

Who Cares?

What Really Matters in Health Care

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Most health care professionals readily admit that they are hard-pressed to provide quality-driven, patient-centered care in the current climate of health care reform and cost cutting. Increased administration and control tasks are severely cutting into the time devoted to the actual care of the patient. What looks good on paper doesn't always work well in practice, that much may be clear. But what is not good from any perspective is when the care that is provided is devoid of *caring*. The affordability of health care must be ensured - but so too must the integrity of the most basic value underpinning the entire health care system.

Health care providers should not merely provide care, they should themselves care, at a very personal level, about the welfare of the person, group or organization they are serving. Without this, health care is reduced to a commodity, a product that is delivered rather than a service that is provided.

Can care be bought, managed, appropriated? Yes, that is what managed health care is all about. But can *caring* be taught, developed and resourced? Yes, but not unless health care educators and administrators recognize the value of caring, compassion, empathy, altruism and the desire to help others, incorporating this into their curriculum and HRD policies.

Caring should not be viewed as an 'extracurricular activity'. Good teaching, like good caring, responds to the needs of the student. When the student becomes a professional care provider, they need to know how to respond to the needs of the patient in an appropriate and effective manner. When patients are not just cared *for* but cared *about*, their sense of well-being improves. Why? Because they have been well-served. Both as a patient and as a person.

Organizations that do not recognize the value of their most important resource - human capital - become vulnerable to organizational distress and declining performance. Investment in the training and development of personnel is a key indicator of an organization's health and growth capability. Without this, human capital diminishes. 'Saving costs' by cutting into the education and training budget is a very expensive mistake. No organization, however healthy in terms of structural capital, can afford to make this mistake. This is bad economics. And like bad surgery, the recovery rate is poor if at all.

It is a paradox and a dilemma of our times, that health service organizations are often themselves not healthy. If an organization cannot care for itself properly, how can it provide effective care to others? And if an organization doesn't care to the degree it should about the welfare of its personnel, how can employees be expected to care about the state of the organization's health? Health care administrators have their hands tied implementing all the new legislation. And health care providers have their hands full providing care where it is needed most. What is required, besides caring, than can make a real difference here?

Compassion goes hand in hand with caring, or at least it should. To be effective, a health care provider needs to reach out with both hands to get the job done. But to do it well, they need to reach out with both caring *and* compassion. What is compassion, precisely? In an article published by the Association for Psychological Science, compassion is defined as "the emotional state of caring for people who are suffering in a way that motivates altruistic behavior".¹ Put simply, the plight of another moves us to do something about this. We want to help alleviate their pain, suffering or distress.

Research into compassion indicates that compassion isn't something a person is born with or not. The ability to respond to other people's suffering with caring and the desire to help can be cultivated. And the benefits are not limited to those receiving the help. Caring is fundamental to our *own* health and well-being. The quality of our relationships is also strongly influenced by this.

What are some of these benefits? Why, if not for the sake of others, should we cultivate compassion in ourselves? To start off with, being compassionate just makes good sense, both from a humanitarian and a practical, economic perspective. It builds trust and helps create a collaborative health care relationship. This ensures that the right choices regarding treatment are made, leading in turn to greater patient compliance and more cost-effective outcomes. This sequence can be charted as: **Compassion ► Collaboration ► Choice ► Compliance ► Cost**. These five **C**'s might be viewed as a 'high five' between partners in health care relationships.

Compassion doesn't just make good sense, it makes us feel good as well. Compassion activates and strengthens pleasure circuits in the brain, leading to lasting increases in happiness. Neuroscientific research has confirmed this. It has also been proven that compassion influences other physiological processes affecting our sense of well-being, producing an improved stress response and a strengthened immune system. It also makes us resistant to depression and a myriad of psychosomatic illnesses. We even become better partners, parents, friends and colleagues because of this! More significant still, a leading researcher reports that "Many scientists believe that compassion may even be vital to the survival of our species".²

