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Authors
Taylor, Mihaela
Nemanim, Tatiana
Soriano, Christopher

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CLINICAL COMMENTARY

Compassionate Patient Care Starts with Self-Compassion for Best Patient Outcomes and Physician Well-Being

Mihaela Taylor, MD, Tatiana Nemanim and Christopher Soriano

The clinician educator position embodied the major goals and interests I had since choosing medicine as my career. These include outstanding clinical practice, teaching and being of service to others. I have always strived to be an excellent practitioner of "the art and science" of medicine. I have been inspired by Sir William Osler and believe that:

> The practice of medicine is an art, not a trade, a calling, not a business, a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders. To you as the trusted family counselor the father will come with his anxieties, the mother with her hidden grief, the daughter with her trials, and the son with his follies. Fully one-third of the work you do will be entered in other books than yours.[1]

Much has changed in medical practice since Sir William Osler wrote these words. In "The Greatest Benefit to Mankind", Roy Porter gives a somber but realistic view of today's health care system:

> Modern medicine has become synonymous with complex infrastructures and towering superstructures: with universities and professional organizations, multi-national pharmaceutical companies and insurance combines, hospitals doubling as medical schools, research sites and lobbies, government departments, international agencies and corporate finance.[1]

Although much has changed in the way we practice medicine, compassionate care has to remain at the core of the physician-patient relationship.

Clinical empathy was once dismissively known as "good bedside manner" and traditionally regarded as far less important than technical acumen. Studies in the past decade have found that it is no mere frill. Empathy has increasingly been considered essential to establishing trust, which is the foundation of a good relationship with a patient. Lack of empathy dehumanizes patients and shifts physicians' focus from the whole person to target organs and test results. This is not simply a moral or philosophical issue. Empathy is an important component of clinical competence, without which there can be serious consequences. Empathic physicians and staff can obtain critical information and insights that affect quality of care and, ultimately, medical outcomes. Such positive physician-patient relationships can also decrease anxiety, depression, and incidence of post-traumatic stress disorder amongst patients and families. Overall, the practice of compassionate care leads to higher patient satisfaction and physician job satisfaction. So now the question is – how can we best address the issue of widespread lack of compassionate care within our healthcare system?

Both patients and practitioners recognize the importance of providing compassionate care, however recent surveys found only 53 percent of patients and 58 percent of physicians said that the US health care system provides compassionate care.[2] Despite the importance of compassionate care to both groups, the deficit in compassionate care may be due to multiple reasons, including time constraints during each patient encounter, organization of the healthcare system, inadequate medical education training, and subsequent physician burnout.[3-5] Wayne and Mary Sotile said, "You can't expect your patients to feel any better than you do." It is now well demonstrated that optimal patient engagement, satisfaction and clinical outcomes are inextricably linked to the health and well-being of health care providers. One cannot exist without the other.

Patients may suffer when physicians have limited time to spend with each individual. The loss of positive feedback from patients, which comes with the "hurried-physician" mode of medical practice, deprives physician from rewards such as patient gratitude and enjoying the improvement of patients' health. Limited time with each patient increases the stress of committing potential medical errors, never being on time, and feeling that you leave work with unfinished business.

While some people are naturally better at being empathetic, empathy can be taught, according to psychologist, Mohammadreza Hojat. "Empathy is a cognitive attribute, not a personality trait," said Hojat, who developed the *Jefferson Scale of Empathy*, a tool used to measure empathy. Dr. Helen Riess, director of the Empathy and Relational Science Program at Massachusetts General Hospital, created a series of empathy "training modules" for doctors. The tools are designed to teach methods for recognizing key non-verbal cues and facial expressions in patients, as well as strategies for dealing with one's own physiologic responses to highly emotional encounters.

