, is a medical director for The Schwartz Center for Compassionate Healthcare.

Off-Label/Investigational Discussion

- ▶ In accordance with pmICME policy, faculty have been asked to disclose discussion of unlabeled or unapproved use(s) of drugs or devices during the course of their presentations.

**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.

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**Kenneth Schwartz
1954 - 1995**

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PATIENT-CENTEREDNESS

By Beth A. Lown, Julie Rosen, and John Martella

**An Agenda For Improving
Compassionate Care: A Survey
Shows About Half Of Patients
Say Such Care Is Missing**

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

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HEALTH AFFAIRS 30,
NO. 5, 2011
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The National Hospice and
Palliative Care
Foundation, Inc.

Beth A. Lown, MD (beth.lown@schc.harvard.edu) is medical director of the Schwartz Center for Compassionate Healthcare and an associate professor of medicine at Harvard Medical School, in Boston, Massachusetts.

Julie Rosen is executive director of the Schwartz Center for Compassionate Healthcare.

John Martella is president of Martella Strategics, a public policy consulting firm based in Boston and Washington, D.C.

Improve the skills required for compassionate care.

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

Lown BA, et al. *Health Affairs (Millwood)*. 2011; 30: 1772-8. 7
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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

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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

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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

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The cost of technology

Beth A. Lown, MD JAMA. 2012; 307:2497

Focusing one's attention The "doorknob strategy"

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Neural Resonance

“Experience sharing”
Affective empathy

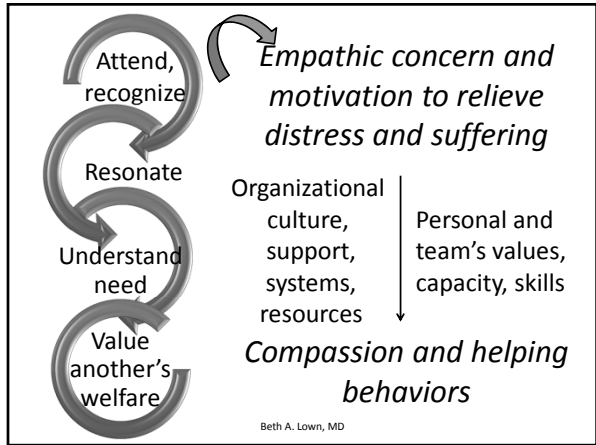
“Mentalizing”
Cognitive empathy,
Perspective taking

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Value the patient’s welfare

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

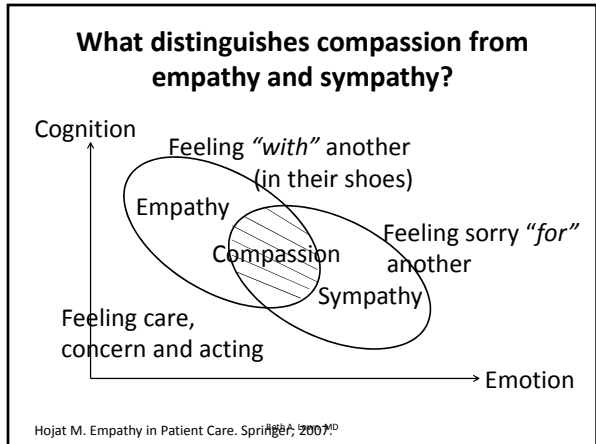
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The compassion family of other-oriented emotions

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

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The empathy-altruism hypothesis

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

C.D. Batson. Altruism in Humans. Oxford University Press. 2011

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Respond with compassion: RSVP

- Reflective statements
- Support
- Validation
- Partnership

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

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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.aachonline.org

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Lowin model of interpersonal compassion

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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.

Hojat M, et al. Physicians' empathy and clinical outcomes for diabetic patients. *Acad Med.* 2011; 86: 359-364

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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).

Del Canale S et al. *Acad Med.* 2012;87:1243-9.

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Empathy and compassion are related to patient outcomes

- Increased immune response ¹
- Randomized trials to improve clinician-patient relationship → improved clinical outcomes for asthma, obesity, osteoarthritis, respiratory infections ²
- Lower costs on diagnostic tests ³
- Fewer readmissions ⁴

¹ Rakel et al. *Fam Med.* 2009;41:494-501.

² Kelley et al. *PLoS One.* 2014;9:e94207.

³ Epstein et al. *Ann Fam Med.* 2005;3:415-21.

⁴ Boulding et al. *Am J Manag Care.* 2011;17:41-8.

