

# Condensed version of *Compassionomics: The Revolutionary Scientific Evidence that Caring Makes a Difference*

\*\*\* plus additional bonus material\*\*\*

[Studies footnoted in the book have been inserted with the statements the studies apply to. Author quotes from the book are cited by page number in the book. Other studies/videos/podcasts not included in the book but included here are also cited and/or the direct link is included. The items in bold are where the emphasis is mine.]

## \* Moral Distress and Empathy Fatigue\*

- **“Moral distress** has been explained as a violation of one’s professional integrity and obligations.<sup>13</sup> This can then develop into an underlying perception of infringement of a person’s moral integrity and feelings of belittlement, impotence and isolation. Such emotional burden can devastate one’s moral sensitivity where the professional may stop recognising or engaging in morally challenging situations.<sup>31</sup> It has been established in the medical profession that unrecognised moral distress has a negative correlation with wellbeing and is associated with low job satisfaction as well as career attrition and increased staff turnover.<sup>21 23 24 26–28</sup> In veterinarians, there is little work done on the relationship between moral distress and attrition. Other reported consequences of moral distress include conscientious objection, development of anxiety, anger, frustration and burnout<sup>27 31</sup> and avoidance of patients,<sup>10 14</sup> which can compromise the patient care the professional is able to provide. While detailed research on this is yet to be conducted in the veterinary profession, the potential implications are concerning.” (Alejandra I Arbe Montoya, <sup>1</sup> Susan Hazel,<sup>1</sup> Susan M Matthew, <sup>2</sup> Michelle L McArthur, “Moral distress in veterinarians” [Veterinary Record 10.1136/vr.105289 on 19 August 2019.](#) )
- **“Moral distress** is an important occupational stressor that has deleterious effects on the professionals that experience it. The development of moral distress from the experience of moral conflict is modified by several factors that impact each step of the moral deliberation process. Veterinarians are frequently exposed to morally conflicting situations, which often stem from conflicts of interest between clients, patient needs, professional duties and social expectations.”(Alejandra I Arbe Montoya, <sup>1</sup> Susan Hazel,<sup>1</sup> Susan M Matthew, <sup>2</sup> Michelle L McArthur, “Moral distress in veterinarians” [Veterinary Record 10.1136/vr.105289 on 19 August 2019.](#) )
- There is some recent academic literature suggesting that **compassion fatigue is a misnomer and should be replaced with the term empathy fatigue**. Evidence supporting this change comes from burgeoning literature examining the neurophysiology of empathy versus compassion meditation practices.<sup>[25]</sup> Empathy can be defined as attempting to feel and understand ( or in other words attempt to experience) what another feels.<sup>[26]</sup> This can result in cumulative negative effects over time that come from

the accretion of the assumption of others' painful emotions and experiences. Compassion relates to a feeling of feelings and emotions, as well as desiring for the subject to be free of suffering.<sup>[27]</sup> Studies of training of compassion practices among health care providers has demonstrated positive effects compared to empathy practices which do not improve provider functioning. [Wikipedia, Compassion fatigue]

- **The dark side of empathy:** Empathy is an important, foundational emotion for human connection. It is the spark that can ignite compassion. But on its own, without compassion, empathy is a danger for leaders. As controversial as this may sound, the reasoning is simple: Empathy is the brain's wired tendency to identify with those who are close to us – close in proximity, close in familiarity, or close in kinship. And when we empathize with those close to us, those who are not close or are different seem threatening. When unchecked, empathy can create more division than unity.

**Empathy and compassion are very different.** They are represented in different areas of the brain. With empathy, we join the suffering of others who suffer, but stop short of actually helping. With compassion, we take a step away from the emotion of empathy and ask ourselves 'how can we help?'. For leaders, recognizing the differences between empathy and compassion is critical for inspiring and managing others effectively. (Hougaard, Rasmus. "Four Reasons Why Compassion Is Better for Humanity than Empathy." *Forbes*, Forbes Magazine, 12 Oct. 2022) <https://www.forbes.com/sites/rasmushougaard/2020/07/08/four-reasons-why-compassion-is-better-for-humanity-than-empathy/?sh=39241125d6f9>

