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The University of Auckland

Auckland

Saturday, June 10, 2017

(Room 7)

11:00 - 11:55 WS #124: Practice and Self-management to Enhance Compassion in Primary Care

12:05 - 13:00 WS #136: Practice and Self-management to Enhance Compassion in Primary Care (Repeated)

Practice and self-management to enhance compassion in Primary Care

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CME Workshop at the GP CME Event, Rotorua, June, 2017

Acknowledgements

- Faculty: Dr. Tony Fernando, Prof. Bruce Arroll
- Students : James Cameron, Tobias Barker, Sigourney Taylor, Harry Yoon, Kat Skinner, Lauren Barker, Amy Clucas
- Funding: UoA Summer Studentship Program
- Participation: 1000+ doctors, 600+ nurses, 400+ med students







Overview

- Compassion – a professional responsibility
- So what is compassion, really? Different to empathy?
- Why does compassion fail in medicine – fatigue?
- The Transactional Model of Physician Compassion
  - Physician factors
  - Patient factors
  - Environmental factors
- Implications for practice and self-management

Professional expectations

- Codes of practice in most healthcare environments ***require*** that physicians practice compassionately

All medical pra ngaged directly in clinical practic Principles of Ethical Behav

1 Consider th our first priority.

2 Respect the the patient.

3 Avoid explo

4 Practise the our ability with moral integ ity.

AUSTRALIAN MEDICAL ASSOCIATION

MEDIA PUBLICATIONS POLICY MEMBERSHIP RESOURCES STATE AMAS

AMA Code of Ethics - 2004. Editorially Revised 2006

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20/11/2006

Members are advised of the importance of seeking the advice of colleagues should they be facing difficult ethical situations.

Preamble

The AMA Code of Ethics articulates and promotes a body of ethical principles to guide doctors' conduct in their relationships with patients, colleagues and society.

This Code has grown out of other similar ethical codes stretching back into history including the Hippocratic Oath.

Because of their special knowledge and expertise, doctors have a responsibility to improve and maintain the health of their patients who, either in a vulnerable state of illness or for the maintenance of their health, entrust themselves to medical care.

The doctor-patient relationship is itself a partnership based on mutual respect and collaboration. Within the partnership, both the doctor and the patient have rights as well as responsibilities.

Changes in society, science and the law constantly raise new ethical issues and may challenge existing ethical perspectives.

The AMA accepts the responsibility for setting the standards of ethical behaviour expected of doctors.

1. The Doctor and the Patient

1.1 Patient Care

1. Consider st the well-being of your patient.
2. Treat yo patient with compassion and respect.

Patient expectations

- Compassion is perhaps the most valued of physician characteristics
- It is expected by patients
- Compassion is linked to values, satisfaction, and, increasingly, to health outcomes

Links to patient outcomes

- Not knowing patients leads to less empathy (Branch, et al., 2012)
- Empathy predicts good outcomes (Lelorain, et al., 2012), including after acute surgery (Steinhausen et al., 2014)
- Compassion failures produce poor decisions (Ekstrom, 2012)
- Compassion is central to patient-centred care which, in turn, predicts positive outcomes (Stevenson, 2002)
- A 40 second “enhanced compassion" video reduced patient anxiety and led to physicians being seen as more warm and caring (Fogarty, et al., 1999)
- Optimistic physicians seen as more compassionate (Tanco, et al., 2015)

Defining compassion

- Latin: *com* (together with) *pati* (to bear or suffer)
- Compassion has a tendency to seems commonsensical and appear near-synonymous with kindness
- But . . . .

Compassion vs. empathy, sympathy

"Be kind, for everyone you meet is fighting a harder battle"

Plato

- Compassion is related to, but distinct from, empathy, sympathy, pity, and other constructs
- Indeed, some forms of empathy may be a double-edged sword

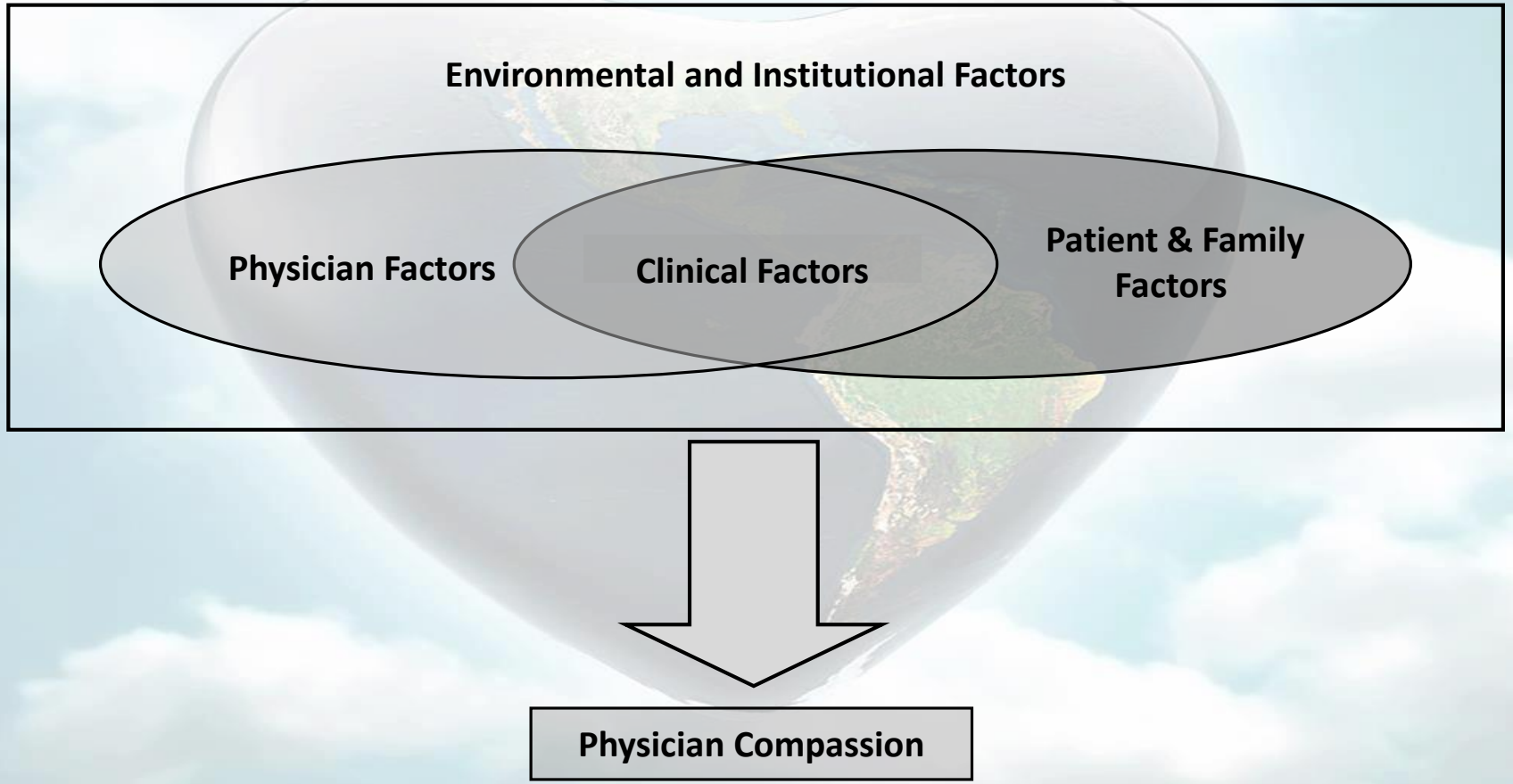
So what *is* compassion?