Is it good science to think of research into compassion as a 'soft science'? Or is it bad math to factor this into health care budgeting and administration? Not according to the Center for Compassion and Altruism Research and Education at the Stanford School of Medicine. They conduct and promote scientific inquiry into the role of compassion, altruism and empathy in the fields of health care, business and also society as a whole. CCARE is directed by Dr. James Doty, a Clinical Professor of Neurosurgery at the Stanford School of Medicine. His center collaborates with pre-eminent researchers in neuroscience, behavioural science, genetics and biomedicine to provide both good science *and* good math for health care educators, providers and administrators.³

¹ <http://www.psychologicalscience.org/index.php/news/releases/compassion-training.html>

² For a science and evidence-based overview of the positive effects of compassion, see:

http://greatergood.berkeley.edu/topic/compassion/definition#why_practice

See also: "Effects of Compassion Training on Physiological Processes Relevant to Health and Emotional Well Being" by Charles L. Raison, M.D., listed under Recommended Resources below.

³ <http://ccare.stanford.edu/about/mission-vision/>

For an article on the application of Stanford's compassion training program in health care, see:

http://greatergood.berkeley.edu/article/item/sustaining_compassion_in_health_care

And they are not the only ones. The Greater Good Science Center at the University of California, Berkeley, develops and provides effective models for integrating good theory with good practice. In their own words: "The GGSC is unique in its commitment to both science and practice: not only do we sponsor groundbreaking scientific research into social and emotional well-being, we help people apply this research to their personal and professional lives. Since 2001, we have been at the fore of a new scientific movement to explore the roots of happy and compassionate individuals, strong social bonds, and altruistic behavior - the science of a meaningful life. And we have been without peer in our award-winning efforts to translate and disseminate this science to the public." ⁴

Dacher Keltner is Director of the Greater Good Science Center and Professor of Psychology at UC Berkeley. He is the author of "Born to Be Good: The Science of a Meaningful Life" (Norton, 2009) and co-editor of "The Compassionate Instinct: The Science of Human Goodness" (Norton, 2010). In an article published in 2004, Keltner makes a convincing argument for cultivating compassion. Although there is a biological basis for compassion in the brain and body, our environments influence the degree to which this is developed and experienced in our interactions with others. Nature, or nurture? Both, as studies reveal. Cultivating compassion as a mind-set becomes part of our skill-set for achieving individual, relational and social well-being. ⁵

How about work? Are caring and compassion 'soft skills' that have no place in a workplace that emphasizes efficiency, productivity and focused effort? If there is anything we should be focusing our efforts on, in any industry but especially the health care industry, it is the *quality* of the service we are providing. It is too simple to say that caring about what we do guarantees superior service. Without proper planning, organization and management, the service that is offered may never become the service that is provided. A package has to be actually delivered before a transaction is complete. But just as important: *how* is it delivered?

Wouldn't you rather receive a parcel from a smiling postman who says "Good Day" to you, than from a stressed-out postal services employee who hasn't got the time of day for you? Both employers and employees in the health care services need to care about not only what they do and how they do it, but also about who they do it for. Their parcel just might contain a donor organ.

Care *works*... when providers *care*. It's that simple. And when providers care less than they should about the quality of their service, then there's little left to manage except timetables, budgets and balance sheets. The *person* being served has become reduced to an end user, a recipient of a product being delivered. No wonder the word "patient" has come under discussion, with terms like "client", "service user" or even "consumer" being suggested as substitutes. How can a patient be... *patient* with all the reforms taking place in the health care system, not knowing if the care they require will be provided or not? Or if the quality of the service provided will be sub-standard or not? Is their burden of suffering not aggravated by these uncertainties? (The Latin root of the word "patient" means "suffering".)

⁴ <http://greatergood.berkeley.edu/about>

⁵ http://greatergood.berkeley.edu/article/item/the_compassionate_instinct

A problem doesn't get solved by giving it another name. A patient is a person who is suffering and needs help. No semantics here. If the managed care system is unable to provide the help that is required or the quality that can be reasonably expected, then the patient has every right to be *impatient* with the organizations or insurance companies that are failing to meet their needs. You *provide*... or you don't. And you *care*... or you don't. Let's not mince words here.

