Remaining compassionate

Tim Dornan
Cleaner and grouper fish
Cleaner and grouper fish
Evolutionary altruism

• Within a group, *individual* altruists are disadvantaged relative to selfish colleagues

• The fitness of a *whole group* is enhanced by the presence of altruists

• Groups composed of selfish organisms go extinct, leaving behind groups containing altruists
1. Thinking of social, rather than purely individual, benefit has a biological basis
This talk addresses two questions:

If altruism has evolutionary benefit and many people show it:

• Why do we need to think about remaining compassionate?

• How can we help doctors remain compassionate?
Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis

2. Axiom: Medicine is hard work and the stakes are high
Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis

2. **Axiom:** Medicine is hard work and the stakes are high

3. **Axiom:** Learning medicine is complex
Learning to work:

- **Social**: takes place, essentially, within work
- **Active**: a process of experiencing, which draws on contributions from within and beyond the individual
  - Involves touch, smell, and vision
  - Goes beyond simple semantic logic
Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis

2. Axiom: Medicine is hard work and the stakes are high

3. Axiom: Learning medicine is complex

4. Important parts of learning medicine take place within practice
Some assumptions

1. Thinking of social, rather than purely individual, benefit has a biological basis.
2. Axiom: Medicine is hard work and the stakes are high.
3. Axiom: Learning medicine is complex.
4. Important parts of learning medicine take place within practice.
5. They are poorly defined (Schön 1983; Eraut 2000).
Meanings of emotion words

**Passion:** suffering, enduring (without complaint)

**Patient:** one who suffers

**Compassion:** suffering with

**Sympathy:** affected by like feelings

**Empathy:** projecting feelings into a person

**Pity:** mercy

... **Altruism?**
Meanings of emotion words

Without hierarchical distance

Passion: suffering, enduring (without complaint)

Patient: one who suffers

Compassion: suffering with

Sympathy: affected by like feelings

Ambiguous

Empathy: projecting feelings into a person

With hierarchical distance

Pity: mercy

... Altruism?
Altruism: disinterested and selfless concern for the wellbeing of others
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Synonyms include:
– Self-sacrifice
– Self-denial
**Altruism**: disinterested and selfless concern for the wellbeing of others

Synonyms include:
- Self-sacrifice
- Self-denial

“Promoting altruism … is contradictory and misguided. Instead, an approach to clinical care that is pro-social and empathic is recommended”  
*Burks et al 2012*
Duties of a doctor  GMC 2013

• Patients must be able to trust doctors with their lives and health
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To justify that respect you must:
- Show respect for human life
- Make sure your practice meets the (4 types of) standard expected of you
Duties of a doctor  GMC 2013

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1. Knowledge, skills and performance
   - Make the care of your patient your first concern
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The seven principal virtues of the Samurai

- Rectitude
- Courage
- Benevolence
- Politeness
- Honesty
- Honour
- Loyalty
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Cleaner and grouper fish
My first question:

1. Why do we need to think about remaining compassionate?
A narrative of emotions in (US) medicine
Who comes into medicine?

- Pro-social attributes
  - Moral superiority
- High social capital
  - Ambitious
  - Able
  - Successful
    - Emotionally and socially in-control
- Competitive

= Vulnerable
Challenges to compassion

(Student) doctor’s

‘Regard’ towards patients

0
Challenges to compassion

'Position' o

(Student) doctor's

'Regard' towards patients
Identifying with a valued social position

+ Being able to access one

+ Being able to act in one

= Higher position

= Positive emotion (and vice versa)
Challenges to compassion

(Student) doctor’s emotional ‘valence’

‘Position’ o

‘Regard’ towards patients
Challenges to compassion

‘Position’ o

‘Regard’ towards patients

Emotional ‘valence’
Challenges to compassion

- 'Position' o
- 'Regard' towards patients

Emotional 'valence'

\[ \begin{array}{c}
\text{Challenges to compassion} \\
\text{Queen's University Belfast}
\end{array} \]
Challenges to compassion

'Position' o

Love
Joy
Hope
Concern
Reward
Satisfaction

Emotional 'valence'

'Regard' towards patients
Challenges to compassion

'Regard' towards patients

Recklessness

Burnout

Emotional 'valence'