"When people hear . . . compassion, they tend to think of kindness. But . . . the core of compassion [is] courage"

Compassionate Mind Foundation

- In our approach, compassion has two aspects:
  1. An ability and willingness to enter into another's situation deeply enough to gain knowledge of the person's experience of suffering; and
  2. The desire to **alleviate the person's suffering** or, if that is not possible, to be of support by living through it vicariously

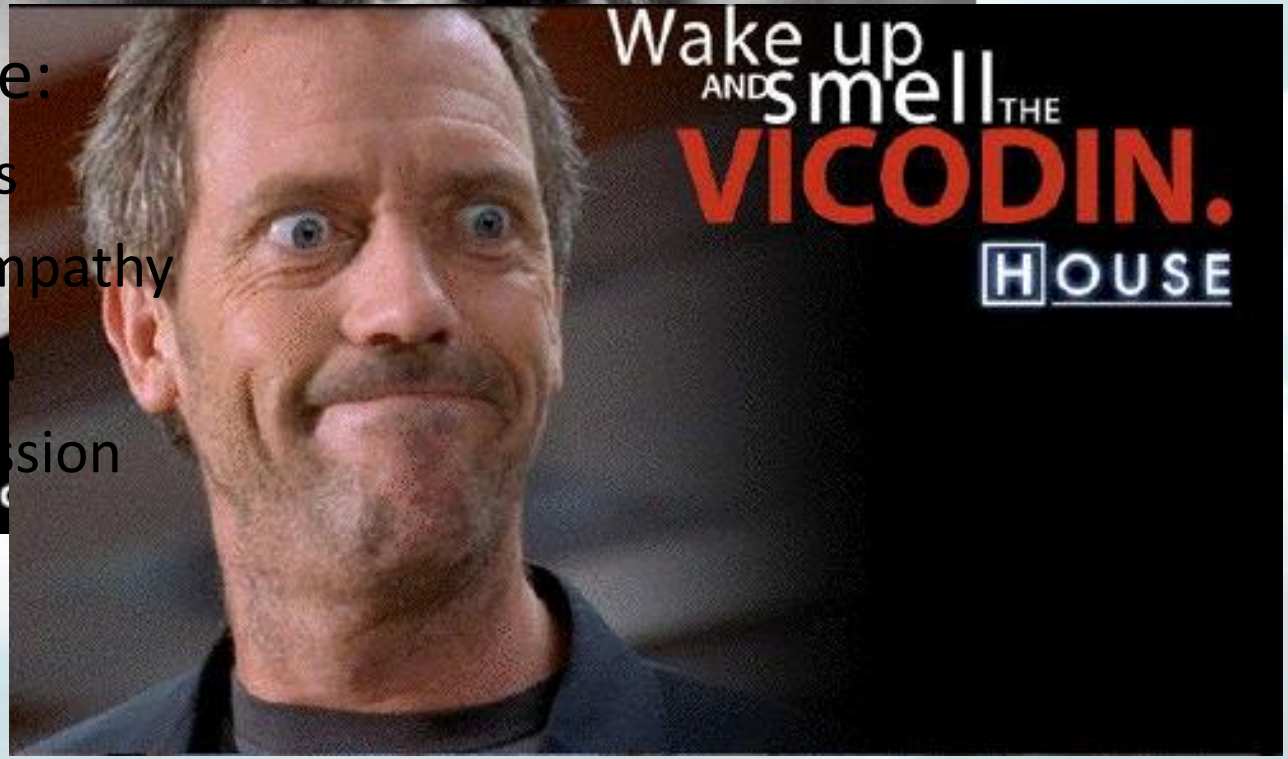
The Transactional Model of Physician Compassion



Fernando, A. T., & Consedine, N. S. (2014). Beyond compassion fatigue: a transactional model of physician compassion. *Journal of Pain and Symptom Management.* DOI: 10.1016/j.jpainsymman.2013.09.014

Physician factors

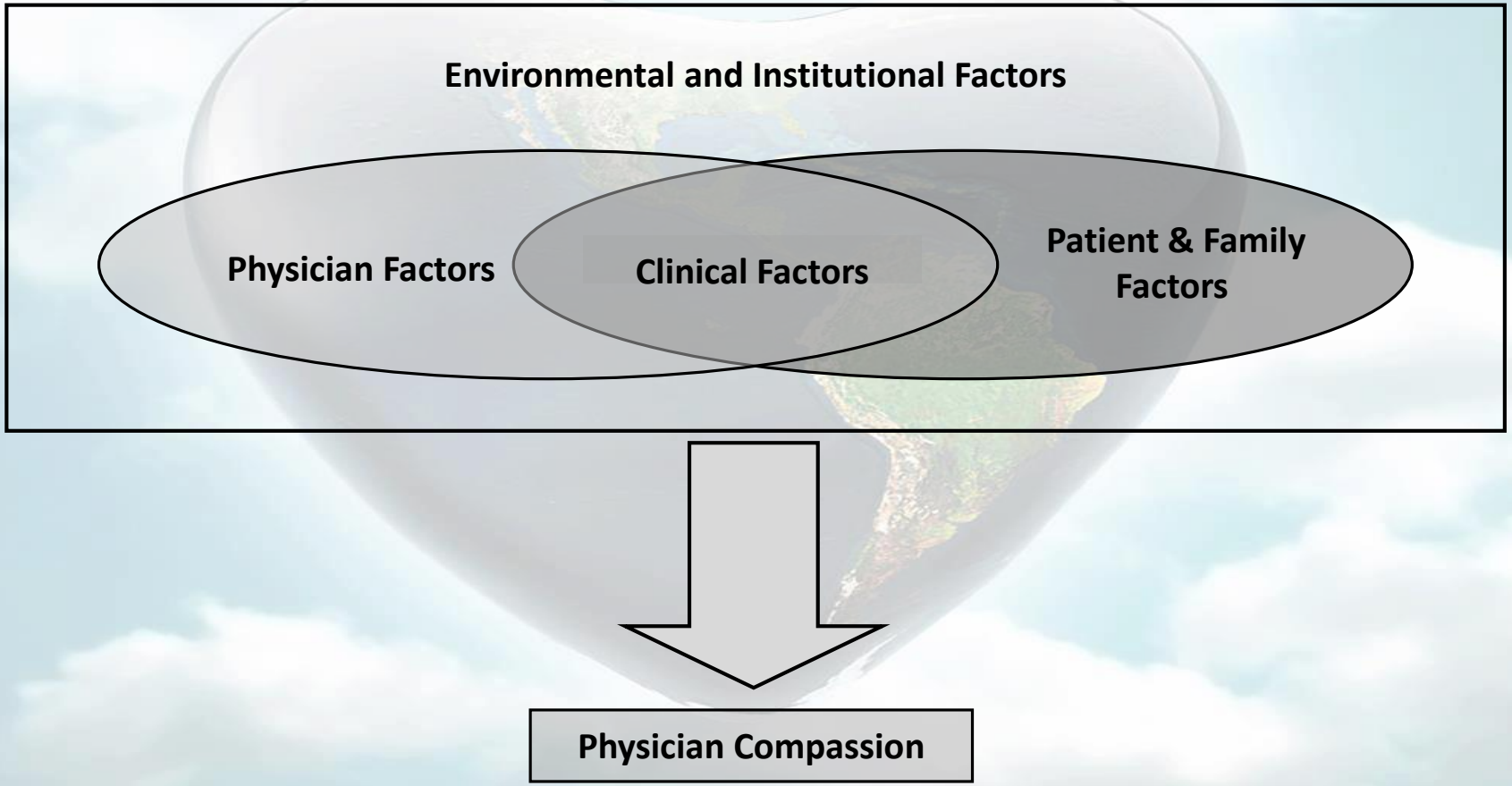
- Physician factors include attributes that either facilitate or deter compassion in medicine
- Attributes may be more or less stable in time
- Examples include:
  - Fatigue or stress
  - Dispositional empathy
  - Self-compassion
  - Fears of compassion



