Rethinking Humane Care for Humans…
Trivial, Superficial, Unrealistic or Essential?

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Our majestic predecessors in nursing, such as Florence Nightingale, spoke boldly about the need to honor the psychological and spiritual aspects of our patients. For her and many others, it was unthinkable to consider sick humans as mere bodies who could be treated in isolation from their minds and spirits. In Nightingale’s holistic approach, the role of love and empathy was considered paramount. Early physicians agreed. As Paracelsus, the sixteenth-century Swiss physician ... put it, “The main reason for healing is love.” But with the rise of scientific, materialistic medicine in the nineteenth and twentieth centuries, these lessons in love, ... were set aside and virtually lost. [Today] the time honored concepts of soul and spirit are making a comeback after sitting on the sidelines for more than a century. We are approaching the point where, if clinicians do not honor concepts of mind, soul, and spirit in our approaches to patient care, we will be considered unscientific.

...In study after study, social contact, the richness of one’s interactions with others, is correlated with positive health outcomes. ...We’re being asked to integrate a holistic approach and extend love, compassion, and empathy ...; We don’t expect ministers to perform appendectomies, and we shouldn’t expect clinicians to be expert spiritual guides. But we can be mediators of spiritual resources for those we serve (Dossey & Dossey).
In a 1989 lecture on medical training, the medical sociologist Renee Fox remarked, “As they struggle, individually and collectively, to manage the primal feelings, the questions of meaning, and the emotional stress evoked by the human condition and uncertainty aspects of their training, medical students and house staff develop certain ways of coping with them. They distance themselves from their own feelings and from their patients through intellectual engrossment in the biomedical challenges of diagnosis and treatment, and through participation in highly structured, in-group forms of medical humor. By and large, medical students and house staff are left to grapple with these experiences and emotions on their own. . . . They are rarely accompanied, guided, or instructed in these intimate matters of doctor hood by mature teachers and role models. Generally their relations with clinical faculty and attending physicians are too sporadic and remote for that.”
How can we teach compassionate care as a learned skill in the same way that we teach the physical exam or the fundamentals of physiology? Clearly, the first step is to acknowledge that this is a skill to be taught. I believe that the question often posed — “Can you teach students to care?” — is the wrong question. In my experience, most students enter medical school caring deeply, and we actually teach them not to care — not intentionally, but by neglect, by our silence. We place them in profoundly disturbing circumstances and then offer no support or guidance about what to do with the feelings they have in abundance. So the issue is teaching students and residents the how of caring — helping them know what to do with their feelings and those of their patients (Treadway & Chatterjee).
Objectives

Upon completion of this session participants will be able to:

• Analyze how contemporary health care and the education of health care professionals is influencing the development of humane healers

• Argue for or against the claim that humaneness is essential to the identity of professional care givers.
Humane

The Merriam-Webster dictionary defines **humane** as kind or gentle to people or animals.

- Marked by compassion, sympathy, or consideration for humans or animals
- Characterized by or tending to broad humanistic culture.
- Synonyms: beneficent, benevolent, compassionate, good-hearted, kind, kindhearted, kindly, softhearted, sympathetic, tender, tenderhearted, warmhearted.
Humane care for animals
Why so little attention to humane care of humans?
IT'S WHAT'S COME TO BE KNOWN AS RESPECT FOR THE DIGNITY OF LIFE.

AND THE WORST THINGS IN LIFE AREN'T FREE.
WHAT? AND PLAY GOD?

'SWEET CHARITY' IS NOT ON OUR LIST OF TECHNOLOGY

BY TOLES FOR THE BUFFALO NEWS
One in four people who died did not receive enough pain medication and sometimes received none at all. Inadequate pain management was 1.6 times more likely to be a concern in a nursing home than with home hospice care.

One in two patients did not receive enough emotional support. This was 1.3 times more likely to be the case in an institution.

One in four respondents expressed concern over physician communication and treatment options.

Twenty-one percent complained that the dying person was not always treated with respect. Compared with a home setting this was 2.6 times higher in a nursing home and 3 times higher in a hospital.

