

Commentary

## Compassion in Medical Practice

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**Academic Editor:** Steven K. H. Aung

**Special Issue:** [How Compassion Benefits in the Healing Process](#)

*OBM Integrative and Complementary Medicine*  
2019, volume 4, issue 3  
doi:10.21926/obm.icm.1903044

**Received:** April 25, 2019

**Accepted:** July 05, 2019

**Published:** July 08, 2019

The middle-aged obstetrician hurried into the examining stall where a pregnant teenager waited and, without an introduction, proceeded to quickly examine her. Then she warned the girl about the dangers of eating too much and gaining excessive weight which, she said, could lead to toxemia. As a medical student observing the antenatal encounter, I felt the teen, who was not overweight, was clearly intimidated. Afterwards, when my supervisor asked me what I might have learned from shadowing the obstetrician at the antenatal clinic, I told him the patient was made to feel guilty and might be turned off returning to the necessary antenatal follow-up visits; further, if she took the obstetrician's words to heart, she might restrict her food intake and compromise her nutrition. What I learned, I told him, was that an authoritarian approach, essentially devoid of sensitivity and empathy, was something I would never want to emulate.

A senior colleague once told me he was disciplined by his regulatory college of physicians for overprescribing narcotics. His clientele took a hit when he was barred from prescribing such drugs. But he felt 'less stress' when his clientele changed and he no longer had to deal with a lot of drug seekers. He told me that he was simply 'too kind-hearted' to refuse prescribing and refilling the opioids. I must admit I felt sorry for him, because of not only the disciplinary action of his college,



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but also his confusing weakness for 'kindness'. He had to rationalize his inability to say 'no', and practise 'tough love' – being resolute in refusing to enable maladaptive behaviour – in the patients' best interests. He exhibited what the renowned Buddhist teacher Chogyam Trungpa Rinpoche would have called "idiot compassion". As a Sutra says, "True words are not beautiful. Beautiful words are not true."

Once, in a gathering of physicians in a rural town in British Columbia, Canada, where I used to work, a colleague brought up the subject of a patient – let us call him 'Ricky' – with whom we all had many encounters, usually in the emergency department and in the middle of the night. Now Ricky was a thirty-odd year-old First Nations man who regularly got into trouble with injuries and brawls while in an intoxicated state. He could be obnoxious and uncooperative, making treatments, such as suturing his wounds, difficult. How on earth, asked my fellow physician, can we possibly treat such a guy with TLC (tender loving care)? That, I responded, is *exactly* when we need to rise to the challenge and show our empathy with a caring approach, which just might help us get further with managing patients like him. Compassion can help disperse feelings of resentment and anger. Kindness and empathy can, if we have an open mind, dissolve our own preconceptions, prejudices and illusions. What alternatives are there?

There is a great need for cultural sensitivity and an awareness of the customs, perceptions and beliefs of people from various countries and backgrounds. We understand the significance of socioeconomic determinants of health. An awareness of our own culture and values is likewise important. Such awareness and mutual respect are attainable. With an open mind we can learn a great deal from our patients, especially the more challenging ones. (One of the most effective lessons on the importance of compassion can come when we as doctors become patients ourselves.)

Understanding of the person's viewpoint and concerns, through focused listening and observation, with a genuine interest and curiosity, goes a long way toward establishing good rapport. Having gained trust we can elicit salient details in a patient's history. How else can we gain insight into the root causes of some of the patient's ailments? By showing we are paying undivided attention to the patient, with eye contact and a caring approach, we can achieve a much clearer impression of what is in the patient's best interests and what we need to do to assist the patient. Thich Nhat Hanh said, "The best thing we can offer another person is our true presence", and "until we stop and notice what is happening in the present moment, we cannot generate joy, awareness, or compassion."

By many surveys, physician burnout – defined as emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, meaning and empathy – is very prevalent among doctors. Research suggests that physicians' empathetic skills decrease through medical school and continue throughout their careers. In one survey, perceived medical errors among internal medicine residents were associated with personal distress and decreased empathy [1]. In another, a higher level of empathy during fourth-year medical school was associated with a lower risk of burnout during second-year residency training [2]. There is a link – and inverse relationship – between empathy and burnout.

What about the term that has been used nowadays: 'compassion fatigue'? I feel this actually signifies mental, emotional and physical exhaustion, rather than a depletion of compassion itself.

Health practitioners, working in overwhelming or disaster situations, for example, need to know their own limits, be self-aware, practise self-compassion and support each other, in order to prevent utter exhaustion. The compassion that they have can in fact give them the strength to carry on.

Compassion and kindness can be cultivated and enhanced. Over the years in medical practice I have witnessed many healthcare workers, after having worked with kind and caring practitioners, become progressively more humane. Those of us who are teachers need to be mindful of that. In educating new physicians, compassion should play a central role and we as practicing doctors are well placed to model a caring and empathetic approach to our patients. There is also a fundamental need to look after ourselves and maintain a healthy balance between professional and private life, in order to become effective healers.

Kindness and compassion are strengths, not weaknesses. When we place kindness and compassion at the core of our work, we can find and enrich meaning and joy in caring for patients. Then both we and our patients are empowered.

### **Acknowledgments**

Not applicable.

### **Author Contributions**

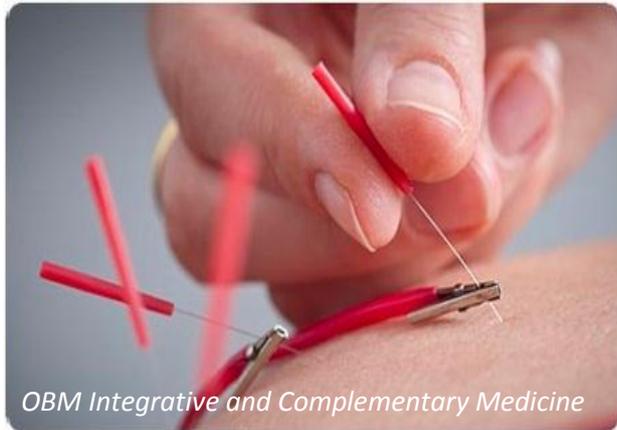
Dr. Christopher Lam did all the work.

### **Competing Interests**

None declared.

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