A fear of (self) compassion?

- In Buddhist approaches, compassion for others has its origins in compassion for the self
- Self-compassion isn't narcissism or self-pity but, rather, a form of self-kindness and a recognition that we all struggle and fail
- Personality factors relevant to compassion may be more or less stable in time. Examples include:
  - Fatigue or stress
  - Dispositional empathy
  - Self-compassion (see Handout #1)
  - Fears of compassion scales (see Handout #2)

The Transactional Model of Physician Compassion



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Patient factors

"Patients who are rude, demanding or difficult suck the oxygen from our compassion"

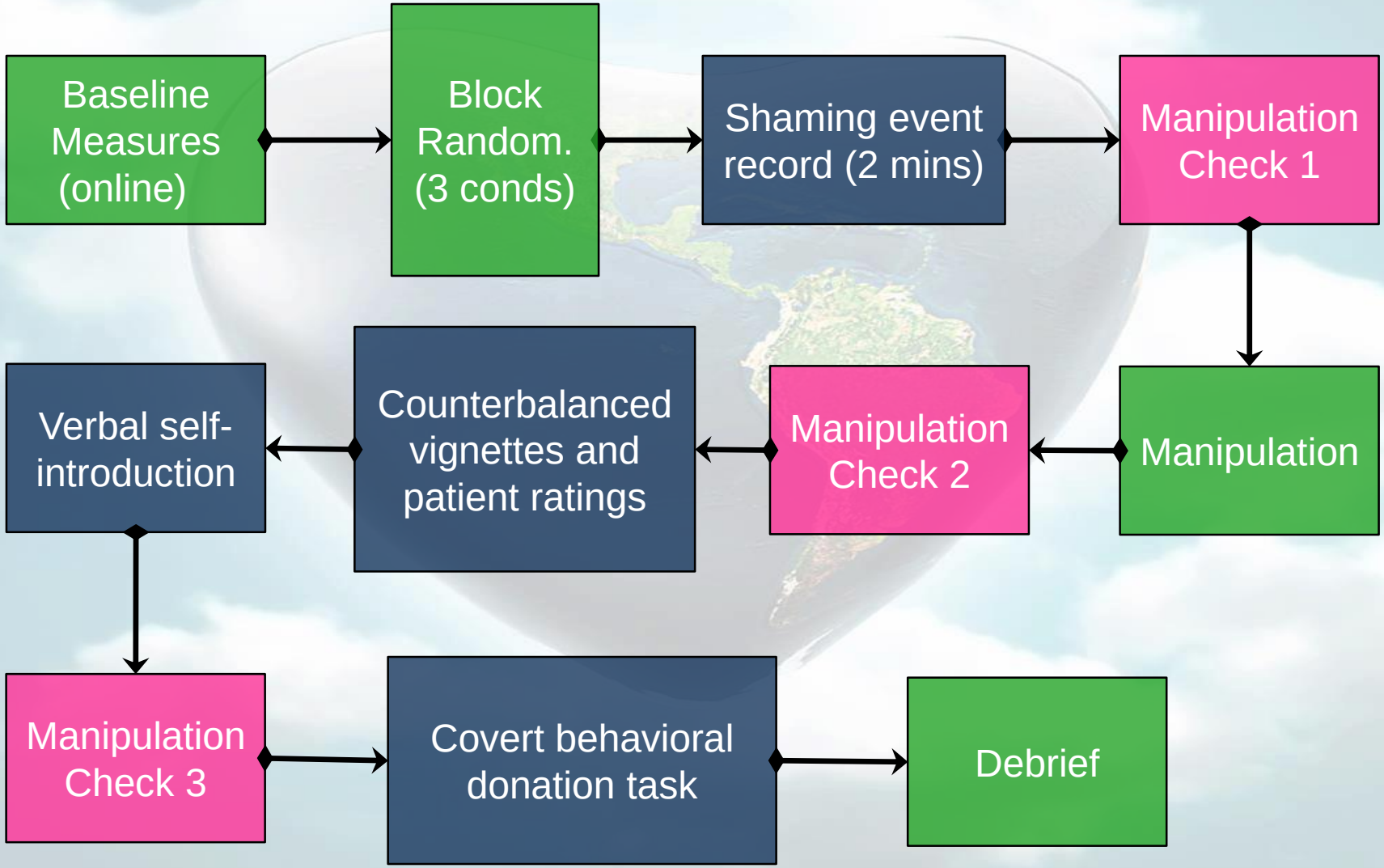
Fernando, Arroll, & Consedine (2016)

- In medicine, compassion happens (and doesn't happen) when we are with particular patients
- Caring for "difficult" patients is demanding. Why?
  - "Checks and balances" in the compassion system
  - A role play and discussion
  - Characterising the relevant patient factors

The power of the patient

- ***Participants***: 85 medical students (34% male, 50% Pakeha) from the University of Auckland; most in 2nd/3rd year of their MBChB
- ***Design***: Experimental – gender block-randomized to self-compassion, self-criticism, or control conditions before completing vignettes
- ***Baseline Measures:*** demographics, physician empathy, social desirability, mindfulness, fear of compassion, trait self-compassion, and attachment
- ***Analysis:*** Simultaneously assessing patient and physician factors

Design summary



Patient vignettes

- Gender matched vignettes tested to high/low responsibility and positive/negative presentation

Low responsibility/Positive presentation		High responsibility/Positive presentation	
DAVID: teacher, IBS following chemo for lymphoma, grateful		ALAN: asthmatic smoker, well-dressed and pleasant	
Low responsibility/Negative presentation		**High responsibility/Negative presentation**	
BRENDAN: pain patient, tried rehab, wants more Tramadol; angry		ERIC: obese, BP, dirty, smelly, non-adherent; has genital warts	