One in three respondents said family members did not receive enough emotional support. This was about 1.5 times more likely to be the case in a nursing home or hospital than at home.
The Lost Art of Healing

“It seems to me that medicine has indulged a Faustian bargain. A three thousand year tradition, which bonded doctor and patient in a special affinity of trust, is being traded for a new type or relationship. Healing is replaced with treating, caring is supplanted by managing, and the art of listening is taken over by technological procedures. Doctors no longer minister to a distinctive person but concern themselves with fragmented, malfunctioning biologic parts. The distressed human being is frequently absent from the transaction.”
“Compared with the sharp images provided by ultrasonography, magnetic resonance imaging, computerized tomography, endoscopy, and angiography, a patient’s history is flabby, confused, subjective, and seemingly irrelevant. Furthermore, it takes a good deal of time to elicit a full history. According to some doctors, technology has become a sufficient substitute for talking with patients.

The decline in respect for doctors is also accelerated by the extraordinary hubris instilled in medical students. They are taught a reductionist medical model in which human beings are presented as complex biochemical factories. A sick person is merely a repository of malfunctioning organs or deranged regulatory systems that respond to some technical fix. Within this construct, the doctor, as exacting scientist, uses sophisticated instruments and advanced methods to engage in an exciting act of discovery.” Bernard Lown
How can we teach compassionate care as a learned skill in the same way that we teach the physical exam or the fundamentals of physiology? Clearly, the first step is to acknowledge that this is a skill to be taught. I believe that the question often posed — “Can you teach students to care?” — is the wrong question. In my experience, most students enter medical school caring deeply, and we actually teach them not to care — not intentionally, but by neglect, by our silence. We place them in profoundly disturbing circumstances and then offer no support or guidance about what to do with the feelings they have in abundance. So the issue is teaching students and residents the how of caring — helping them know what to do with their feelings and those of their patients (Treadway & Chatterjee).
Essayist Anatole Broyard (shortly before his death from prostrate cancer)

- I wouldn’t demand a lot of my doctor’s time. I just wish he would brood on my situation for perhaps five minutes, that he would give me his whole mind just once, be bonded with me for a brief space, survey my soul as well as my flesh to get at my illness, for each man is ill in his own way… Just as he orders blood tests and bone scans of my body, I’d like my doctor to scan me, to grope for my spirit as well as my prostate. Without such recognition, I am nothing but my illness.
Message to Georgetown Students

- We set two roads before you: one leads to your becoming a **technical expert**, the other, a **humane healer**.
- We have high hopes that you will prize becoming a humane healer.
A Point of View: How Important is Compassion in Health Care (BBC News Magazine)

- We need health professionals who are technically competent, but who can also demonstrate the virtues of compassion and empathy. In most of medicine, technical versus caring skills is a false dichotomy. Changing a bed pan or taking a blood sample are not simply objective tasks. You can do them in ways which are empowering and soothing, or you can do them in ways which are demeaning and disrespectful.

- It's not what you do, it's the way you do it

- There is no contradiction between teaching students to demonstrate empathy and ensuring that they know the technical stuff. We need our healthcare workers to learn both aspects of the healing arts (2013).
Two Narratives
Humaneness

- Is it safe to assume that as health care professionals our characters and priorities are such that we automatically treat all our patients and their families humanely? When did a faculty member or colleague last critique your capacity to deliver humane care and suggest “growth opportunities”? Were you ever in “academic jeopardy” because of deficient humaneness?
Opening Reflection

- What does humane care for patients and their families “look like”? Is it important? Can it be dismissed as trivial, superficial or unrealistic?

- Is it reasonable for all patients and their families to expect humane care from professional caregivers and in our modern health care institutions?

- Is humane care like a more comfortable hospital environment, better food, mattresses and furniture, something to be reserved for VIPs, very important patients? Are some patients and families entitled to more humane care than others?

- What does it mean to be a humane health care professional and is this an essential element of professionalism. Is humaneness central to our professional identities?

- Who is responsible for monitoring the humaneness of professional caregivers?
Trends in Health Care Delivery

- Bud Relman’s “medical Industrial complex” (term coined in the 1980s)
- Market-driven, patient as consumer/customer system → patient satisfaction is all that matters…
“I ain’t no car…”

The Eight Picker Principles of Patient-Centered Care

- Respect for patients’ values, preferences and expressed needs
- Coordination and integration of care
- Information, communication and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transition and continuity
- Access to Care
Respect for Patients values, preferences and expressed needs.

Coordination and integration of care.

Information, Communication, and Education.

Physical Comfort.

Emotional support and alleviation of fear and anxiety.

Involvement of friends and family.

Continuity and Transition.