- **Compassion does not fatigue!**  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6005077/>
- **Empathy vs. Sympathy vs. Compassion:** "Think of it this way: Since empathy is the feeling or understanding of another's pain or suffering – and compassion is the action that flows from empathy – then anytime a study examines health care provider *behavior* toward a patient, the study *must* involve compassion." (*Compassionomics*, pg. 41)
  - **"Empathy** is like a one-way street running toward the health care provider: detecting, processing, understanding, and even feeling the incoming emotional cues from the patient. **Compassion**, on the other hand, is a street that runs in the other direction, a responsive action toward the one who is suffering. Empathy can happen through a one-way mirror. Compassion cannot." (*Compassionomics*, pg. 41)
  - <https://youtu.be/1Ewgu369Jw> Brené Brown cartoon short

**\*Compassion is the ANTIDOTE to burnout\***

- “If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” –Dalai Lama
- Essentially, **escapism** is the act of getting away from patient care as much as possible to achieve a better “work-life balance”. Escapism is built upon the belief that if health care providers just spend less time caring for patients in favor of more **self-care** (“me” time) that burnout would no longer be a problem. **Escapism interventions do reduce burnout, but the effects are only modest at best.** (*Compassionomics*, pg. 294)
- Here’s the problem with that historical thinking: It’s actually **not** evidence-based. The available evidence in the biomedical literature shows the preponderance of data among health care providers actually shows the **opposite** to be true. A recent rigorous systematic review published in *Burnout Research* reported that **high compassion is associated with low burnout, and low compassion is associated with high burnout.** So when you actually dive into the published scientific data, compassion and burnout go in **opposite** directions. (Wilkinson, Helen, Richard Whittington, Lorraine Perry, and Catrin Eames. “Examining the Relationship Between Burnout in Physicians: A Systematic Review.” *Burnout Research* 6 (September, 2017):18-29.)
- **Health care providers who have a low compassion are predisposed to becoming burned out.** (*Compassionomics*, pg. 299)
- **Remember that compassion is different from empathy.** It’s not seeing or feeling someone’s pain. Rather, compassion is **action**. When taking action to relieve someone else’s suffering, a distinctly different area of the brain lights up on fMRI: a **“reward” pathway** that is associated with affiliation and positive emotions. It’s a pleasurable experience for the **giver** of compassion. (Limechi, Olga M., Susanne Leiber, Claus Lamm, and Tania Singer. “Differential Pattern of Functional Brain Plasticity after Compassion and Empathy Training.” *Social Cognitive and Affective Neuroscience* 9, no. 6 (June, 2014): 873-9 and Limechi, Olga M., Susanne Leiber, Claus Lamm, and Tania Singer. “Functional Neural Plasticity and Associated Changes in Positive Affect after Compassion Training.” *Cerebral Cortex* 23, no. 7 (July, 2013): 1552-61)
- **Compassion for others can overcome the distress associated with seeing other people in distress.** (*Compassionomics*, pg. 305)
- **Also remember that “fixing” is different than healing.** <https://onbeing.org/programs/rachel-naomi-remen-the-difference-between-fixing-and-healing-nov2018/>
- But it’s not just about emotions; it goes deeper than that. The personal connections aspect of compassion is vital for one’s **fulfillment**. **Research shows that compassion for others can be a coping strategy to overcome personal distress and strengthen one’s own resilience.** (Limechi, Olga M., Susanne Leiber, Claus Lamm, and Tania

Singer. "Differential Pattern of Functional Brain Plasticity after Compassion and Empathy Training." *Social Cognitive and Affective Neuroscience* 9, no. 6 (June, 2014): 873-9)

