



## Caring and compassion in 2016

Francine Lemire MD CM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

A while ago I spoke with my 97-year-old mother about the care she is receiving in the long-term supported living arrangement in which she resides. She is very frail, and has had many ups and (more) downs over the past 3 years. She describes good care experiences, as her providers not only address her needs but also anticipate them. Think of health care experiences you or your loved ones have had. Situations in which I have felt well cared for include when the right decisions were made; I felt involved and engaged in the decision making; the context of my life was taken into account; and care was delivered in a timely manner, even though there might have been some waiting. Compare this to situations in which the right decisions might have been made but our care experiences seemed less than satisfactory for reasons that appear to reflect a lack of caring (breakdown in communication, transition issues, unacceptable wait). What should compassionate care look like in 2016?

The CFPC and its Research and Education Foundation are pleased to partner with Associated Medical Services (AMS) to provide \$20 000 a year for 3 years to support grants aimed at articulating what caring and compassion could or should look like in Patient's Medical Home models of care. The AMS CEO, Ms Gail Paech, and project lead, Dr Brian Hodges, have championed this theme through the AMS Phoenix Project initiative, which focuses on

... person-centred care in response to the growing evidence suggesting that medical, nursing students and other health professional[s], working in high-pressure clinical environments, experience culture shock trying to balance the demands of applying their scientific knowledge with the desire to care for their patients in a humane and compassionate way. This disconnect is one factor that can lead to confusion, unsafe patient care, and high levels of work-related stress.<sup>1</sup>

During 2 plenary addresses in November 2015,<sup>2,3</sup> Hodges asked attendees to think about whether there really was a future for the medical profession. Consider the evolution of technology and its role in diagnosis and treatment: it is conceivable that, in time, robots might take over many of our traditional roles such as formulating diagnoses and undertaking treatments, including complex surgeries.<sup>4</sup> Hodges stated that technological

advances, although remarkable and helpful in many ways, are resulting in the "objectification of the person" and that this, in turn, presents challenges for the delivery of compassionate care. What these technologies cannot simulate or substitute is human-to-human connection.

Hodges argued that all of us, clinicians and educators, need to develop and become more deliberate about compassion. He explained that compassion should be viewed as a behaviour that can be learned, a competence that can (and must) be assessed, a value that can be inferred, and, finally, a resource that can be depleted. We need to pay attention to the rampant burnout in our learners, as well as in ourselves, as compassionate care cannot be delivered by professionals who feel spent emotionally. Hodges' arguments demonstrated that without compassion, there is no health care.

In her keynote address at the 2015 Family Medicine Forum, Sister Elizabeth Davis also discussed the importance of caring and compassion.<sup>5</sup> Here are just some of the challenging questions she asked family physicians to consider: In what language do I speak to people? To my patients? How are my decisions different when I listen to my patient or my patient's loved ones?

The theme of caring and compassion is also always present during CFPC committee and working group meetings. We need to care about each other and nurture healthy and sustained professional relationships. Without this, patient care will suffer.

I have 2 tips for you that were shared with me during conversations on caring and compassion. Allow appropriate touch with your patients: it is such a powerful tool to connect and to show human presence. Pick up the telephone or arrange face-to-face meetings: there is no e-mail or written communication that will substitute for a live synchronous conversation with a patient or a colleague about a patient one is worried about.

I welcome your comments and feedback on this column or any other topic that you want to discuss. Happy New Year!

### Acknowledgment

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### References

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Cet article se trouve aussi en français à la page 95.