Introduction

I would like to thank the Myre Sim committee for their support for this visit which I believe will be productive in developing relationships between Edinburgh University, the Royal College of Physicians of Edinburgh and both clinicians and academics of other disciplines at Stanford University.

Prior to my visit (and since submitting my application), I had attended an informal meeting at RCPE chaired by Professor Derek Bell at which a group of clinicians, social work professionals and University and NHS chaplains discussed the nature of the problem of developing and remaining compassionate in today's very busy NHS were, and what might be done to address it. There was a general agreement that the NHS had in some ways and in some environments, become disconnected from compassion as a driving principle.

There was agreement at the meeting that the NHS was viewed by many doctors as a compassion draining environment and that the gradual decline in empathy that is reported in medical students as they go through their undergraduate studies is worrying. Addressing this will need attention paid to:

- Perceptions of boundaries between professional and private life
- Creative thinking about the value of work, self value and self-compassion
- Creating more compassionate working environments and organisations
- Compassion in both undergraduate and postgraduate training environments.

The news yesterday (11th February 2016) of the imposition of a contract on junior doctors by the Secretary of State for Health in England is desperately sad. It is further evidence that that we need a major shift in the way the NHS relates to its clinical staff and develops a way forward that is safe and sustainable for patients and clinicians. Is compassion for all concerned central to the way forward?

The visit was an opportunity to meet senior clinicians and educators across Stanford University, including those from Prof Abraham Verghese's team, who have been working with Professor Andrew Elder on 'Bedside medicine—putting the patient at the centre of teaching and learning'.

The visit
Stanford University is one of the world's most prestigious research and learning institutions. It was founded in 1885, and opened its doors to students in 1885. Leland Stanford, the founder, had made a huge fortune building the railroad across America. Leland and Jane's only child, Leland Jnr, had tragically died from typhoid at the age of 18 years while on the Grand Tour of Europe. The University was founded in his memory, a courageous, unselfish and compassionate act to help the young people of California.

The Compassion Initiative of the Global Health Academy (GHA) of Edinburgh University has developed a relationship with Prof Jim Doty of the Centre for Compassion and Altruism Research and Education (CCARE) ii. This was formally launched in September 2015 in Edinburgh iii. CCARE has been in existence for more than ten years and was set up by Prof Doty initially with a grant from His Holiness the Dalai Lama.

Since I applied for the Myre Sim grant, Edinburgh Principal Sir Tim O'Shea had requested that GHA organise a joint event on compassion during the Edinburgh University 'pop-up' in the Bay Area of California in March 2016.

The visit then became an opportunity to help move this forward, as well as discuss with clinicians and others in Stanford and the Bay area of California views on compassion both in health care, and more widely in business and society, and bring any insights for discussion both within Edinburgh University and RCPE.

The following is a summary of individuals whom I met and the areas discussed during a very busy week.

20th January

Professor Jim Doty, clinical professor of neurosurgery & director of CCARE, and Monica Worline, an organisational psychologist who works both at CCARE and for her own company iv.

Joanna Storrar, Executive Director, North America for Edinburgh University joined me on this visit.

We discussed the importance of organisational culture in business and healthcare (which are overlapping categories in the USA, of course) in maintaining a compassionate and courageous response to clients, consumers and patients. We also finalised plans for the Edinburgh University pop-up event, which will be on 16th March within Stanford University. This will be widely advertised to clinical and non-clinical Stanford students and faculty and to Edinburgh alumni in the Bay area. The final programme is still being prepared but, given the location and history of Stanford and the presence of many global IT players and start ups in Palo Alto, it will be on the subject of Compassion in the age of the robot.

21st January

Professor John Ioannidis, Professor of Medicine and Health Care Research and Policy at Stanford University v with Joanna Storrar. John Ioannidis is an immensely distinguished academic physician and statistician. One of his
developing areas of interest is that of ‘wellness’, expressed in a new project on complex lifestyle intervention in ‘citizen scientists’\textsuperscript{vi}. I was interested in this because the word cloud for the project has a large focus on compassion. John also became Chair of the Usher Institute of Edinburgh University in 2015, and we hope to explore opportunities for further collaboration during his visits to Scotland.

22\textsuperscript{nd} January

\textbf{Sonoo Thadaney}. Sonoo is Executive Director of Professor Abraham Verghese’s Presence programme with which Andrew Elder is involved\textsuperscript{vii} and is also Executive Director of Education at the Stanford Prevention Research Centre. We discussed the Presence initiative, which seemed to me to have compassion for the human being who is ill as a core principle. We also discussed the increasing evidence for clinical error due to failure to take a history and/or examine, as well as increasing rates of stress and burnout in physicians in the USA\textsuperscript{viii}. It’s interesting that critical care, emergency medicine and family medicine have the highest burnout rates. I don’t have evidence for a UK comparison by specialty but general practice across the UK is currently experiencing difficulties in recruiting to many acute specialties. General practice across the UK also has very high rates of early retiral and burnout.