- One key factor identified in psychological science research is called "**self-other differentiation**" or "**self-other distinction**". Simply stated, this is your ability to be in the presence of a person in pain or suffering and always remain cognizant that it is not your own pain and suffering. (Atkins, P.W.B. "Empathy, Self-Other Differentiation and Mindfulness." In *Organizing through Empathy* edited by K Pavlovich and K. Krahnke, 49-70. New York: Routledge, 2013; Cecety, Jean, and Claus Lamm. "Human Empathy through the Lens of Social Neuroscience." *Scientific World Journal* 6 (September 20, 2006): 1146-63; and Singer, Tania, and Olge M. Klimecki. "Empathy and Compassion" *Current Biology* 24, no. 18 (September 22, 2014): R875-R78). **It's knowing that the emotions you are resonating with are the emotions of another and not your own.** Blurring the self-other distinction through excessive sharing of others' negative emotions can lead to shared distress. And that could indeed be harmful.
- The second key way to protect oneself from a patient's pain and distress is to meet that suffering with **action**. Taking action to relieve another's suffering is at the very heart of what it means to be compassionate and brings reward that overcomes the distress of empathy. (Limechi, Olga M., Susanne Leiber, Claus Lamm, and Tania Singer. "Differential Pattern of Functional Brain Plasticity after Compassion and Empathy Training." *Social Cognitive and Affective Neuroscience* 9, no. 6 (June, 2014): 873-9 and Klimecki, Olga M., Susanne Leiber, Clause Lamm, and Tania Singer. "Functional Neural Plasticity and Associated Changes in Positive Affect after Compassion Training." *Cerebral Cortex* 23, no. 7 (July, 2013): 1552-61)
- **"Coming together (in compassion) works a sort of alchemy, transforming one person's pain into a shared feeling of uplift. Indeed, compassion is the opposite of a zero-sum game in which there are winners and losers: Both giver and receiver benefit.** – Seth Gillihan (psychology professor at the University of Pennsylvania)
- There are two ways compassionate helping can alleviate stress for the person giving compassion. One is a **nervous system effect**: Compassion for others activates the parasympathetic nervous system by increasing vagus nerve activity. This results in a calming effect that counterbalances the "fight or flight" response of the sympathetic nervous system. (Stellar, Jennifer E., Adam Cohen, Christopher Oveis, and Cacher Keltner. "Affective and Physiological Responses to the Suffering of Others: Compassion and Vagal Activity." *Journal of Personality and Social Psychology* 108, no.4 (April, 2015): 572-85) **The other is by boosting circulating neuromodulators (such as the hormone oxytocin)** which not only buffers stress, but also triggers positive emotions (such as feelings of calm and closeness). (Brown, Stephanie L., and R. Michael Brown. "Connecting Prosocial Behavior to Improved Physical Health: Contributions from the

Neurobiology of Parenting.” *Neuroscience and Biobehavioral Reviews* 55 (August, 2015): 1-17.)

- “It’s long been known that the vagus nerve is connected to digestion, sex, and breathing—to the mechanics of being alive. But in several replicated studies, Keltner discovered another of its purposes: When we witness suffering, our vagus nerve makes us care...Keltner’s isn’t the only research to show this connection between sadness and unity...These findings have enormous implications. They tell us that our impulse to respond to other beings’ sadness sits in the same location as our need to breathe, digest food, reproduce, and protect our babies; in the same place as our desire to be rewarded and to enjoy life’s pleasures. They tell us, as Keltner explained to me, that ‘caring is right at the heart of human existence. Sadness is about caring. And the mother of sadness is compassion.’ (Susan Cain, *Bittersweet @2022* pp 10-13)
  - “And when our family first had to euthanize a pet, the love in that room –shared by my father, brother and me– took my breath away. You see, when I think of these events, it is not the sadness that I most remember. ***It is the union between souls.*** When we experience sadness, we share in a common suffering. It is one of the few times when people allow themselves to be truly vulnerable. It is a time when our culture allows us to be completely honest about how we feel.” (Susan Cain, *Bittersweet @2022* pp 10-13)
- **Higher compassion is associated with lower depression symptoms, a higher sense of personal accomplishment, and enhanced quality of life.** In an eye-opening study of 294 primary care clinicians, researchers found that in a multivariable model controlling for potential confounders, clinicians’ compassion was independently associated with lower clinical burnout. The researchers concluded that clinician compassion may be **protective** against burnout. (Lamothe, Martin, Emilie Boujut, Franck Zenasni, and Serge Sultan. “To Be or Not to Be Empathetic: The Combined Role of Empathetic Concern and Perspective Taking in Understanding Burnout in General Practice.” *BMC Family Practice* 15 (January 23, 2014):15.)
- **It appears that when health care providers are under the most stress, that compassion is needed the most for their own well-being.** Similarly, researchers have found that among emergency clinicians, the ability to maintain compassion for patients was a distinguishing feature of satisfaction in their professional quality of life. (Dasan, Sunil, Poonam Gohil, Victoria Cornelius, and Cath Taylor. “Prevalence, Causes and Consequences of Compassion Satisfaction and Compassion Fatigue in Emergency Care: A Mixed-Methods Study of UK NHS Consultants.” *Emergency Medicine Journal* 32, no. 8 (August, 2015): 588-94.)
- Physicians who had the most **dissatisfaction with the quality of their relationships** with patients **had a 22-fold higher risk of burnout.** (Chen, Kuan-Yu, Che-Ming Yang, Che-Hui Lien, Hung-Yi Chioui, Mau-Roung Lin, Hui-Ru Change, and Wen-Ta Chiu.