Results – patient factors

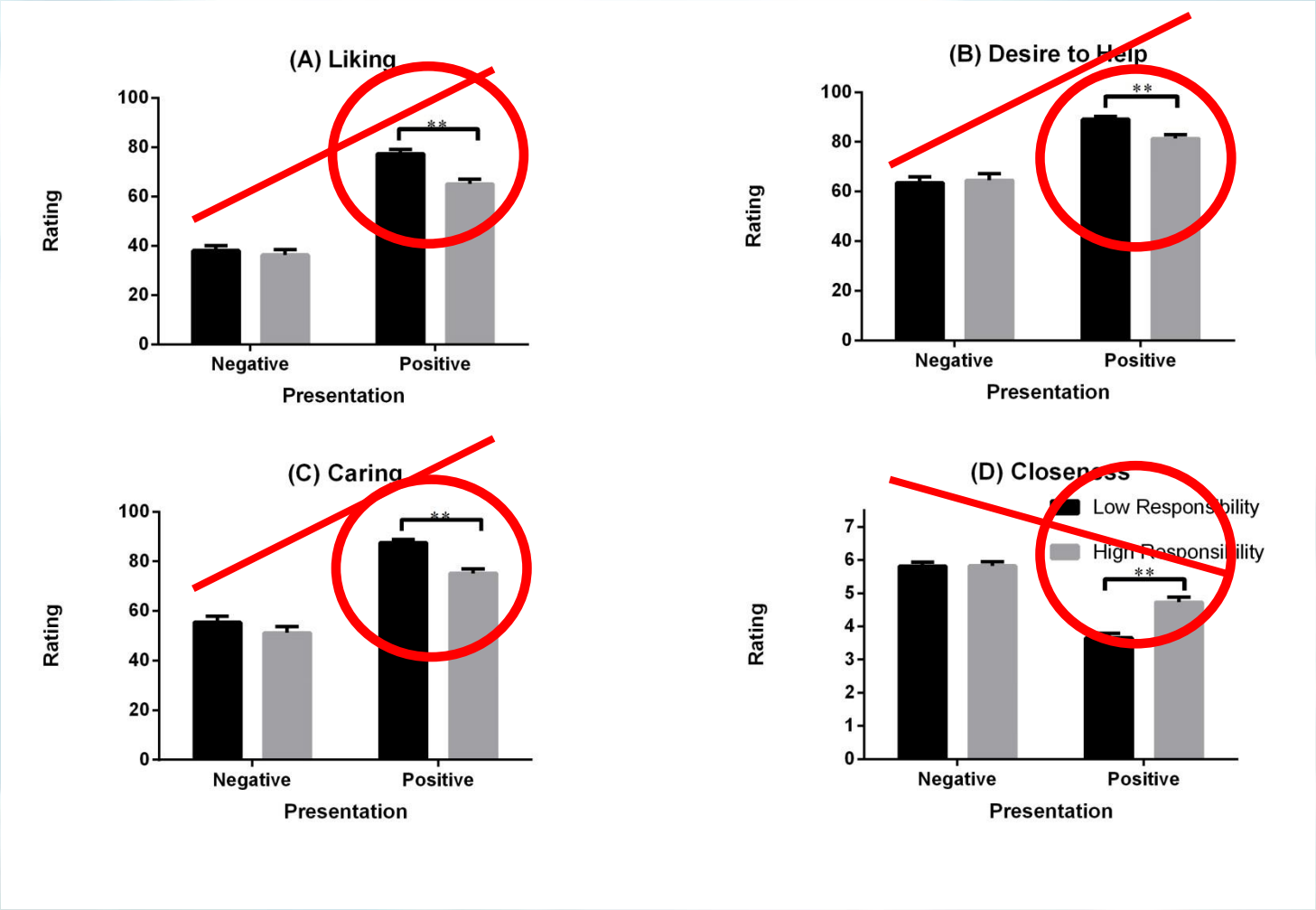
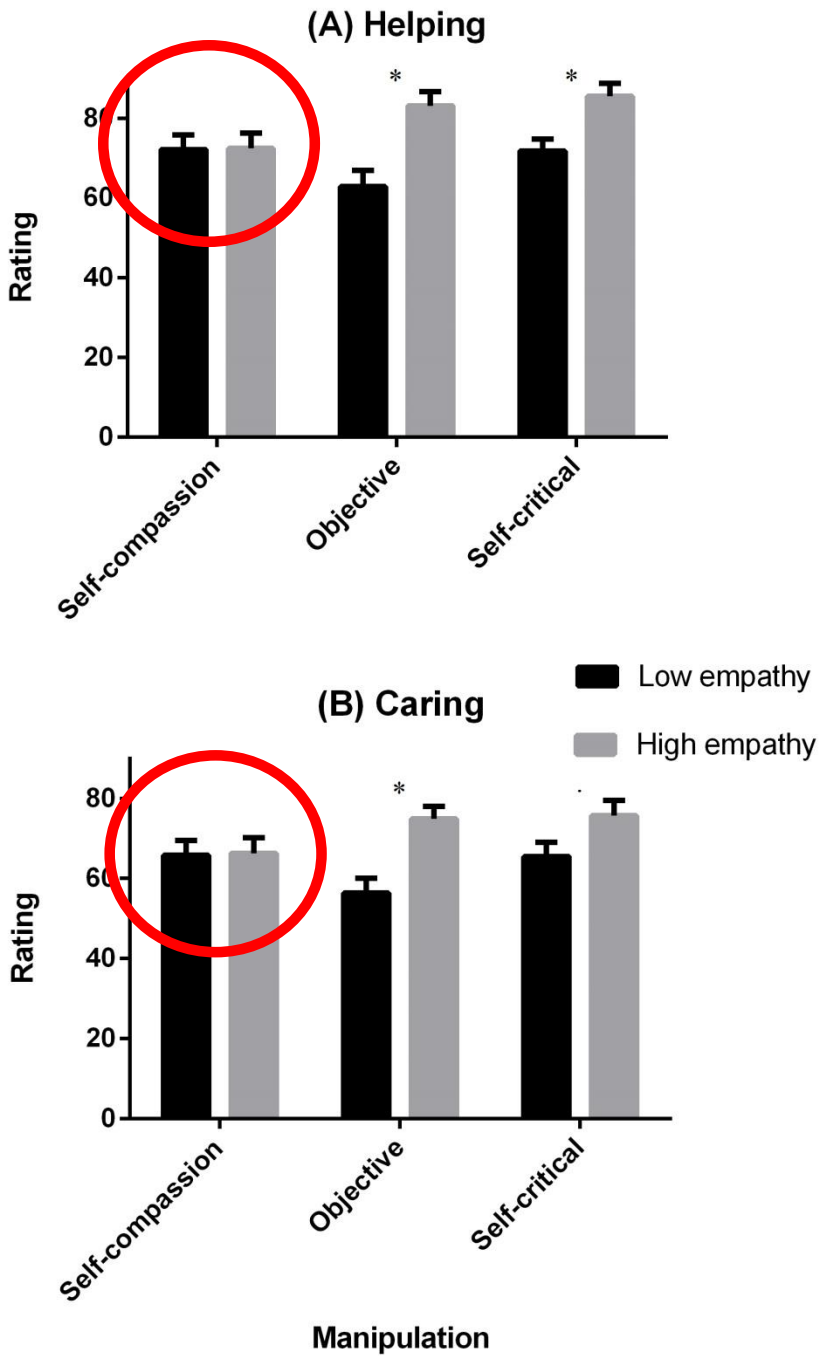