Compared with their peers, doctors who went through the empathy course interrupted their patients less, maintained better eye contact and were better able to maintain their equanimity if patients became angry, frustrated or upset.[6] They also developed resistance to the notorious "dehumanizing effects" of medical training. After the empathy classes, one physician who had complained about being burned out said, "I feel as though I like my job again." [6] Dr. Helen Riess concluded: "We are in a special place in the history of medicine. We have the neurophysiology data that validates and helps move medicine back to a real balance between the science and the art." [6]

Physician well-being is integral to performing well and providing quality, compassionate care. Health professionals face a host of highly stressful issues on a daily basis during the routine practice of their profession. These include: chronic elevated stress, patient care demands, environmental and infectious exposures, excessive light, noise, chronic fatigue, sleep disruption, sleep disorders, time constraints, lack of exercise, frequent exposure to conflict yet lack of conflict resolution training, erratic meals, poor quality nutrition, deferred gratification, unprocessed emotional or spiritual needs, grief and trauma exposure. Another poorly recognized risk for physician burnout is the "second victim phenomenon". Second victims are health care providers who are involved in an unanticipated adverse patient event, through a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second-guessing their clinical skills and knowledge base.

Primary care physicians report alarming levels of professional and personal distress. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, lawsuits and decreased ability to express empathy. Substance abuse, automobile accidents, stress-related health problems, marital and family discord are among the personal consequences reported. The consequences of burnout among practicing physicians include not only poorer quality of life and lower quality of care but also a decline in the stability of the physician workforce. There has been a major decrease in the percentage of graduates entering careers in primary care in the last 20 years, with reasons related to burnout and poor quality of life.[5]

This trend, coupled with attrition among practicing physicians, has a significant effect on patient access to primary care services. An estimated 50% of practicing physicians report symptoms of burnout. Nearly half of all medical students report feelings of burnout by the third year of training. Strong associations have been identified between burnout and suicidal ideation. Perfectionism, "not good enough" attitude, anxiety, withdrawal, isolation, overvaluing negative feedback, irritability, cynicism, loss of broader perspective, absenteeism, inability to grieve, weight gain or loss, new personal or family event or stressor (birth, death, divorce, illness, financial setback, others) are associated with physician in distress that should signal impeding burnout. Physicians encounter many barriers in seeking help for burnout. These include inability to recognize how one's distress compares to others, perfectionism that leads to reluctance to acknowledge personal struggles, as well as potential practice and license implications.

It is imperative to recognize and prevent physician burn out. In addition, efforts should be made for improving physician well-being. The practice of mindfulness has been linked with an improvement in PCP well-being with a more patient-centered orientation to clinical care. Krasner has reported a yearlong CME course featuring mindfulness meditation, appreciative interviews, didactic material, and discussion showed sustained improvements in PCP well-being, distress, total mood disturbance, burnout, and capacity for relating to patients. [5] Another study showed training in self-awareness and muscle relaxation had benefits for a quieter mind, increased positive emotions, decreased negative emotions, promotion of state dependent learning, and enhancement of creativity, all factors important for well-being and performance.[7] Techniques include biofeedback, clinical hypnosis, guided imagery, autogenic training, yoga, repetitive physical exercise, and prayer. [7-9] These techniques are useful for the overall well-being of both physicians and their patients.

The increased implementation of medical scribes across specialties and clinics has been shown to improve physician-patient interactions, physician satisfaction, productivity, time-related efficiencies, and healthcare system revenue.[10,11] In addition, physicians have the added benefit of being able to look at the patient versus the computer screen, a factor that is essential to providing compassionate care by showing patients that you are giving your undivided attention, making them feel heard and understood. It is estimated that there are nearly 10,000 scribes working in hospitals and medical practices across the country with demand rising quickly. At Scribe America, there has been an increase of 1,000 to 3,500 scribes working in emergency departments over the last three years.[12] Similarly, the Physician Partner program at UCLA has found shorter, more efficient visits with participation of Physician Partners.[11] Furthermore, patients were also more likely agree that they felt the physician spent more time with them during these visits than when Physician Partners were not present. Most patients agreed that Physician Partners helped the visit run smoothly.[13]

We should care about enhancing the availability of compassionate care within the healthcare system, as compassionate care is a win-win-win for patients, physicians, and the healthcare system as a whole. Compassion is innate and needs to be cultivated, through individual efforts and a conducive and supportive work environment. Compassion for others starts with self-compassion. Interpersonal dynamics improve when administrators, managers, staff and physicians learn to view each other with compassion, to anticipate and control the difficult interactions that come when high-powered, busy people work together.

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