When a patient is regarded as an end user, their suffering becomes depersonalized. The person is now out of the equation - and so is the caring that can help relieve their suffering. Depersonalization, when it occurs within the health care system, is a distortion of the basic principles of health care. And as occurs in any industry, when distorted information from one end of a supply chain is transferred to the other, the results are rampant waste and inefficiency. The whole system eventually becomes depersonalized because of this.

When a patient is given a different name, so too is a health care administrator. They become a glorified bookkeeper - and in some cases a bad one at that. When nursing home orderlies were mandated years ago to stop washing patients because of the "time-cost factor" and use waterless cleaning wipes instead, it turned out that the only parties profiting from this new policy were the wipe suppliers. They charged exorbitant prices for this product - something that could be purchased at the local drugstore for a fraction of the cost. This is bad bookkeeping. Worse, this is bad caregiving. Ill-fated cost cutting measures such as these are extremely debilitating to an industry that is struggling to reinvent itself and improve its PR image.

What is managed, when the welfare of the patient is no longer the guiding principle or primary goal? Does health care become a product that is delivered efficiently or not? Ask your elderly neighbour, who is waiting "patiently" or not, for the home care worker to arrive, or not. This woman cannot go to the bathroom unassisted, let alone dress herself or prepare a meal. Her husband died years ago and she lives alone. And the children? Well, they all have their own lives to live. Don't they care? Yes, they care. But they cannot *provide* the care their mother needs.

That's where the home care worker comes in - or doesn't, depending on the current legislation and cutbacks. And while policy makers, the movers and shakers in the health care industry, are debating their options, the only option this "end user" has is... to wet herself while she waits.

This author cares - and you should too. And not just out of altruism or sympathy for the needy, the disabled or elderly in our communities. This may be *you* or *me* in the not too distant future. Time is running out, and we've got to get it right - now and not later.

Maybe it's too late for your elderly neighbour to improve her situation. But it's not too late for you and me to do something about this. And maybe we're both too busy to go over and lend a hand ourselves because we've got lives of our own, right? But do we care enough both as individuals and as a society to ensure that she gets the help she needs? *Who cares, if not us?*

Buddhists pray for enlightenment - not for themselves, but for others. In Tibet, they pray most especially for their neighbours, who happen to be very bad ones. Is this altruism? No, this is pragmatism at its best. If the Chinese soldiers who invaded their country can be helped to develop a sense of humanity, then this is going to save a lot of Tibetans their lives, quite literally. Most of us would rather be alive and struggling than dead and enlightened.

Christians aspire to "love your neighbour as you love yourself". This is enlightenment at its best. But how can this be made to *work*, when many Christians practice their faith just one hour a week, on Sundays? And when most people's understanding of self-love is confused with selfishness and narcissism? "Please *don't* love me the way you love yourself!", we would exclaim if we realized how little compassion or true self-love our neighbours may actually have.

Even if your neighbour's neighbour - that's you and me - consider ourselves to be happy, well-adjusted, sociable, etc., *so too was that other neighbour*, the elderly disabled woman, in the not too distant past. But who's caring for her now? Do we even *know* that she needs care, and if she is getting it or not?

In conclusion, as the health care system faces the major challenge of ensuring its viability as an industry subject to cost control and public scrutiny, so too must health care providers ensure that the values their profession is based upon do not become marginalized or discounted in the process. When health care providers lose sight of their most fundamental reasons for wanting to help others, they lose touch with their ability to receive fulfillment and a sense of purpose from the work they do. And: they lose touch with those who come to them for help.

What is it that *really matters* in the field of health care? What is the difference that truly makes the difference in our efforts as health care providers to help alleviate pain and suffering in others? *Caring*. And also: *compassion*. Caring prevents us from slipping into indifference, insufficiency and ineffectivity in the care that is provided. And compassion ensures that healthcare is made available to those who need it. By "widening our circle of compassion", as one great scientist and humanitarian put it, we extend the range of our caring to include those whose pain and suffering goes unnoticed. Compassion frees us from what Einstein calls an "optical delusion of consciousness".⁶

If we take the research findings of scientists seriously, we may conclude that caring for others, with compassion, is not merely something we should aspire to or adopt into our value system as a society. It is our evolutionary imperative as a species. Our very survival, as a growing number of scientists believe, may actually depend on it.

