

A Compassionate Script

With stressors abounding of record-level hospital census, the opioid epidemic, flu season, the holiday rush and the day-to-day grind of showing up for work while also managing household IADLs, I hope to offer a little salve for burnout.

It is simply compassion, the root meaning of which is to suffer or feel (*-passion*) with (*com-*) another person, in this case, our patients and their families. A quick reminder as to what compassion is not¹:

- Pity or sympathy
- Kindness
- Benevolence
- Social justice

Compassion is much more *specific*, regarding a particular person's feelings about the present situation. It requires²:

- Imagination, as we put ourselves in another's circumstance.
- Intimacy, as we learn of the hardships of another.
- Honesty
- Time

Providers may suffer atrophy in these qualities as their medical education and careers progress. These are, however, precisely the items touted to be antidotes to burnout³, litigation⁴, and medical error⁵. How do we get them back into our lives, our patients' lives, manage the patient's care safely, and still make it home on time for dinner?

One possible answer of many: *fake it till you make it*. Use a script, perhaps this one:

- Sit down when you speak with a patient. Lean towards your patient.
- Ask your patients to tell you about themselves in an open-ended way: "Tell me about your family. Where are you from? How do you like to spend your free time?"
- Let them speak, without interruption, for at least 2 minutes.
- Find something you share in common with them, e.g. "I grew up in a small town as well..."
- Offer information about yourself, perhaps even revealing some of your own vulnerability. e.g. "I really miss my family around the holidays, too, especially since my parents died." Gentle humor can sometimes be appreciated
- After gathering the necessary history/information and performing your exam. Use supportive statements as the history is recounted, e.g. "Oh my, that sounds very scary." Summarize your thoughts on their case using plain language. If you have uncertainty about the diagnosis, tell them and explain why.
- As you are leaving, provide supportive statements, e.g. "I am with you"; "I hear you"; "Let's get you feeling better"; "You're not alone"; or "I'll be thinking about your care tonight."

These added minutes do take time, but the payouts include:

- A closer rapport with your patient, who will be more likely to divulge important information regarding symptoms.
- An enriching human interaction for both provider and patient
- A patient who feels both validated and cared for is more likely to comply with medical therapies.
- Better medical outcomes for patients and providers.

Whether it is second nature to you, or something that takes practice, compassionate interactions, just like apathy, can be infectious. Try to share them as much as you can.

¹ Pence, Gregory E. Can Compassion Be Taught? *Journal of Medical Ethics*. 1983, 9, 189-191.

² Pence, Gregory E. Can Compassion Be Taught? *Journal of Medical Ethics*. 1983, 9, 189-191.

³ Vallerand et al. On the Role of Passion for Work in Burnout: A Process Model. *Journal of Personality*. 2010, 78(1), 289-312.

⁴ Levinson, Wendy. Doctor-Patient Communication and Medical Malpractice: Implications for Pediatricians. *Pediatric Annals*. 1997, 26(3), 186-193.

⁵ Shanafelt et al. Burnout and Medical Errors Among American Surgeons. *Annals of Surgery*. 2010. 251(6), 995-1000.