

KEYNOTE ADDRESS

TO CARE WITH CARING: COMPASSION AND THE ART OF MEDICINE — PART I

Robert E Rakel, MD

Professor Robert E Rakel delivered the keynote address at the Academy's 10th Congress in Grahamstown. Professor Rakel is probably best known for his sterling work in editing one of the 'largest' Family Medicine textbooks in circulation – the Textbook of Family Practice. The first part of his address is reproduced here.

COMPASSION

AS FAMILY PHYSICIANS WE PROVIDE CONTINUING comprehensive care to patients in the context of the family and the community. This is appropriately illustrated in the painting *The Doctor* by Sir Luke Fildes. The painting shows a family physician seated at the bedside of a child, administering the most effective treatment available at the time: compassion. This caring function of family medicine emphasises our personalised approach to health care and our commitment to understanding the patient as a person, respecting the person as an individual, and showing compassion for his or her discomfort. Compassion, from the word *patior*, literally means 'to suffer with', to share in another's distress and to be moved to give relief. Compassion reflects the physician's willingness to share the patient's anguish and to attempt to understand what the sickness means to that person. Compassion involves both sympathy and empathy. Sympathy is the sharing or understanding of the feelings of another person. Empathy, derived from the German *Einfühlung*, which means 'feeling into', involves a closer and more involved understanding and identification with another person. Compassion is one part vulnerability to the suffering of others plus one part understanding.

Family practice emphasises consideration of

the individual patient in the full context of his or her life, rather than the episodic care of a presenting complaint.

PEABODY SAID: 'THE TREATMENT OF A DISEASE MAY BE ENTIRELY IMPERSONAL; THE CARE OF A PATIENT MUST BE COMPLETELY PERSONAL.'

As compassionate physicians, we must be able to share even the most powerful emotional experiences of our patients without being overwhelmed by those feelings. This is what Osler referred to in *Aequanimitas*, when he advised students to cultivate a cheerful equanimity 'without, at the same time, hardening the human heart by which we live'. Unfortunately, we in medical education today first teach students science and then we teach them detachment. To these barriers to human understanding, we later add the armour of pride and the fortress of a desk between physician and patient. We must appreciate that suffering and illness engender special needs for comfort and help and that attempting to meet these needs need not evoke excessive emotional involvement that could undermine professional responsibility for the patient.

KEYNOTE ADDRESS

EMPATHY

ALLEN GREGG HAS SAID THAT MORE MISTAKES IN medicine are made by those who do not care than by those who do not know. This level of caring implies empathy, the capacity to participate in the feelings of the patient. By placing ourselves in the role of the patient, we are better able to understand and perhaps accept why he or she chooses a different therapeutic option than the one we recommend. Through empathy, physicians attempt to reconcile their own beliefs about what is best with the patient's beliefs and emotional needs. Without empathy, physicians risk harming patients by forcing decisions that are not congruent with their beliefs, values and the meaning of life as they perceive it.

Chekhov, a physician himself, thought that medical students should spend half of their time learning what it feels like to be ill. Although this may be an extreme method for developing empathy, it underscores the importance of a student's ability to identify with the patient's feelings, fears and apprehensions before becoming immersed in the technical and cognitive aspects of medicine. That way the knowledge acquired during medical school can be applied meaningfully in the context of the patient's emotional needs.

Treating patients with tenderness and caring may relieve much of their emotional suffering and contribute more to their recovery than many of the drugs we use. Although the physician may be able to cure a disease only occasionally, he or she can always console the patient. An unknown French author has admonished the medical profession 'to cure sometimes, to relieve often, to comfort always'.

MODERN TECHNOLOGY

THE FAMILY PHYSICIAN IS IN A POSITION TO MINIMISE the often frightening and dehumanising experiences patients are subjected to in our modern medical system. As physicians, we must constantly strive to preserve personal dignity for patients, especially when their identities are threatened by the strange and often dispassionate hospital environment.

Today we have a disease-cure system, not a health care system. Too often the patient is lost or forgotten in the process of diagnosis and treatment. Our current health care system in the United States over-values procedures at the expense of what has come to be thought of as 'old-fashioned' medical compassion and concern. Such a system produces physicians who believe their task is to cure rather than to care. We have come to think of the body as a machine with replaceable parts, and we have forgotten that abdominal pain can come from life as well as from the gallbladder.

It is ironic that in this era of rapid technological advances, a time when physicians are able to do so much to help patients medically, that patient and physician each feel increasingly rejected by the other. Technology is experienced as invasive and dehumanising. Medicine is no longer the laying on of hands but a physician reading signals from a computer monitor. It is no longer a physician sitting at the bedside with a sympathetic hand on the patient's arm. Instead, it is a physician speaking across an expanse of desk, lab results in hand, at a frightened patient in need of a human touch.