Access to care.
Patient-Centered Care: An Idea Whose Time Has Come (www.pickerinstitute.org)

- Organizing the delivery of health care around the needs of the patient may seem like a simple and obvious approach. In a system as complex as health care, however, little is simple. In fact, thirty years ago when the idea of “patient-centered care” first emerged as a return to the holistic roots of health care, it was swiftly dismissed by all but the most philosophically progressive providers as trivial, superficial, or unrealistic. Its defining characteristics of partnering with patients and families, of welcoming—even encouraging—their involvement, and of personalizing care to preserve patients’ normal routines as much as possible, were widely seen as a threat to the conventions of health care where providers are the experts, family are visitors, and patients are body parts to be fixed. Indeed, for decades, the provision of consumer-focused health care information, opportunities for loved ones’ involvement in patient care, a healing physical environment, food, spirituality, and so forth have largely been considered expendable when compared to the critical and far more pressing demands of quality and patient safety—not to mention maintaining a healthy operating margin.
<table>
<thead>
<tr>
<th>Medical Model</th>
<th>Patient-Centered Model</th>
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<tbody>
<tr>
<td>Patient’s role is passive</td>
<td>Patient’s role is active</td>
</tr>
<tr>
<td><em>(Patient is quiet)</em></td>
<td><em>(Patient asks questions)</em></td>
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<tr>
<td>Patient is the recipient of treatment</td>
<td>Patient is a partner in the treatment plan</td>
</tr>
<tr>
<td><em>(Does not offer options)</em></td>
<td><em>(Patient asks about options)</em></td>
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<tr>
<td>Physician dominates the conversation</td>
<td>Physician collaborates with the patient</td>
</tr>
<tr>
<td><em>(Disease is the focus of daily activities)</em></td>
<td><em>(Offers options; discusses pros &amp; cons)</em></td>
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<tr>
<td>Care is disease-centered</td>
<td>Care is quality-of-life centered</td>
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<tr>
<td></td>
<td><em>(The patient focuses on family &amp; other activities)</em></td>
</tr>
<tr>
<td>Physician does most of the talking</td>
<td>Physician listens more &amp; talks less</td>
</tr>
<tr>
<td>Patient may or may not adhere to treatment plan</td>
<td>Patient is more likely to adhere to treatment plan</td>
</tr>
<tr>
<td></td>
<td><em>(Treatment accommodates patient’s cultures &amp; values)</em></td>
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Cranshaw and others, writing in *The Journal of the American Medical Association*, summarized the standards by which we are judged.

By its traditions and very nature, medicine is a special kind of human activity one that cannot be pursued effectively without **the virtues of humility, honesty, intellectual integrity, compassion, and effacement of excessive self-interest**. These traits mark physicians as members of a moral community dedicated to something other than its own self-interest.
Dr. Bob Barnet’s Human Drivers: 5 P’s

- Power
- Position
- Prestige
- Profit
- Politics

Strikingly Absent:

- Patients, People, the Public
Change your lens

- Orientation to Persons and to Human Flourishing…
Are We Delivering the Goods?
Abraham Verghese: “…I’d like to introduce you to the most important innovation, I think, in medicine to come in the next 10 years, and that is the power of the human hand—to touch, to comfort, to diagnose and to bring about treatment.

I’ve gotten into some trouble in Silicon Valley for saying that the patient in the bed has almost become an icon for the real patient who is in the computer. I’ve actually coined a term for that entity in the computer. I call it the iPatient. The iPatient is getting wonderful care all across America. The real patient often wonders, where is everyone? When are they going to come by and explain things to me? Who’s in charge? There’s a real disjunction between the patient’s perception and our own perceptions as physicians of the best medical care.”
“My greatest lesson was that patient vulnerability is a much larger factor in the physician-patient relationship than I had realized. While this point was brought home to me repeatedly in my clinical practicum long ago, I did not truly understand what that vulnerability meant until I became ill: how it feels to be debilitated and passive, how it affects the ability of patients to take in information, to ask questions, to make informed decisions. When that vulnerability is not recognized, when physicians treat patients as simply consumers of a service rather than as persons in need of a trusting and caring relationship, then physicians are excused from making a real effort to inform and care for their patients.” Katherine Taylor
Edmund Pellegrino

Grounding for Health Care Professional Ethics

- Fact of Illness—the vulnerabilities of the patient
- The promise we make (our “profession”—not only to be competent, but to use that competence to secure the interests of the patient
- Our mutual collaboration in the healing act
Principles of Bioethics

United States (Georgetown “mantra”)
- Autonomy
- Beneficence
- Nonmaleficence
- Justice