“Burnout, Job Satisfaction, and Medical Malpractice among Physicians.” *International Journal of Medical Sciences* 10, no. 11 (2013): 1471-8.)

- **Compassionate clinicians are more likely to be considered a “role model”.** (Wright, S. M., D. E. Kern, K. Kolodner, D. M. Howard, and F. L. Brancati. “Attributes of Excellent Attending-Physician Role Models.” *New England Journal of Medicine* 339, no. 27 (December 31, 1998): 1986-93.)

### **\*How compassion improves patient care\***

- Research shows that compassionate patient care is associated with better patient activation and engagement and, as a result, better patient self-care. This makes sense. Physician compassion can drive patients to be more engaged in their health care and want to have more information on both treatment options and health promotion. This has been associated with better long-term outcomes and enhanced quality of life. (Neuman, Melanie, Markus Wirtz, Elfriede Bollschweiler, Stewart W. Mercer, Mathias Warm, Jurgen Wolf, and Holger Pfaff. “Determinants and Patient Reported Long-Term Outcomes of Physician Empathy in Oncology: A Structural Equation Modelling Approach.” *Patient education and Counseling* 69, no.1-3 (December 2007): 63-75.
  - *Patient activation:* patient’s willingness and ability to take independent actions to manage his or her own health and health care. It involves the knowledge, skill, and confidence to manage one’s own health care.
  - *Patient engagement:* is a broader concept that encompasses patient activation and involves the interventions designed to increase activation and patients’ resulting behavior such as compliance for recommended treatments.
- Another mechanism by which compassion for patients can improve patient self-care and patient adherence to therapy is through building trust. (Lee, Yin-Yang, and Julia L. Lin. “The Effects of Trust in Physician on Self-Efficacy, Adherence and Diabetes Outcomes.” *Social Science & Medicine* 68, no. 6 (March, 2009): 210-8) Building trust, along with better patient activation and enablement, produces a stronger “working alliance” between the patient and the health-care provider.
  - **A working alliance is agreement on goals of therapy and methods to achieve those goals, and the extent to which there is an emotional bond - characterized by liking and trust - between patients and their health care providers** (Bordin, Edward S. *The Generalizability of the Psychoanalytic Concept of Working Alliance*. Vol. 16, 1979).
  - Without compassion, patients will not feel fully empowered to cope with, understand, and manage their illness (*Compassionomics*, pg. 142)
- In a study from the University of Southern California published in *The New England Journal of Medicine*, researchers studied the response to medical advice among eight

hundred visits to Children's Hospital of Los Angeles (Francis, V., M. Korrsch, and M. J. Morris. "Gaps in Doctor-Patient Communication. Patients' Response to Medical Advice." *New England Journal of Medicine* 280, no. 10 (March 6, 1969): 535-40. In this case, because the patients were children, the study was looking at the association between the the pediatricians' communication and the parents; adherence to the child's recommendations [similar to how we function in veterinary medicine]...What they found was that a lack of "warmth" in the communication from the physician (as assessed by the parent) was associated with significantly lower adherence to the pediatrician's treatment recommendations...When parents had the highest level of dissatisfaction with the warmth of the pediatrician (i.e. the worst doctor-patient interaction) adherence was the worst. Only **17 percent** of patients in this category were following treatment recommendations closely!