22\textsuperscript{nd} January

Reverend \textbf{Professor Jane Shaw} is Dean for Religious Life at Stanford University. She is a distinguished academic\textsuperscript{ix} whom I met through contacts at Edinburgh University. She is currently working on a project on the arts and empathy, and while I was there showed me round an exhibition on this topic that she had curated at the Cantor Arts Centre, Stanford. She is much involved in education for students on empathy. Dean Shaw will be contributing to the Compassion event at Stanford on 16\textsuperscript{th} March.

I also met informally several individuals who had interesting things to say about compassion in healthcare and society.

\textbf{Alastair Boyle} is a 31-year-old University College London Philosophy graduate who is head of strategy at Essence, a global advertising company. He also is responsible for all of Google’s worldwide advertising through Essence Digital. His parents are both Edinburgh medical graduates. He views compassion as being central to any area of life, whether that is business or healthcare.

We had an interesting discussion on whether compassion was an intrinsic virtue or can be genuine if only instrumental. Another focus was the relationship between competition, generally viewed as being ruthless and focused on attaining external material goods, and compassion, which is seen as an internal virtue founded on an awareness of other’s needs rather than your own. Alastair will contribute to the Compassion event at Stanford on 16\textsuperscript{th} March.

\textbf{Ian Morrison} \textsuperscript{x} is a Glasgow born Edinburgh University Geography graduate who founded the Institute for the Future in California 25 years and continues as Life President. He has written extensively and lucidly on healthcare
policy in the USA xii. One of his most famous remarks from 15 years ago, but recently quoted in the Los Angeles Timesxiii is:

‘In Glasgow death is considered imminent, in Canada it’s considered inevitable, in California it’s considered optional’

Is this still true today? Our discussions centred on the very different drivers within the many health systems of the US, the many different players involved and the growing dissatisfaction with healthcare largely related to rising costs. Compassion did not feature strongly as an explicitly expressed value or principle, but as with Alastair Boyle, he sees improving relationships with patients and within organisations as being central to improving healthcare.

Dr Mark Smithxiv is an HIV/AIDS physician who continues to work in San Francisco, an area that saw, during the 1980s, some of the first HIV positive patients outside Africa at the start of the world wide AIDS epidemic. He founded and ran for 17 years the California Healthcare Foundation, a charity dedicated to improving healthcare for all Californians. He is also currently on the board of the Cambridge Mass. based Institute for Health Improvement (IHI), which now has a global reach. Derek Feeley, formerly CEO of the NHS in Scotland is now Chief Executive of IHI. Mark is a strong advocate of clinician involvement in evolving both policy and operational management of hospitals and health systems. Because of the patient group with whom he works and his long experience of supporting and developing quality improvement clinically and in health systems, he is keen to support any development focusing on compassion in health care.

Discussion

Professor David Haslam, Chair of NICE, wrote recently an article in which he described compassion as ‘More than kindness’xv. After an initial paragraph in which a grieving daughter sets out an account of her mother’s care in Mid Staffordshire, he suggests that there is now great potential for combining the best of evidence based medicine with a compassionate patient centred approach. It is about ‘more than kindness’ because to do this also needs clinical and managerial leadership within the NHS. Courage as well as compassion, or on my understanding, compassion as courage.

A major learning point for me in California, possible the best funded health care system in the world, is that they have very similar problems to the UK with healthcare focused on tests and imaging, as well as with morale and workload in medical staff. It’s not just about the money, it’s about the skills, values and principles of professional training and their application within the health system.

Vergheste’s Presence project, I believe, is about starting to address this by actively listening to the patient’s narrative and examining the patient thoroughly. Although our patients in general practice tend not to be in bed (so the term bedside medicine doesn’t apply), in RCGP we have had for many decades a central focus during professional training on good communication skills, allowing the patient to tell her story and on appropriate examination xvi. The
RCGP motto *Cum scientia caritas* (caring or compassion with knowledge) fits as well today as in 1952 when the college was founded.

This research visit has been hugely useful for me in my role as Co-Director of the Edinburgh University Compassion Initiative. We explored in the first informal meeting at RCPE on compassion in healthcare why delivering compassionate health care was so difficult. There is now an opportunity to address what can be done about this in further workshops or seminars involving other professional groups and patients. We also discussed at RCPE the idea of a Science of Compassion conference in Edinburgh. I look forward to discussing with President Derek Bell within the next few weeks how we might move this important agenda forward together.

John Gillies  
11th February 2016

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