European Bioethics and Biolaw
- Autonomy
- Dignity
- Integrity
- Vulnerability
“I wanted my physician to listen to my story of suffering, to recognize my plight and to engage with me on a deep emotional level. If I had to stand on the precipice of death, then I wanted a physician who had the courage, and as Albert Camus might say, the ‘common decency,’ to stand there with me. This kind of care is what mattered most to me.” Sheila Crow
Feldstein: “I now appreciate that the most important thing I bring to each bedside encounter is myself, and how my presence comforts and heals.”
Becoming a humane healer requires formation...
Attention and Intention

- There are many ways different people prepare their attention and intention. I have developed a simple ritual for myself. Before I enter my patient’s room, I stop. While washing (or gelling) my hands, I prepare my attention. I bring my awareness to my feet on the ground, then to my breath, and to the flow of water (or gel) over my hands, as if they are washing aside (evaporating away) my preoccupations, leaving only my best intentions. I make a blessing before I dry my hands (or as my hands are drying): I lift up my hands. May I be of service.
Then I take a full breath and remind myself: What matters for you, my patient, is what matters for me. May I meet you in your world as it is for you and accompany you from there. Whatever time I have with you, may I be fully present. May I serve you with all of my life experience as well as my expertise. May I listen fully with a generous heart, without judgment, and without having to fix what cannot be fixed. May my presence allow you to connect with your source of comfort, strength, and guidance as it is for you. May I be well used.
Before entering the room, I stop again. take another full breath to keep my focus. and then I knock. When I enter, I scan the room, “touch” the patient with my eyes, then with my voice, and then, as appropriate, with my hand. I cannot know who and what I will encounter when I enter the room. What stories, what emotions. will I even be welcome? I do know that my preparation can facilitate meaningful connection. It also can open the way to what may normally be unseen, which can announce itself to any of us at unexpected times, in unexpected ways, with unexplainable, sometimes extraordinary, moments of awe. Such moments can help sustain one through challenging times. Bruce D. Feldstein, MD
Empathy

- Empathy involves “imagining how it feels to experience something, in contrast to imaging that something is the case. To engage empathically entails entering a state of “emotional resonance” with another, or in “visceral comprehension of another’s condition.” Moreover, it engages our imaginations, for we must, as Halpern says, attempt to grasp the “details and nuances of the patient’s life” to try to feel our way into her experience of illness, disability, or psychological injury. It is crucial to imagine the other’s condition *in its meaning for her* (as best we can). A. Carse, PhD
Empathy

- Cleveland Clinic. Empathy: The Human Connection to Patient Care. Available at:


- “In the end, it's about human connection. When we relate to those around us by understanding their back stories and their circumstances, we improve the way we work, the way we live, the way we take care of one another, the way we relate going forward and, as Martin Luther King Jr. would say, building the "beloved community" that edifies us all”(Gillis, 2013).
Compassion

While empathy is an essential element of “compassion,” compassion entails a desire to alleviate others’ suffering or distress. In compassion, the other’s condition is “felt,” and their welfare is a focus of committed support and concern.
Compassion

- The Buddha was asked by Ananda, “Would it be true to say that the cultivation of loving kindness and compassion is part of our practice?”

- The Buddha replied, “No. It would not be true to say that the cultivation of loving kindness and compassion is part of our practice. It would be true to say that the cultivation of loving kindness and compassion is all of our practice.” Quoted by Joan Halifax.
Freidman’s Secret Shopper

- On one hand, the quality of care was excellent. The system worked very well. Performance improvement efforts were abundant and apparent. Cleanliness and efficiency were superlative. Though one can never guarantee the outcome of any type of health care, even as an unusually knowledgeable consumer I felt safe.

- On the other hand, sincere caring was lacking. I had predominantly felt more like a product on the fast-moving conveyor belt of a health care factory than a human being. Among all of the processes and gestures that had been so vivid, only Dr. T’s had comforted. Despite whatever other stressors were at play for him that morning, he had personally managed to empathize with me at the center of the surrounding vortex of objectives and deliverables consuming the rest of his team. Amy L. Friedman, MD
"Every day, every moment, you make choices on how to act or respond. Through these acts, you have the power to positively influence. As John Quincy Adams sagely said, 'The influence of each human being on others in this life is a kind of immortality.' So I ask you: **What will be your act of courage? How will you influence your environment? What will be your legacy?**"
What will be our legacy?

- Your picture here....
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