- In another study of 22 physicians and 370 of their patients in primary care, researchers measured the strength of the doctor-patient relationship using a validated scale of the patients' assessment of concordance (i.e. "being on the same page" as the physician). They found that strong doctor-patient concordance was independently associated with **34% higher** odds of patient adherence to prescribed medications. (Kerse, Ngaire, Stephen Buetow, Arch G. Mainous III, Gregory Young, Gregor Coster, and Bruce Arroll. "Physician-Patient Relationship and Medication Compliance: A Primary Care Investigation." *Annals of Family Medicine* 2, no. 5 (September-October, 2004): 455-61)
- Compared to patients of low compassion providers, the rate of cancer screening adherence among patients of high compassion providers was **13 to 30 percent higher**. (*Compassionomics*, page 146)
- Without compassion, patients will not feel fully empowered to cope with, understand, and manage their illness. (*Compassionomics*, pg.142)
- Connecting to purpose: "**Those who have a 'why' to live, can bear with almost any 'how'.**" (Victor Frankl). Understanding our clients' "why" can help us make the connections that best work for creating the "how". Science shows that purpose *matters*. Purpose is powerful. (*Compassionomics* pp.147-149).
- For good health, **human connection matters**. (*Compassionomics*, pp. 54-58).
- "...there is a clear signal in the data. **Human connection can modulate the pain that people experience in measurable ways.**" (*Compassionomics*, pg. 69) ← This is just a little plug on my part for Fear Free practice, but I think as veterinarians, being compassionate can also help modulate our client's pain.
- **Compassion builds trust**. "Here is the catch: Trust is not automatic. A health care provider must build that trust, and one of the ways to rapidly build trust is through

compassion. There is ample evidence of this in the biomedical literature.” (*Compassionomics*, pg. 73)

- Multiple studies have shown an association between better patient experience and connecting with or trusting the clinician. So a health care provider that is compassionate can readily become a trusted other for a patient. And therefore, a healthcare provider may be a person whose compassion and emotional support can affect patients’ experience of pain. The trust may not be automatic, but the bar is fairly low to earn it.
- Without compassion, patients will not feel fully empowered to cope with, understand, and manage their illness. (*Compassionomics*, pg.142)
- **The power of compassion is not a binary thing; the power of compassion is cumulative.** (*Compassionomics*, pg.109)
- **Early intervention of compassion during a traumatic event can help reduce development of PTSD.** (*Compassionomics*, pp. 111-115)
- **A lack of compassion among health care providers can be a serious patient safety risk.** (*Compassionomics*, pg. 171)
  - The main determinant of a good clinical outcome is clinical excellence. All the compassion in the world will not make up for clinical mistakes. That said, **higher clinician compassion was associated with lower odds of committing major medical errors.** (*Compassionomics*, pg 169)
  - **Emotional harms** (saying something derogatory behind a closed door the client can hear, giving difficult to hear information on a phone message or without signaling to the owner that the information is not good, making sure it is the right time for a client to have a difficult discussion, etc.) If you are a health care worker of any kind, there are three key take-home messages: First, always remember that being a patient (client) means being *vulnerable*, and often extremely vulnerable. Second, compassion protects the vulnerable. Failing to practice compassion means that emotional harms are more likely to occur. And third, **know this: every word out of your mouth matters.** (*Compassionomics*, pg. 179)
    - **Clients can hear EVERY WORD behind a closed door.**

### **\*The Economics of Compassion\***

- **Compassion drives revenue and cuts costs.**
  - *“Show me the money”* –Rod Tidwell.
  - Compassion unequivocally drives higher revenue and reduces cost for health systems and providers.