Fig 1: Patient liking, desire to help, care, and closeness as a function of patient presentation and responsibility

Results – physician factors

Fig 2: Desire to help and care as a function of manipulation and trait empathy



Results – physician-patient effects

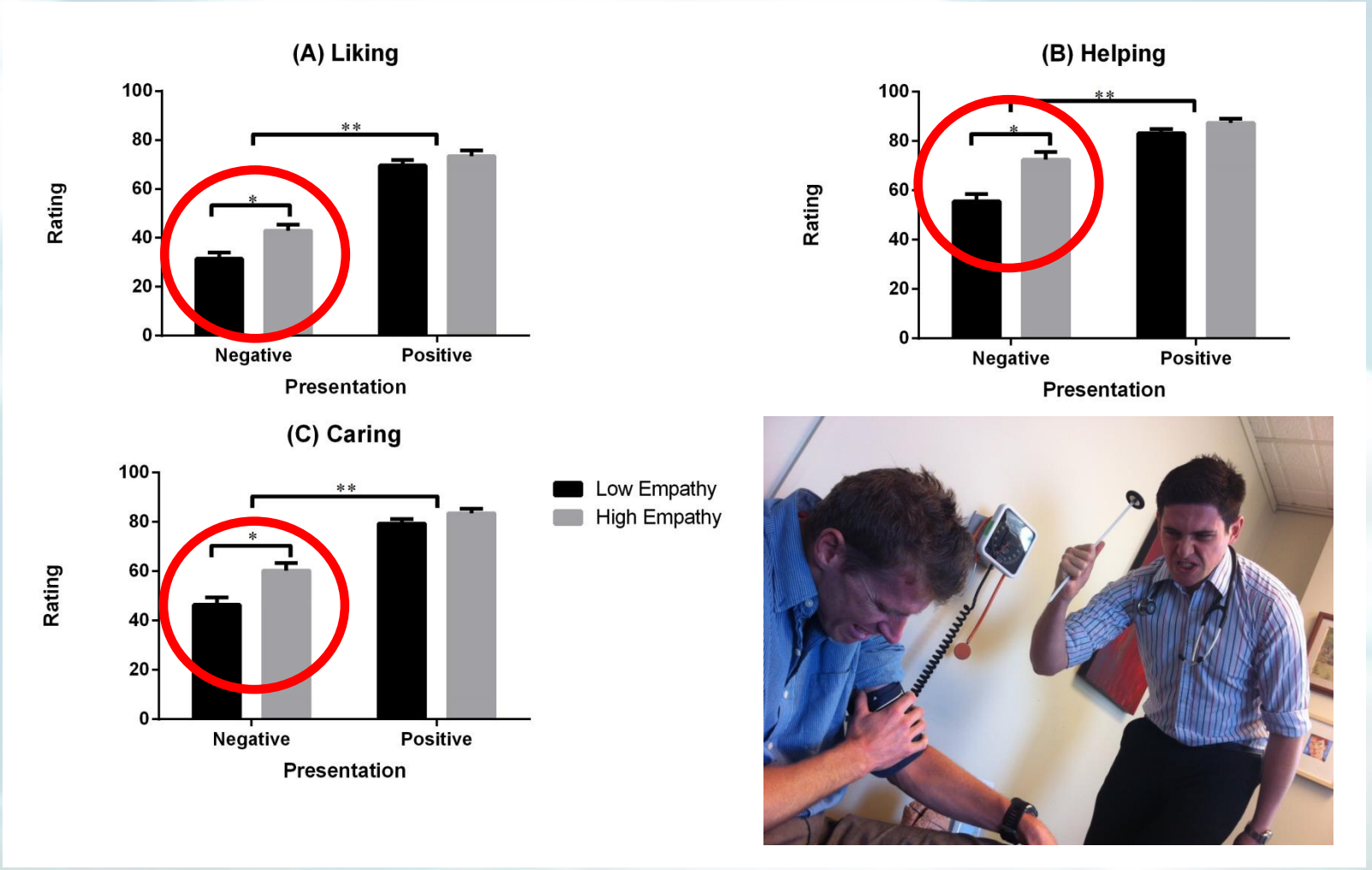
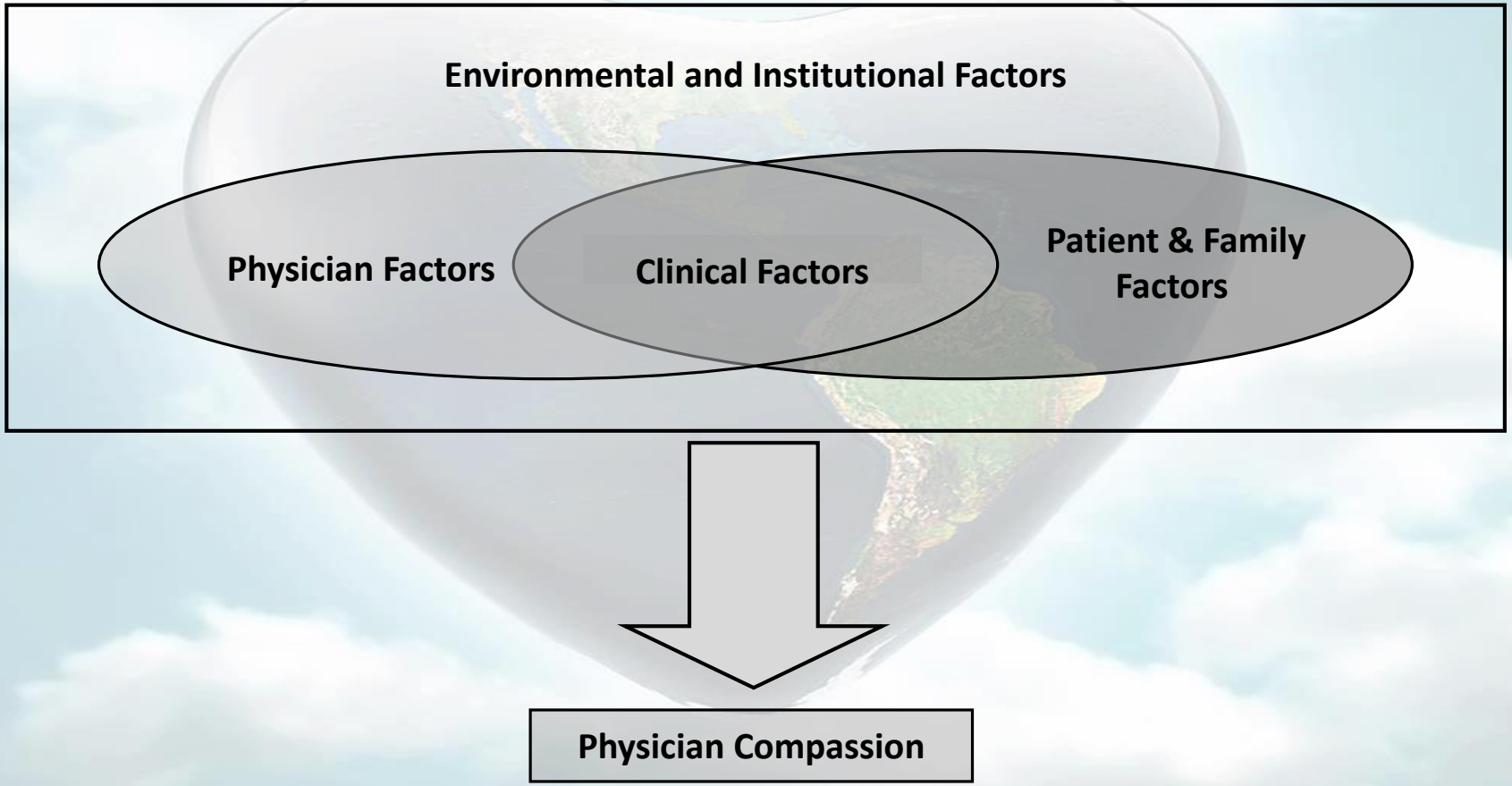