'Commentary' towards patients
Medical student trajectory

- 'Position' o
- 'Regard' towards patients
- Emotional 'valence'

The graph illustrates the trajectory of medical student sentiments towards patients, showing a shift in emotional valence as 'position' changes and 'regard' towards patients evolves.
Having a role
Identifying
Feeling:
- rewarded
- satisfied
- like a doctor

Emotional ‘valence’

Medical student trajectory

‘Position’ o

‘Regard’ towards patients
Medical students’ trajectory

‘Position’ 0

‘Regard’ towards patients

Emotional ‘valence’

Having no role
Dis-identifying
Feeling;
- ashamed
- disgusted
- humiliated
(Grief)
Doctors’ trajectory

‘Position’ o

‘Regard’ towards patients

Emotional ‘valence’
Doctors’ trajectory

- ‘Position’ 0

+ Emotional ‘valence’

- ‘Regard’ towards patients

Not identifying
Doctors' trajectory

- Regard' towards patients

**Psycho-physiological**
- Excessive workload
- Fatigue
- Stress
- Boredom

**Social**
- Lack of outside life
- Litigation and complaints

**Moral distress**
- Messiness/ambiguity of medicine
- Frustration and anger
  - Patients’ self-destruction
- Fear (of doing harm)
- Grief and helplessness
- Disgust
- Failure

**Existential challenge**

'Regard' towards patients

Emotional 'valence'

- +
- 0
+
Effects

- Pragmatism; ‘getting by’
- Emotional
  - blunting
  - distance
- Disrespectful language and humour
- Depression
- Anger
  - blame
- Disillusionment
- Abuse of alcohol or other substances
My second question:

2. How can we help doctors remain compassionate?
Outline of part 3

• Dos and Don’ts
• Managing
  – Workload
  – Emotions
Dos and Don’ts

Do:
• Be supportive – particularly to trainees
• Be a good doctor

Don’t

Tangle with:
• Measuring or training emotions
  – Emotional intelligence *Cherry et al 2014*
  – Empathy
• Fatigue management
Dos and Don’ts

Do: Messy – affective – personal
- Be supportive – particularly to trainees
- Be a good doctor

Don’t: Tidy – cognitive – impersonal

Tangle with:
- Measuring or training emotions
  - Emotional intelligence
  - Empathy
- Fatigue management
• Dos and Don’ts
• Managing
  – Workload
  – Emotions
After tiring periods of on-call, residents made trade-offs between recovery of:

- Sleep
- Self

It is important for at least some to:

- Maintain a normal life
- Stay connected with clinical problems
- Learn
Subjective nature of workload *Nishigori et al (in peer review)*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Heavier</th>
<th>Lighter</th>
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<tbody>
<tr>
<td>Professional interaction</td>
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• Dos and Don’ts
• Managing
  – Workload
  – Emotions
There can be no knowledge without emotion
Arnold Bennett

• Alexithymia = difficulty recognizing, processing, and regulating emotions
• Doctors tend to mistrust emotions; distance themselves from them; function solely at a cognitive level
• “Working skillfully with emotions”
### Guilt and shame

*Bynum 2014; Fraser 2014*

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<th>Response to ..</th>
<th>Reaction</th>
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<td>Guilt</td>
<td>An action</td>
<td>“reparation”; prosocial;</td>
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<tr>
<td>Shame</td>
<td>A perceived flaw in oneself</td>
<td>Reparation cannot fix the flaw; antisocial;</td>
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#### Three preventive measures

- Acknowledge shame and guilt in learners
- Avoid humiliation
- Leverage effective feedback
The task of medicine

• The most fundamental responsibility of doctors is to relieve suffering (‘passion’)
  – Doctors’ and patients’ ‘selves’ in a reciprocal relationship
  – Empathy is in tension with self-protection
This talk addresses two questions:

If altruism has evolutionary benefit and many people show it:

• Why do we need to think about remaining compassionate?

• How can we help doctors remain compassionate?
Helping doctors remain compassionate

• Provide a reasonable workload in warm and well-structured surroundings
• Interact
• Encourage them to come to terms with their emotional selves
• When things go wrong:
  – “What you did” rather than “who you are”
• “Work skillfully with emotions”
The secret of the care of the patient is in caring for the patient

Francis Peabody 1927