- Patient experience drives business. **Hospitals that are rated highly on their patient experience scores are also higher performing hospitals financially.** Those that are rated “excellent” on patient experience outperformed lower ranking hospitals by a margin of 4.7 percent, on average. (Betts, David, Andreea Balan-Cohen, Maulesh Shukla, and Navneet Kuma. “The Value of Patient experience: Hospitals with Better Patient-Reported Experience Perform Better Financially.” Washington, DC: Deloitte Center for Health Solutions, 2016.)
  - Increased errors will decrease value-based purchasing and pay-for-performance revenue.
  - If compassion moves the needle just a little bit on medical errors, the economic impact could be substantial. (*Compassionomics* pg. 231)
- **Clinician compassion was associated with lower odds of committing a major medical error in the next three months.** (*Compassionomics*, pg. 168)
  - **Three times the number of patients value human connection and caring from their clinical more than the prestige of the institution where the physician was trained.** (*Compassionomics*, pg. 222)
    - The top three suggestions for improving health care were: more doctors who listen (85 percent), doctors who are caring and compassionate (71 percent), and doctors who explain well (69 percent). The doctor-patient relationship was at the very heart of their answers. **People’s perceptions of health care are all about relationships.** (*Compassionomics*, pg. 223)
  - **A compassion culture cuts employee absences.** The emotional culture of the health care facility had a strong association with how employees treated their patients, the patients’ experience, and even patient outcomes. As you might anticipate, employees were not able to effectively show compassion to their patients if they didn’t experience it in their work environment themselves. (*Compassionomics*, pg. 236)
  - **Compassion lowers malpractice costs.** A perceived lack of caring – rather than negligence– is frequently what gets a doctor sued. In general, patients and families decided to litigate because they perceived their doctors didn’t care. (Beckman, H. B., K. M. Markakis, A. L. Suchman, and R. M. Frankel. “The Doctor-Patient Relationship and Malpractice. Lesions from Plaintiff Depositions.” *Archives of Internal Medicine* 154, no. 12 (June 27, 1994): 1365-70.
    - In summary, a take-home message for health care providers: When patients suffer bad outcomes, whether or not you get sued may not be based on how you treated patients (i.e., the technical aspects) but rather how you **took care** of them. (*Compassionomics*, pg. 246)
  - **Research shows if health care providers consistently demonstrate compassion, patients are more likely to believe they know what they are doing.** If you consistently demonstrate compassionate behaviors (both verbal and non-verbal

communications) for your clients, they are more likely to believe that you know what you are doing. These data support that compassion and competence — at least the perception of competence — just go together naturally. But is it just perception, or is the quality of care **actually** better? (*Compassionomics*, pg. 189)

- Multiple studies show compassion communicates competence. (*Compassionomics*, pg. 228)
- **The emotional culture of the health care facility had a strong association with how employees treated their patients, the patients' experience, and even patient outcomes.** (*Compassionomics*, pg. 237)

### **\*What does compassion look like in your practice?\***

- **Compassionate touch** from a supportive other can lower the receiver's blood pressure.
  - Recently KR was involved in a euthanasia for a client and patient we have been seeing for over 13 years. After the peaceful passing of the patient, Dr. Reese asked if she could give the client a hug, to which he said yes. After a longer than normal client hug (initiated by the client), the client told Dr. Reese that was the first time he had been touched by another human for over 10 years. (Personal anecdote)
  - Compassionate "touch" does not always need to be taken literally, nor is it appropriate for all clients. "Touch" can look like: "May I get the door for you?" "Do you need help getting your pet into the car?" "Let me walk you to the front desk so my receptionist can finish helping you." "Can I give you some helpful hints to make the medication process easier?" etc.
  - "(Compassion is)...one of the impulses that nature has implanted in us to do what our duty alone may not accomplish." –Immanuel Kant
  - From a physician being treated for cancer: "*In my new role as a patient, I have learned that medicine is not merely about performing tests or surgeries or administering drugs. These functions, important as they are, are just the beginning. For as skilled and knowledgeable as my caregivers are, what matters most is that they have empathized with me in a way that gives me hope and makes me feel like a human being, not just an illness. Again and again, I have been touched by the smallest kind gestures...a squeeze of my hand, a gentle touch, a reassuring word. In some ways, these quiet acts of humanity have been more healing than the high-dose radiation and chemotherapy that hold the hope of a cure.*" (*Compassionomics*, pg.122)
  - 'In late 2018 *The New York Times Magazine* reported on a group of scientists whose research suggests that responsiveness to placebos, rather than a mere