Fig 3: Patient liking, desire to help, care, and closeness as a function of patient presentation and trait physician empathy

You shall not pass!

- The best predictors of compassion were not in the physician, but in the patient
- Relative effect size at least 4X that of physician empathy
- Judgments regarding patient responsibility only impact caring for “positive” patients – emotions act as a gatekeeper?

The Transactional Model of Physician Compassion



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Care in context

- So patient and physician factors are both relevant. But care (or the lack of care) occurs in particular environments
- Environmental barriers were equal across groups of physicians from different specialties (Fernando & Consedine, 2017)
- Nonetheless, relative to other factors, environments may be comparatively easy to change at a policy level
- We thus piloted an experiment in which we manipulated the environment in which patient vignettes were read and rated

The work environment

- ***Participants***: 31 medical students (49% male, mean age 21 yrs) from the University of Auckland from MBChB years 3-6; prior participants excluded.
- ***Design***: Experimental – gender block-randomized participants to control v. interruption conditions
- ***Baseline Measures:*** demographics, physician empathy, social desirability, mindfulness, fear of compassion, trait self-compassion, values, and attachment
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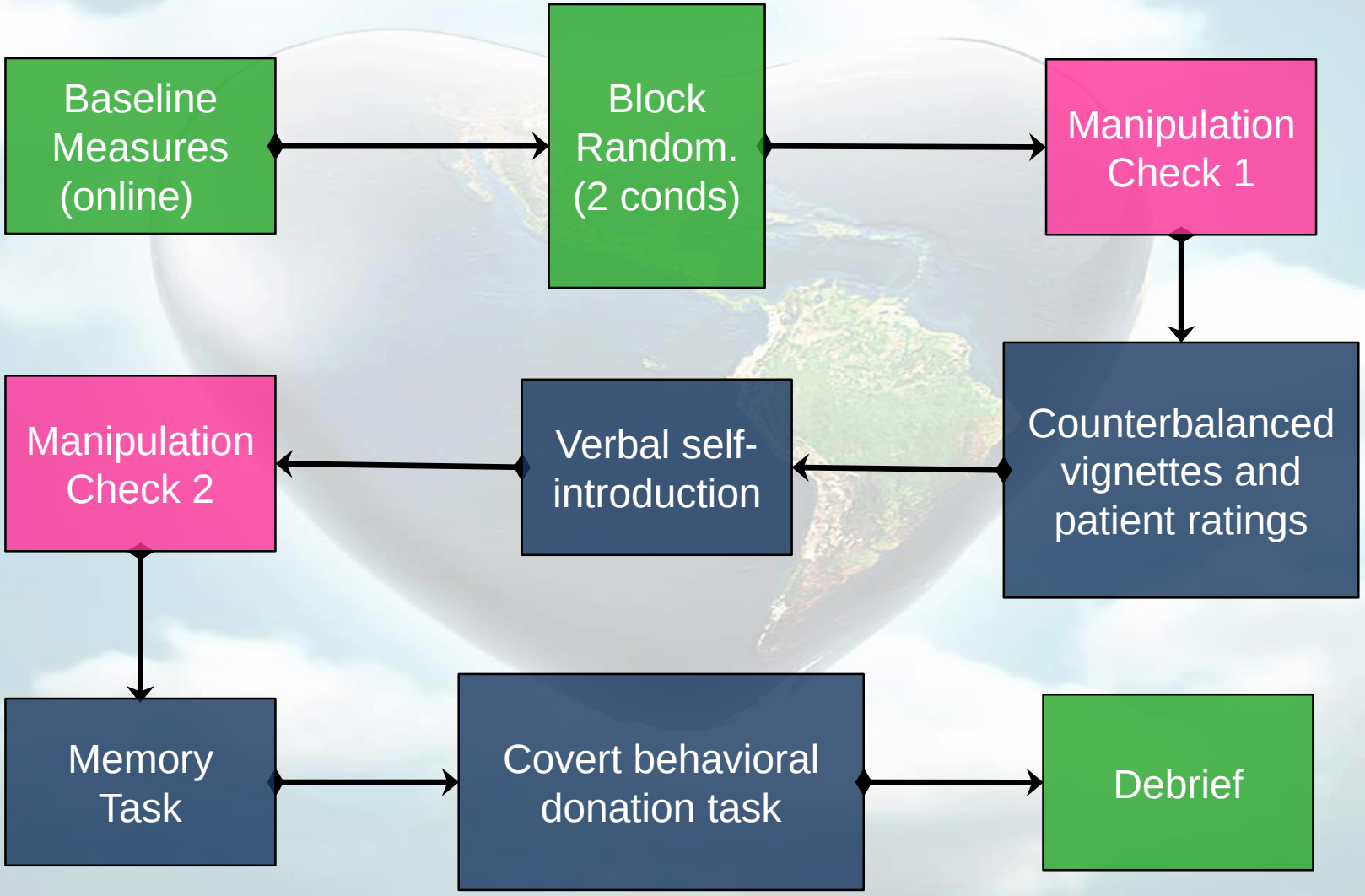

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Results – impact on recall and care

- As expected, participants in the interruption condition recalled less patient information
- More telling are the effects of the interruption on compassion
  - As in Study 1, care, liking, and desire to help were lower for negatively presenting or high responsibility patients
  - In addition, the negative effect of patient factors on care ratings was **exacerbated** by the interruptions

Impact on care (cont)