In closing, let us not forget this elderly woman, who may not be your neighbour but is someone's neighbour. Who lives just around the corner perhaps, or whom you pass by on your way to work. Is *she* receiving the help she needs?

Who cares, if not us?

⁶ "A human being is part of the whole called by us universe, a part limited in time and space. We experience ourselves, our thoughts and feelings, as something separate from the rest. A kind of optical delusion of consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from the prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. The true value of a human being is determined by the measure and the sense in which they have obtained liberation from the self. We shall require a substantially new manner of thinking if humanity is to survive".

Albert Einstein

Raymond Huisman is originally a trained and qualified psychotherapist. He received additional training in health counselling, psychoneuroimmunology, guided imagery and various therapeutic modalities. He subsequently developed and taught several behavioral medicine-based programs for therapists and other health care professionals.

Currently, Raymond works as a coach, trainer, supervisor and consultant. In addition to maintaining a private practice, he works in a variety of settings in the Netherlands and internationally. These include training centers, educational institutions and organizations in both public and private sectors.

He is the originator of Core-Oriented Coaching[®], an innovative and highly effective model he developed as a result of integrating diverse therapeutic and coaching modalities. He provides professional training in this and supervision for coaches, psychotherapists and other health care professionals.

An advocate of compassionate care, Raymond incorporates these principles in his coach training and supervision. He refers to this orientation in service provision as 'Caring from the Core'.

Raymond has been working in a professional capacity for more than 30 years with people from all walks of life and cultural backgrounds, helping them to empower themselves, achieve their goals and live to their fullest potential.

He can be contacted via e-mail at: info@getitright.nl or by telephone at: +31 (0)33 448 14 18
For more articles and information about his various programs and services, visit the website:
www.getitright.nl

Recommended Resources:

The Center for Compassion And Altruism Research And Education, Stanford School of Medicine:

- various articles and videos on scientific inquiry into altruism, compassion and service:

<http://ccare.stanford.edu/tag/ccare/>

- conference videos on the science of compassion, compassion-building interventions, etc.:

<http://ccare.stanford.edu/videos/the-science-of-compassion-origins-measures-and-interventions-erika-rosenberg-ph-d-2/>

<http://ccare.stanford.edu/videos/compassion-building-interventions-qa-2/>

- articles "Business and Compassion" by Dr. James R. Doty, Director and Founder at CCARE, Clinical Professor in the Department of Neurosurgery at Stanford University:

<http://ccare.stanford.edu/the-huffington-post/science-of-compassion-business-compassion-part-1/>
<http://ccare.stanford.edu/the-huffington-post/science-of-compassion-business-compassion-part-2/>

Compassion Cultivation Training, Stanford School of Medicine:

- information about the program, course details, etc.:

<http://ccare.stanford.edu/education/about-compassion-cultivation-training-cct/>
<http://ccare.stanford.edu/cct-details>

- article on the application of this training in health care:

http://greatergood.berkeley.edu/article/item/sustaining_compassion_in_health_care

The Greater Good Science Center, University of California, Berkeley:

- various articles and videos on compassion, mindfulness and compassion in health care, e.g.:

http://greatergood.berkeley.edu/topic/compassion/definition#what_is

http://greatergood.berkeley.edu/gg_live/science_meaningful_life_videos/speaker/robert_mcclure/mindfulness_compassion_in_health_care/

http://greatergood.berkeley.edu/article/item/sustaining_compassion_in_health_care

- article: "Building Empathy in Healthcare" by Dr. Helen Riess, Harvard Medical School:

http://greatergood.berkeley.edu/article/item/building_empathy_in_healthcare

- video series "The Science of a Meaningful Life":

http://greatergood.berkeley.edu/gg_live/science_meaningful_life_videos

Related Research:

"Effects of Compassion Training on Physiological Processes Relevant to Health and Emotional Well-Being" by Charles L. Raison, M.D., Associate Professor of Integrative Mental Health, University of Arizona, Tucson:

- video presentation: https://www.youtube.com/watch?v=34CKaGz_PmU
 - PowerPoint presentation: http://issuu.com/ccare/docs/raison_pdf
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