THE UNIVERSITY of EDINBURGH
Global Health Academy

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A patient's tale: How compassionate is our NHS?

'The good physician treats the disease; the great physician treats the patient who has the disease' William Osler

A patients tale, hosted by the RCPE, invited speakers from health, social care, the humanities, academia and the public to discuss compassion in our care systems through the story of Mary, a fictional patient.

The following is a summary of our discussions on the factors that support a more compassionate health and social care system and those factors that challenge it.

What is compassion?

Compassion is not merely an emotion; it is a felt and enacted response to suffering. Within compassion is embodied presence for the patient, respect, attentive listening, courtesy and kindness.

Paul Gilbert, who has studied compassion quantitatively for over twenty years, suggests that 'scientific study has shown the core of compassion to be courage. Compassion means recognising pain, distress or suffering and taking action to address or relieve it.'

Research in the finance and healthcare industries suggests that compassionate practices can lead to better performance, increased customer satisfaction and better productivity. It is what makes us care for the other and ourselves to ensure the world is a better place- it is extremely important to Edinburgh University in medicine, but also in Business studies, arts and law. The Humanities can contribute to our understanding of what compassion is and how it is embodied and enacted.

> *"Compassion in a health setting cannot be addressed without compassion in society*"
> John Carnochan

In support of a compassionate health and social care system

- Education

Whilst we recognise that compassion is something that is intrinsic it is also something that we can influence through teaching and modelling appropriate behaviours. Ways of doing this include role modelling, recruiting and educating for empathy and compassion as well as technical skills, and reinforcing a compassionate work culture.

Action: Highlight and develop aspects of education that support compassionate care.
Action: Article on DNACPR for the Scotsman.

- Leadership, culture and system values

The tone at the top of organisations is hugely important and determines organisational culture. This applies to both managerial and clinical roles. If staff are to regard being compassionate as important in their day to day work, they have to see this demonstrated by their seniors, and to have compassionate behaviours reinforced and rewarded at work. Culture must also embrace the compassionate treatment of staff as well as patients.

- Individualised care and shared decision making

A compassionate culture puts the patient's wishes at the centre of making clinical decisions. Remembering the person that we are providing care to and what matters to them is central to compassion. We must do things with people, not to them. Listening to patient and carer feedback using Care Opinion is increasingly important.

There are already system examples of this across Scotland such as 'Open all Hours' in Ward 10 at Monkland's hospital which has seen a reduction in falls, improved communication between staff and patients and a more positive mealtime experience for patients. NHS Grampian has rolled out 'Welcome Wards' after a successful pilot that asks for current visiting times to be changed so that friends, relatives and carers are able to visit at times matching the needs and wishes of each individual patient.

Compassion is as important in the care home environment as described in the work to establish a centre in Lothian and a new perception of care homes.

Action: Produce blogs of events on a number of related social media accounts

Challenges for compassion

- Regulation

Powerful regulation carries the risk of disempowering the clinician. Regulation should supply a framework within which staff feel trusted and empowered to use their autonomy appropriately to deliver compassionate care. We must acknowledge the unintended consequences of actions, regulators and the law.

Health and Safety regulations are there to protect the patient or protect the organisation, but are we more interested in processes than outcomes?

Legislation can support compassion. The first duty is a duty of care to the patient. Legislation does recognise that sometimes there is suffering in healthcare, both unavoidable and avoidable. Acts such as the Duty of Candour can help to support staff through acknowledging this and requiring organisations to give training and support for staff in dealing with this. They feel that 'being candid promotes accountability for safer systems, better engages staff in improvement efforts, and engenders greater trust in patients and service users'. In Scotland, the Apologies Act highlights that an apology in relation to legal proceedings: 'is not admissible as evidence of anything relevant to the determination of liability in connection with that matter'.

Action: A parallel session on Regulation in era 3 medicine will be held at this year's Regulation conference on 30 October.

- Expectations versus reality

Not all expectations can be met and not all suffering can be avoided; that is part of living. We need to be more honest about what we can achieve in health and social care with patients, staff and the public.

"If you go into a relationship in healthcare thinking that you will reduce all that suffering, then you will never meet that expectation. We need to weave into our conversations that suffering is part of our existence. This allows us the space to accept and understand the suffering". Mark Miller

In an example of compassionate and realistic medicine, Professor Seamus O'Mahony noted:

'For advanced incurable cancer, the easiest thing is to request another scan; the difficult thing is to talk about where things are. It takes time and mental/psychic and spiritual energy.' Professor Seamus O'Mahony

An audience member added:

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'In the spirit of realistic medicine… The best surgeons know when not to act and need compassion to have those conversations.'

- Time

Does it take more time to provide compassionate care?

Conclusion: in the short term it takes more time, but saves time in the longer term.

'It does take a little more time for conversation / shared decision making, but just being compassionate doesn't.' Professor Bill Reid

- Compassionate care in the community or hospital?

There is a tension between provision of care in hospital and the community. Studies suggest that many unwell older people could be looked after in the community with better health and social service provision, avoiding some of the problems with loss of control that Mary encountered.

'Moving to a more public health approach to the health service, more prevention, involves all services joined-up.' Ms Stephanie Morrison

Compassionate is vital in providing great healthcare. There are many ways we can all support 'the system' and those that work within it to be. This report touches on just some of the fantastic discussion and ideas that were raised during the event. Thank you to all those that participated

Five principles for compassionate care:

1. Prime responsibility as a healthcare professional is duty of compassionate care to the patient
2. Explore your patient's concerns and goals
3. Think positively – is this possible?
4. How can I make today better?
5. Find the courage to support and encourage other colleagues to do this

The full report of the day is available here.