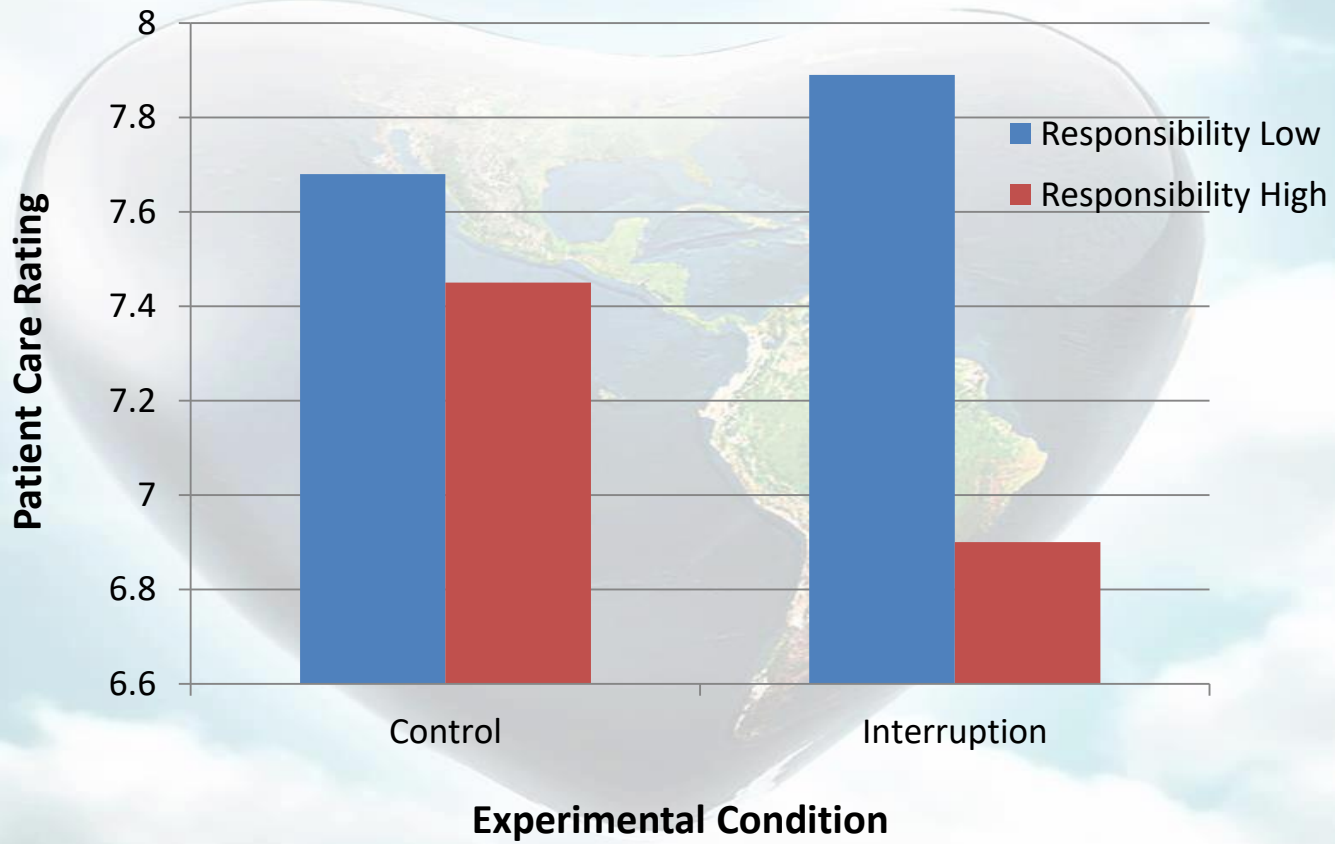
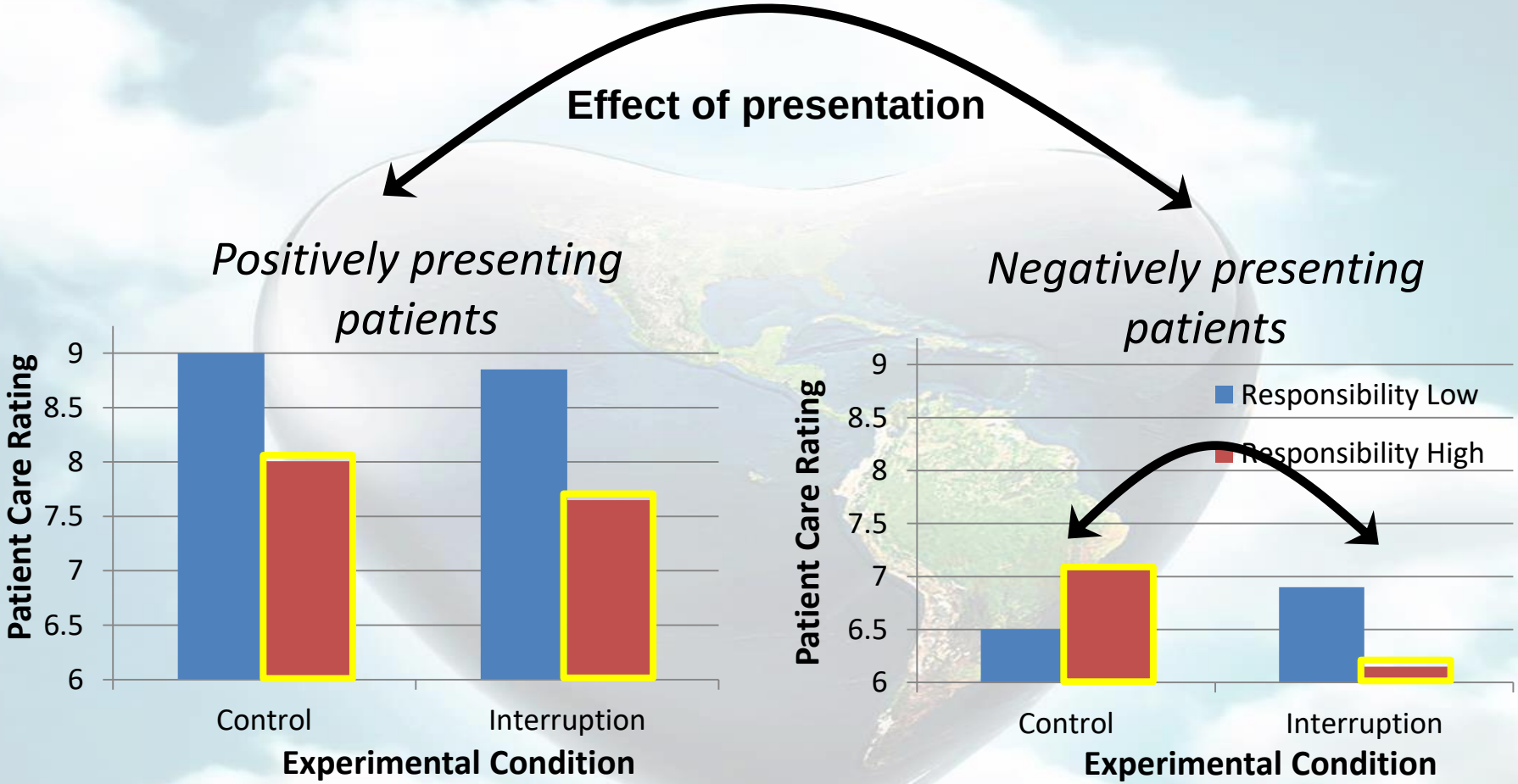
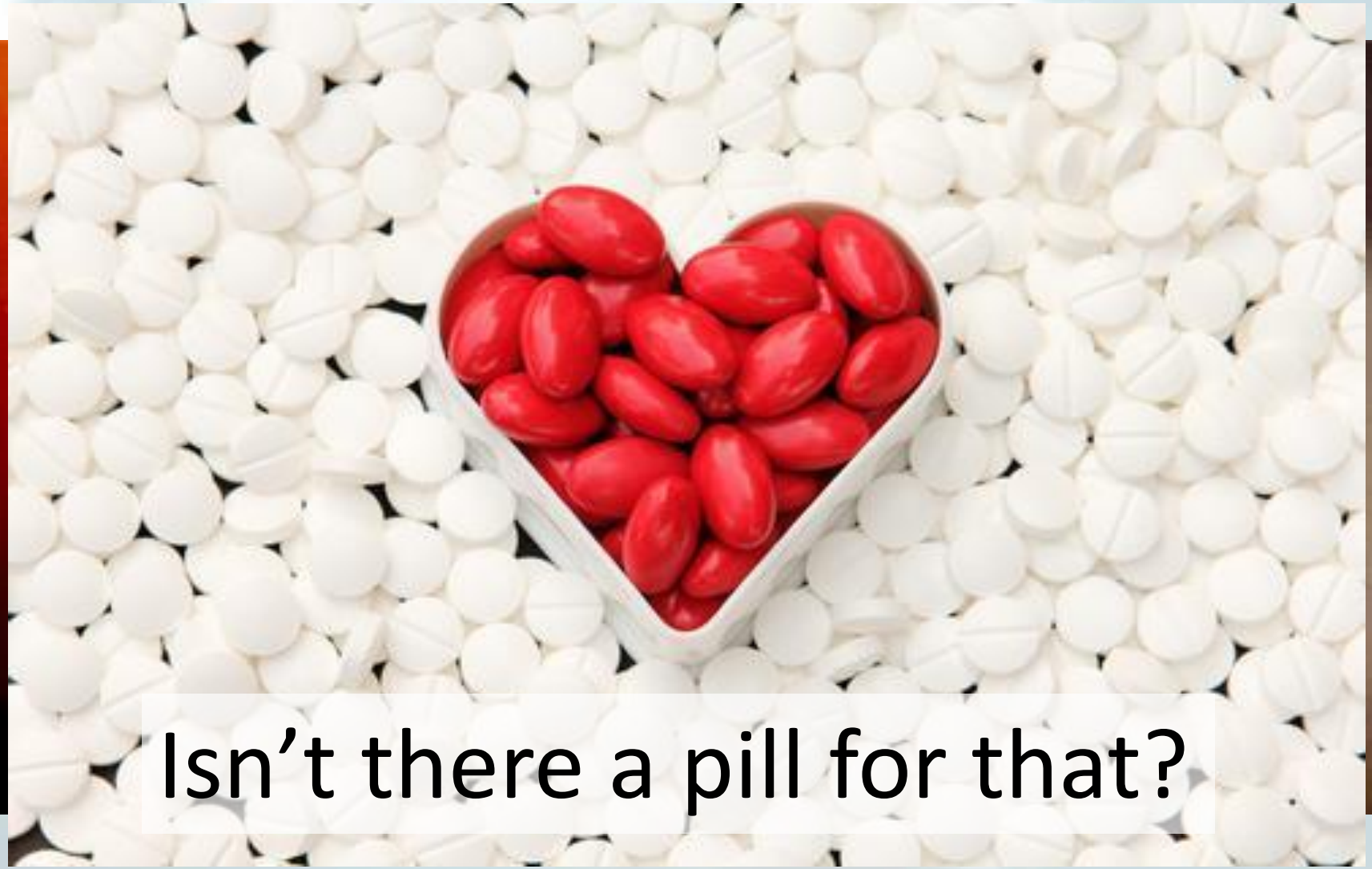