trick of the mind, can be traced to a complex series of measurable physiological reactions in the body; certain genetic makeups in patients even correlate with greater placebo response. Ted Kaptchuk, a Harvard Medical School professor and one of the lead researchers, theorizes that the placebo effect is, in the words of the *Times* article, “a biological response to an act of caring; that somehow the encounter itself calls forth healing and that the more intense and focused it is, the more healing it evokes.” To note that touch-based healing therapies...simulate the most archetypal care gestures is hardly a revelation. Several scientists I interviewed about this work ...mentioned the way their mother would lay a hand on their head when they had a fever or kiss a scraped knee and make the pain go away. It is not hard to imagine that a hospital patient awaiting surgery or chemotherapy might feel relieved, in that hectic and stressful setting, to have someone place a hand gently and unhurriedly where the hurt of the fear is with the intention of alleviating any suffering. That this increased calm might translate into lowered blood pressure or abated pain, anxiety, or bleeding...seems logical too. But medicine...is less successful at recognizing the way that emotion, trauma, and subjective experience can drive physical health- and the way that they can affect recovery from acute medical care. “ (Jordan Kisner. *Reiki can't possibly work. So why does it?* *The Atlantic* April 2020 issue)

- **Compassion for others is not just what you say.**
  - Among these studies, one stands out from the crowd in both scientific rigor and wow factor...and was a collaborative effort between researchers at Harvard and Stanford Universities. In it they studied non-verbal communication between physical therapists and their elderly patients... Here's what they found after analyzing the data: Non-verbal “immediacy” (e.g., leaning in toward the patient less interpersonal distance, making direct eye contact, and facial expressiveness, such as smiling and nodding) had a significant association with better patient functional outcomes on both physical and cognitive functions. Likewise, non-verbal “distancing” behaviors (e.g., keeping at a distance, looking away, no eye contact, and lack of facial expressiveness) by the therapists were associated with worse physical and cognitive functioning in the elderly patients. [I think this is transferable to our elderly clients]. (Ambady, Nalini, Jasook Koo, Robert Rosenthal, and Carol H. Winograd. “Physical Therapists’ Nonverbal Communication Predicts Geriatric Patients’ Health Outcomes.” *Psychology and Aging* 17, no. 3 (September 2002): 443-83.)
  
- **Sometimes taking the time to communicate better is the greatest act of compassion that a health care provider can give.** (*Compassionomics*, p. 120).
  - Instead of asking, “Do you understand?” (which can feel shame based and/or condescending depending on the situation and the client), try asking more inviting and open-ended questions like, “What questions do you have?” “What

can I explain in more detail?” “Is there information you would like me to explain differently?” etc. [KR personal experience]

- **Depersonalization prevents compassion.** Although depersonalization is not the opposite of compassion, it **prevents** compassion. Research on depersonalization comes from the studies on burnout in the helping professions, including health care providers. **Depersonalization occurs when health care providers don't really care about patients, think of patients as objects, or have become callous or hardened to patients' needs.** (*Compassionomics*, pg. 164-165)
  - Objectifying patients as “the parvo dog” instead of Mrs. Jones’ reason to get out of bed in the morning keeps us thinking of only the patients’ needs instead of what the patient means to the client.
  - **Stories matter.** Empathy: The Human Connection to Patient Care (Cleveland Clinic video) [https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8)
- Compassion for clients not only makes a health care provider more likely to ask their clients what their greatest worry is, but also makes them more willing to **listen**. Part of caring deeply about clients is letting them tell their story. (*Compassionomics*, pg. 191)
  - **“Space nuggets”**- give clients uninterrupted “space” to tell their story and you will often get these wonderful “nuggets” of history or emotional well being that will help you connect with your client, understand what their worry is (sometimes it is not related to the presenting complaint), or give you your actual diagnosis. [KR mental imagery]
  - Sir William Osler, who is one of the most famous physician scientists in the history of medicine, once said, “Listen to your patient (client); he is telling you the diagnosis.” Health care providers who listen intently to what patients are saying are likely to get the necessary information. Those who do not listen intently to clients are prone to errors, both in making the diagnosis and in making clinical judgements. **This appears to be a two way street.** When clinicians have high compassion for patients (clients), but patients (clients) are also more willing to listen to the clinician. Research shows that compassionate care from a physician is associated with more accurate patient recall of the medical information communicated by the clinician (vanOsch, Mara, Milou Sep, Liesbeth M. van Vliet, Sandra van Dulmen, and Jozien M. Bensing. “Reducing Patients' Anxiety and Uncertainty, and Improving Recall in Bad News Consultations.” *Health Psychology* 33, no.11 (November, 2014): 1382-90 and Sep, Milous S C., Mara van Osch, Liesbeth M. van Vliet, Ellen M. A. Smets, and Jozien M. Bensing. “The Power of Clinician's Affective Communication: How Reassurance about Non-Abandonment Can Reduce Patients' Psychological Arousal and INcrease Information Recall in Bad News Consultations. An Experimental Study Using Analogue Patients.” *Pateint Education and Counseling* 95, no. 1 (April, 2014): 45-52.)
  - **Compassion also enhances patient trust in a way that facilitates patient disclosure in the medical interview.**