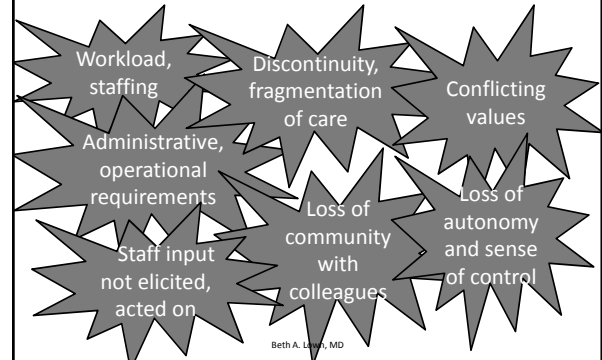
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Compassion matters to clinicians

- 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

Jensen et al. Mol Psychiatry. 2014;19:392-8.
 Klimecki et al. Soc Cogn Affect Neurosci. 2014 ;9:873-9.
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We know the systemic challenges



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

¹Wallace JE, Lemaire JB, Ghali WA. Lancet 2009;374:1714-21.
²Schernhammer E. NEJM 2005;352:2473-6. Beth A. Lowin, MD

Physicians down-regulate empathy for pain over time

- Control subjects *but not physicians* show significant differences in ERP responses when watching painful vs. non-painful stimuli
- MD's down-regulate early emotion-sharing (frontal 'N110') & late cognitive evaluation (centro-parietal 'P3')

Decety J, et al. NeuroImage.2010; 50:1676-82

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The key question...

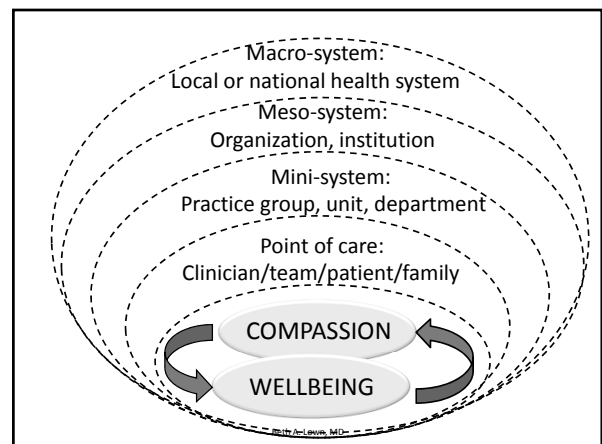
What determines whether our observation of a patient's distress leads to compassion

or

personal distress, avoidance, and uncompassionate actions?

...and what can we do about it?

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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

www.theschwartzcenter.org/committocompassion/

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

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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

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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>

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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 $p < .001$).

Krasner MS, Epstein RM, et al. *JAMA*. 2009;302:1284-1293

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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.

Riess H, et al. *J Gen Intern Med*. 2012;27:1280-6

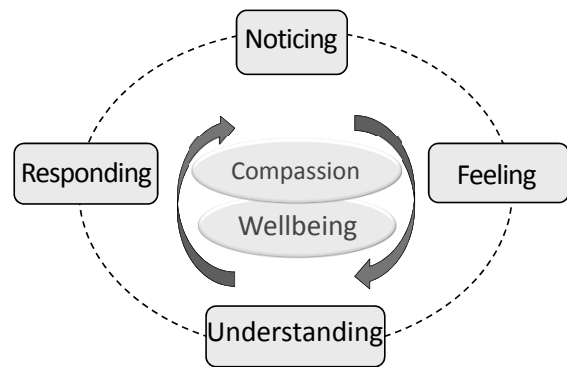
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The "CARE" measure

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

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Mercer SW, et al. *Fam Pract* 2004;21:699-705.

Organizational compassion



Generalizable relationships with practical value exist between unit-level employee satisfaction/engagement and customer satisfaction, productivity, profit, employee turnover, and accidents.

Many survey items in this analysis are about personal relationships, feeling supported, that one is a member of a caring community

Harter JK, Schmidt FL, Hayes TL. Business-Unit-Level Relationship Between Employee Satisfaction, Employee Engagement, and Business Outcomes: A Meta-Analysis. *J Appl Psychol.* 2002; 87:268-279.

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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

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Caring and compassion for staff matters for organizational health

Physician wellness: a missing quality indicator

Jared Wallace, Jane D. Lemaire, William A. Ghali

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

Beth A. Lowri, MD *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 use in (year 2007)

departments/units dealing with crises, conflict, trauma, workplace stress

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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

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

- Patient Interaction Scale
- Teamwork Scale
- Caregiver distress Scale

Lown BA, Manning CF. Acad Med. 2010;85:1073-81.

Summary and review

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

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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

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In the words of the Dalai Lama

**“Love and compassion are necessities
not luxuries.**

Without them humanity cannot survive.”

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