



## **EDITORIALS**

### **CHRISTMAS 2016**

# **Humanising healthcare**

We have to start by building a more compassionate society

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When we are sick, injured, or facing an existential life crisis, our greatest human need is loving kindness and compassion in response to our vulnerability and suffering. One of us (MB) has previously described her first hand experience of the difference such care can make<sup>1</sup>:

In shock, I am admitted to a cancer hospital. Treatment must necessarily be aggressive. I am terrified. Will I die? I am so alone, but trying to be brave. A doctor in a white coat sits down and asks why I am there. When I tell him he encloses my hand with both of his. Instantly, I am encased in warmth, comfort, compassion.

Unconvincingly I say, "I'm not nervous."

"That's all right," he replies, "I'm enjoying it!"

We both laugh. And I leave my hand there. The encounter stays with me; I revisit it whenever I need the healing touch of a human hand.

Years later I am overjoyed to tell him what his kindness meant to me. But he can never really know how much, or the depth of my gratitude.

Too often, what patients actually receive is rushed, clinical, and emotionally detached care. Physicians have many evidence based guidelines for disease management but little evidence based medicine for care of the whole person.<sup>2</sup>

Sometimes, the inhumanity is failure of the wider system. RY's daughter spent three months in spinal traction with a broken neck. Many days she went hungry. She could not see a television or read a book. But the hospital prioritised clinical care, not her needs as a human being.<sup>3</sup>

The system is also dehumanising to those who work within it; witness the emotional exhaustion, depersonalisation, and cynicism now so widespread among health professionals.

### Multiple wins

Randomised controlled trials have provided good evidence that compassionate care also improves clinical outcomes. Empathetic and supportive preoperative consultation improves wound healing and surgical outcomes, halves opiate requirements, and reduces length of stay.<sup>4 5</sup> Patients in emergency departments are 30% less likely to return if treated with compassion.<sup>6</sup> Early access to palliative care reduces costly interventions, improves quality of life, and prolongs survival in cancer patients.<sup>7</sup> Meta-analysis suggests that having a caring doctor reduces five year mortality in men more than does stopping smoking.<sup>8</sup>

Compassionate caring also gives meaning, joy, and satisfaction to health professionals, aligns with their ideals, and protects against burnout.

Human centred care is therefore good for patients, professionals, and funders. Why isn't it spreading like wildfire?

After decades of campaigning for a more humane health system, we conclude that the underlying values of the healthcare system are incompatible with compassion, caring, and healing.

### Societal failings

Although health professionals care deeply about their patients, the values of the wider system are competition, rationalism, materialistic science, productivity, efficiency, and profit. There is no room for healing. We call this the "industrialisation of healthcare."

As campaigners, our mistake was to assume that these values were somehow intrinsic to healthcare and that the system could be fixed. However, these values are adopted from society; if we want to re-humanise healthcare we have to build a more compassionate society.

Heroic models of leadership—always campaigning and battling to "win the war" against cancer or drugs—sabotage our efforts. We need our leaders to be healers more than heroes; it begins with self compassion and self care.

We call for a new breed of physician leader-activist; people who are "internal activists" in the workplace, role modelling the best of human centred care, and also social activists in wider society, leading the movement for compassionate communities. The compassionate cities programme (charterforcompassion.org) is a good starting place.

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In the 1980s the International Physicians for the Prevention of Nuclear War rose up to address the global threat of nuclear war. It is now time for physicians to stand together and address the societal values that are driving us to social breakdown, epidemics of chronic disease, and ecological collapse.

Our work in humanising healthcare became much more successful when we gave up battling the system and changed our leadership style<sup>9</sup>:

- Being non-judgmental and compassionate—rather than moral crusading
- Showing humility and vulnerability—rather than persuading and evangelistic
- Seeking the wisdom of individuals and communities we serve—rather than casting ourselves as the experts
- Giving away our materials, offering our time for free, and asking for donations—rather than seeking transactional business relationships
- Using appreciative inquiry to seek stories of what works best—rather than a focus on problems

These same ways of being are also a powerful foundation for patient centred medical practice and fulfil the promise in the Declaration of Geneva: "I solemnly pledge to consecrate my life to the service of humanity."

We are encouraged by seeing new organisations joining our Hearts in Healthcare campaign (heartsinhealthcare.com), including the *Journal of Compassionate Healthcare* and the International Charter for Human Values in Healthcare (http://charterforhealthcarevalues.org).

Compassion is the golden rule of every religion. This festive season, will you reflect on how your compassionate care of patients might be extended to our communities and the broader healthcare system? See also: Robin Youngson's TEDx talk, "Perfectly broken and ready to heal" (https://youtu.be/jTYSzLtbYTU).

Competing interests: We have read and understood BMJ policy on declaration of interests and declare the following interests: RY has a financial interest in Hearts in Healthcare and receives speaker fees and book royalties for his international work humanising healthcare. MB is patient reviewer for *The BMJ*. She is a friend of the Royal College of Pathologists and former chair of its lay advisory council. She is also a trustee of the Rare Cancers Foundation.

Patient consent obtained.

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