- **The inability to listen attentively signals a lack of compassion and caring about the patient/client.**
  - **Health care consumers view health care first and foremost as a personal interaction and not just a medical transaction.**
  - **Compassion accounted for 65 percent of the variation in how patients rated their satisfaction with their health care provider.**
- **The power of 40 seconds. Forty seconds of compassion is all you need to make a meaningful difference for a patient.**
    - *“Be kind whenever possible. It is always possible” –Dalai Lama*
    - Researchers found that 56 percent of clinicians believe they do not have time to treat patients with compassion. How much time does it really take?
    - **Partnering statements:** “Whatever we do, and however that develops, we will continue to take good care of you.” “We will be with you all the way.” “We will do and will continue to do, our very best for you.” “Whatever happens, we will never abandon you. You are not facing this on your own.” “Together, we will have a careful look at decisions you have to make and will keep a close eye on your concerns.”
    - **What about endless concerns and questions?** Compassionate opportunity-response communication sequences take about **30 seconds**.
    - What researchers found is that the compassion-trained clinicians did **not** spend significantly more time with patients. It was slightly longer, but the difference was so small that it was not statistically significant. Compared to a control group that did not get any special training, the clinic visits with the compassion-trained physicians were, on average, only **54 seconds** longer. Lower emotional distress for six whole months from just 54 seconds of extra care? That’s a lot of mileage from less than one minute of compassion! (*Compassionomics* pg. 256)
    - **The research is quite clear that giving time actually gives you time.**
  - **The scientific literature clearly shows that compassionate behaviors can be learned.** Dr. Brene Brown reminds us that “Compassion...is a commitment. It’s not something we have or we don’t have – it’s something we choose to practice.” The emotional labor of choosing to be compassionate should not be trivialized as “faking it”. **Buddhist monks become “outliers” in compassion, not only in the time they spend training in compassion, but also how this training changes their brain function** (as evidenced by fMRI and EEG results). (*Compassionomics* pg. 271)
    - **Compassion makes you a better healer. Period.**
    - In **80 percent** of the most scientifically rigorous published studies, compassion training successfully increased clinician compassion. (*Compassionomics* pg. 276)
    - A person’s **mindset** powerfully affects whether they exert effort to be compassionate when it is needed most. Science shows that health care providers have to **want to** get better at compassion– it cannot be mandated. (*Compassionomics* pp. 279-280)

- “Those who see ‘life’ as everything outside of work, necessitating ‘balance’ implicitly assume that when you are at work, you’re not fully alive, a sad state of affairs for those of us who are in a profession that is capable of providing such deep rewards (and that takes up so much of our existence). **We need to redefine “work/life balance” as having a metric for finding joy at work as well as joy outside of work.**” (*Attending: Medicine, Mindfulness, and Humanity* @2017- Ronald Epstein, MD)
- **How 40 Seconds of Compassion Could Save a Life | Stephen Trzeciak | TEDxPenn**  
[https://www.youtube.com/watch?v=eIW69hyPUuI&list=PLsRNoUx8w3rMocV8wO6wepyZ0QqB\\_hQes&index=8](https://www.youtube.com/watch?v=eIW69hyPUuI&list=PLsRNoUx8w3rMocV8wO6wepyZ0QqB_hQes&index=8)
- **How Do You Cure a Compassion Crisis?**  
<https://freakonomics.com/podcast/how-do-you-cure-a-compassion-crisis-ep-444/>

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