The problem is not uncaring physicians, but an increasing reliance on technological knowledge or procedures at the expense of compassion. We must not allow technology to erect barriers to caring. The essence of the art of medicine is the compassionate and effective application of technology to the care of a particular person. We must use the best technology that science has to offer, but never in a way that neglects the important emotional and social issues that make each patient unique.

We all know that a broken spirit underlies a great many of the problems we encounter in practice. Good interpersonal skills enhanced by compassion enable the physician to dissect out the tangled mass of personal difficulties that so often form the core of functional disease.

This is an essential component of the art of medicine. The use of sympathy, tact and gentleness in caring for a patient is as essential to quality medical care as the manipulative skill of a surgeon. Our preoccupation with biomedical

PEABODY SAID IT BEST: 'ONE OF THE ESSENTIAL QUALITIES OF THE CLINICIAN IS INTEREST IN HUMANITY, FOR THE SECRET OF THE CARE OF THE PATIENT IS IN CARING FOR THE PATIENT.'

KEYNOTE ADDRESS

medicine has not only diminished the attention given to the biopsychosocial but some believe it may have denigrated it as irrelevant.

TRUST

IN A RECENT SURVEY OF AVERAGE CITIZENS IN THE United States, more than half felt that doctors do not care about people as much as they used to and that doctors are too interested in making money. Our profession is in jeopardy when patients believe that we care more about our income than their well-being. We must re-establish the image of medicine as a caring profession and convince patients that we put their welfare above our self-interest.

Last year, Cranshaw and others, writing in the *Journal of the American Medical Association*, summarised the standards by which we are judged: 'By its traditions and very nature, medicine is a special kind of human activity – one that cannot be pursued effectively without the virtues of humility, honesty, intellectual integrity, compassion, and effacement of excessive self-interest. These traits mark physicians as members of a moral community dedicated to something other than its own self-interest.'

RESPECT

RESPECT FOR THE PATIENT IS AN ESSENTIAL ingredient in developing trust and in being able to 'care with caring'. Patients must feel that we value their comments and opinions before they will trust us with information of a personal nature. As long as our attitude toward the patient embodies respect, concern and kindness, and a sincere effort is made to understand the patient's difficulties, he or she will overlook or forgive a myriad of other problems in our relationship.

The majority of patient complaints against physicians can be attributed to a lack of communication. A common error is to assume that patients are not interested in knowing more about their disease. Although patients with less education ask fewer questions, it is not true that they have less desire for information. Taking time to explain a procedure thoroughly and answering questions about unconventional forms of

treatment that the patient may have read about in a magazine, shows respect and concern for the patient. Our own insecurities, too, can drive a wedge between us and our patients.

Too many physicians believe that a god-like image of omnipotence is necessary to maintain patient respect and confidence. However, it is usually a lack of self-confidence that causes physicians to retreat behind this protective image,

one that, in turn, limits their ability to help. Secure physicians are more free to establish close personal relationships with patients. As a result, they do not worry that their position will be threatened.

A bond of mutual respect between physi-

cian and patient is enhanced if the physician makes positive statements about other people. Patients find it difficult to respect a physician who often makes negative statements about other physicians. Any comments that can be interpreted as 'building yourself up by tearing someone else down' merely accomplish the reverse.

LISTENING

EFFECTIVE COMMUNICATION DEPENDS MUCH MORE on our ability to be a good listener than on what we say to a patient. Most physicians mistakenly believe they listen more than is actually the case. Epictetus said 2 000 years ago: 'We have two ears and one mouth and should use them in that proportion.' Will Rogers said: 'Be a good listener because you never learn much from talking.' Two of my favourite sayings are: 'It is better to remain quiet and be thought a fool than to speak and remove all doubt', and 'Blessed are they who have nothing to say and who cannot be persuaded to say it'.

To quote Sir William Osler again: *Listening, not imitation, is the sincerest form of flattery.*

Look wise, say nothing and grunt. Speech was given to conceal thought.

Truly listening to a person is a form of respect. The engaged and attentive listener says to that individual: 'I hear you. I understand what you are telling me. I value you and your opinions.' To be valued and respected are great gifts – ones that are likely to be reciprocated.

LONG BEFORE THE MEDICAL TECHNOLOGY EXPLOSION, OSLER CAUTIONED US TO KNOW THE PATIENT RATHER THAN THE DISEASE. HE SAID: 'IT IS MUCH MORE IMPORTANT TO KNOW WHAT SORT OF PATIENT HAS A DISEASE THAN WHAT SORT OF DISEASE A PATIENT HAS.'