Fig 4: Patient care as a function of experimental condition and patient responsibility



Figs 5 & 6: Patient care as a function of experimental condition, patient responsibility, and patient presentation

The question . . . .



1. Cultivate self-compassion

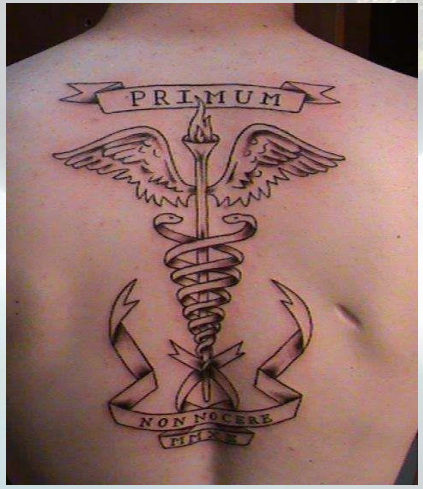
If you are continually judging and criticizing yourself while trying to be kind to others, you are drawing artificial boundaries and distinctions that only lead to feelings of separation and isolation

Kristen Neff

- In Buddhist approaches, self-compassion is the seed from which all compassion grows
- See self-care as necessary rather than soft, self-indulgent, and narcissistic
- Keep an ear out for your inner critic but don't become their slave . . .

2. Remember your motivations

- Ask yourself: why did I become a doctor?
- Simple self-reminders reinforce the desire to care
- Rather than repeating “primum non nocere” try repeating “May I be of benefit” before opening the door, touching a patient, ausculating, or sanitising
- Remember what your care **means** to the patient



3. Remember that being compassionate is also for *you*

- Compassion is good for doctors and a key source of work satisfaction
- Compassion has deep evolutionary origins. When we are compassionate:
  - Our HR slows down, oxytocin is secreted
  - Brain regions linked to caregiving (and pleasure!) active
  - Compassion training leads to lower stress reactivity, reduced rumination, better relationships
  - We improve our work environments

4. Remember that compassion is challenged by the patients that need it most

- Compassion is based in biological caregiving systems that have in-built “checks and balances”
- In some senses, we are “designed” to care less for:
  - Persons that are responsible for their suffering
  - Persons that treat us poorly – the difficult patient
- The impact of such factors can be very large
- BUT: people behave poorly *because* they suffer

5. Remember that compassion fades when we are stressed or anxious

- The response we call “stress” is a psychological signal that coping capacities are being exceeded
- Anxiety is a response to uncertain threat and it naturally promotes avoidance
- Difficult patients and clinical uncertainty create uncertainty
- Clinicians becomes concentrated on their own emotional needs and/or become distant

6. Consider the work environment and how you run your practice

- All behaviours happen (and don't happen) in particular contexts; contexts impact behaviour
- Look for things that interrupt rapport building – interruptions, phone calls, computer notifications
- Minimize interruptions
- Block time for administrative tasks
- Provide training for support staff – team dynamics set tone within the practice

Treat compassion as a skill that must be “worked at”

- Compassion is more than the ‘soft’ side of practice
- It is a responsibility that benefits patients and clinicians alike
- Things to look for and do:
  - Manage caseloads and recharge batteries
  - Think systemically
  - Structure work environment to minimise interruptions
  - Remember that compassion fades in complex cases and for patients that are less easily liked
  - Look for irritability, impatience, (self) judgment, and dislike