MRAD 223 – Patient Care

Practical Ethics

Is Compassion a necessary component of health care?

What is compassion?

According to the Oxford English Dictionary compassion is: "***the feeling or emotion when a person is moved by the suffering or distress of another and by the desire to relieve it: pity that inclines one to spare or succor***"

This definition implies that compassion is principally a feeling, evoked by the suffering of another and characterized by pity. It literally means to "co-suffer" It is also a motivating emotion, inspiring the person who feels it, to attempt to relieve the suffering of the other. In psychological terms, it is accompanied by an "action tendency"

For those who argue that compassion is a necessary component of healthcare, one possibility could be that it is the motivating element of compassion that is important:

"That compassion is a necessary component of healthcare because it alerts the healthcare professional to patients' needs and moves them to attend to them."

Dr. Smajdor suggests, that many tasks can be performed competently in the absence of an **emotional** state of pity and a felt desire to alleviate the particular patient's suffering.

Example- *if we imagine a surgeon removing an appendix, it may be entirely appropriate for the surgeon to approach the procedure in a 1) practical and 2) mechanical way, as long as the surgeon's overall aim was to "succeed" in the procedure. The surgeon can provide an acceptable standard of care without being emotionally moved by the adverse situation of the patient on her operating table.*

Dr. Smajdor argues two main claims:

1. That compassion is not a necessary component of healthcare. That acceptable standards can be attained without it
2. That compassion can actually be dangerous for healthcare workers, possibly resulting in impaired standards of care.

Argument #1- Competency does not require compassion.

According to the report, Smajdor's main argument is "*The crucial tasks associated with healthcare can be carried out in the absence of compassion"*

For example: One can remove an appendix without caring about the person it is taken from, or empty a bedpan without caring about the patient who has filled it, or provide food without caring about the person who will eat it.

The first argument is about the successful completion of tasks. The suggestion seems to be that compassion is not necessary for successful task completion*: **a task can be performed just as competently in the absence of compassion.***

Argument #2- Detrimental effects of compassion

In relation to the second claim, compassion can actually be detrimental. Dr.Smajdor suggests that normal human being may have limited capacities for compassion and so to demand that they regularly exceed this capacity would be to require too much normatively and psychologically

She is reported as saying: "Unless we regard healthcare professional as saints, we cannot demand that they guarantee an unlimited flow of compassion for each patient" Indeed, it is not only unfair but dangerous to do so. She suggests that requiring compassion would put the healthcare professionals' mental health in danger, since those "Who feel compassion" may become "deeply distressed" if they witness poor care. For this reason, the compassionate healthcare worker may be at risk of suffering burnout, compassion fatigue, becoming desensitized, damaged and ultimately dangerous in the healthcare system. This argument moves to suggest that it is psychologically unsustainable and ultimately could lead to **adverse consequences** for those who were to attempt to sustain a continuous flow of compassion.

Mechanical vs. Caring healthcare tasks

It could be argued, however that there are *some healthcare tasks that require compassion in order for their "successful" execution-* in order for them to be carried out to an acceptable standard. The

washing of a patient may be one such example. This may be thought to be more than a mechanical task; one which requires the treatment of the patient as a person as well as a body. We can thus draw a distinction between **mechanistic** and **caring** healthcare tasks. Whist *mechanistic* healthcare tasks can be carried out to an acceptable standard without compassion, *caring* healthcare tasks must be accompanied by compassion.

However, whilst this distinction does seem to characterize some of the difference between various healthcare tasks, an **objector** could still ask whether we really mean to require that compassionate "***feeling***" to accompany caring tasks. An *involved emotional experience is not necessary for adequate care.* Whilst compassionate feeling may in fact often motivate and facilitate the delivery of adequate care, *emotional engagement with the patient and her situation does not seem to be necessary.*

Here we might draw a distinction between 1) *the emotional experience of pitying and truly caring about the particular patient and the 2) act of treating the patient as if one truly cares about her.* We might correspondingly draw a distinction between:

1) **Emotional** compassion (which involve genuine feeling)

2) **Performative** compassion which make the patient feel as though she is cared about as an individual, but does not necessarily involve genuine feeling on part of the healthcare professional.

Conclusion

The question of whether compassion is a necessary component of healthcare is a complex one. Its answer depends on:

1. *Role of healthcare provider*
2. *Particular task that is being carried out.*

In the wider discussions about the role of compassion in healthcare, it must be remembered *that lack of emotional compassion does not necessarily result in cruelty or incompetence* . Whilst many doctors and nursed and surgeons will care about their patients, they should not be expected to experience strong emotions toward them or their situations. Sensitivity to their individual needs and a caring manner is sufficient.

Further, any debate about the necessity of compassion needs to consider:

1) Practical realities of the working hours,
2) Other healthcare providers, what we can reasonably expect of them given these conditions.

> Capacities for attitudinal and performative compassion will naturally have limits. So, if we consider these modes of compassion necessary, we must ensure working conditions are such that healthcare professionals are always able to manifest these attitudes and manners of care.

Disclaimer: The opinions and views expressed are those of Hannah Maslen and Dr. Anna Smajdor

Reference: University of Oxford “Practical Ethics” written by Hannah Maslen addressing Dr. Anna Smajdor (University of Cambridge Ethics Professor) article regarding compassion and health care professionals.