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### Title

Compassion in medicine.

### Permalink

<https://escholarship.org/uc/item/97c8019t>

### Journal

Family Medicine, 46(7)

### ISSN

0742-3225

### Author

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### Publication Date

2014

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Peer reviewed



## Compassion in Medicine

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(Fam Med 2014;46(7):549-50.)

### Where does compassion come from?

*Take a moment to recall your earliest memory of kindness, a moment when someone comforted you as a child.*

In my case, I have a very warm, safe feeling of being carried in the arms of my father up the stairs and gently tucked into bed.

*Now imagine when this person who was kind to you experienced their first acts of kindness.*

This was most likely my father's mother, my grandmother Amaji, an illiterate woman from rural India, who was one of the kindest people I knew as I was growing up.

*Now, even though you did not know them, imagine the kindness that may have been exchanged by your great and great-great grandparents and ancestors stretching back to the beginning of life as we know it.*

We can only begin to imagine the billions of acts of kindness that have drawn people, families, and communities together across time.

Kindness and compassion bind us together as social animals. Without family and communities, few of us would be able to survive.

While all humans have the capacity for compassion, and many other animals demonstrate acts of selflessness and concern for others, we also

know that kindness is a learned skill that is more likely to flourish under favorable conditions.

### How does compassion feel in medicine?

*A story from practice*

One day when I was working in my clinic in rural Belleville, WI, I received a phone call from the hospital. The hospital attending physician asked if I would be willing to accept a new patient, a farmer whose home was close to my clinic. Sidney—that's how he wanted me to address him—was 82 years old and ready to be discharged after treatment for congestive heart failure. Prior to this admission he hadn't seen a doctor for more than 40 years.

Sidney came to see me early the next Friday. He was a big burly man with a great smile, wearing overalls, and exuding the faint sweet smell of cow manure. He walked slowly with the help of two canes and immediately let me know he didn't like spending time with doctors or at the hospital. He preferred spending time on his farm.

His records described severe trivalvular heart disease and renal insufficiency. He was not a surgical candidate. Examination revealed tell-tale heart murmurs and pulmonary rales, an inguinal hernia that extended to his mid-thigh, severe degenerative joint disease that made it difficult for him to walk, and

pronounced edema of the lower extremities. I would likely have very little to offer Sidney in regards to these severe, interrelated, and incurable problems.

Over the next few months when Sidney came to the clinic, I carefully adjusted his diuretics and blood pressure medicines and checked his labs. One day he shared that it was increasingly difficult for him to make it to the clinic. His farm was not far off of my route home so I offered to come to his place for our next visit.

When I arrived at the farm one late summer day, I found a beautiful, well-kept home, barn, fields, rolling hills, and a steep stone bluff behind the house. Nobody answered the door, so I walked around to the back to find a breathtaking flower garden covering the entire side of the bluff. I noticed some movement and found it was Sidney crawling up and down the hillside by holding onto big chains so he could tend his flowers. He asked me to wait a moment, crawled to the side of the hill, flipped a switch and activated a spectacular waterfall that he had created using farm troughs and pumps. I was stunned by the beauty and amazed that Sydney could tend

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such a garden in his condition. I'm also crazy about growing flowers.

This was the first of many of my visits to Sidney's farm. We shared stories and exchanged flowers as I did my best to care for him. On our last visit, I noticed Sidney was more breathless, edematous and in more severe failure. I asked if I could admit him to the hospital. He answered, "No. In the hospital, I'm a nobody. Here, at home, I'm a king! Let me die a king."

Sidney died at home, quietly, the next week. His wife said he collapsed as he was getting up to tend his flowers. Subsequently I became the doctor for Sydney's wife and other family members, but that is another story for another time.

I still have some of Sidney's flowers growing in my garden as a reminder that when we give to others, we receive great gifts in return.

### Why does compassion matter?

Physicians are routinely expected to ease human suffering.<sup>1</sup> Compassion, literally "to suffer with," combines empathy—the ability to understand the feelings of another—with the desire to actively alleviate that suffering. Compassion engenders trust. Trust is essential for the development of therapeutic relationships.<sup>2</sup>

Compassion combined with biomedical knowledge and clinical skills helps doctors to be more effective and helps patients heal.<sup>3</sup>

Recent studies confirm that compassion has biological and evolutionary roots and is adaptive and central to human well-being.<sup>4</sup> Compassionate behavior triggers positive neural and physiologic feedback loops that bring pleasure and enhance one's capacity to approach and soothe others.<sup>5</sup> When doctors demonstrate compassion as they work to ease the suffering of others, they receive positive benefits and an enhanced sense of purpose in their own lives.

In caring for Sydney, while I was not able to cure his diseases, I was able to listen, to acknowledge and ease his suffering, to express sympathy, respect, and warmth to celebrate his strengths; to honor his wishes, and to support his family as they grieved his loss. While I also still miss Sydney, this experience continues to provide me with a deep sense of satisfaction.

Family physicians are uniquely poised to give and receive compassion across generations with individuals, families, and communities. We are links in an unbroken chain of compassion that stretches back to the beginning of life. This chain

also stretches forward far beyond the time we can even imagine. May we continue to celebrate our roles as vessels of compassion and appreciate that we are pieces of the rich fabric that binds the human family.

**ACKNOWLEDGMENTS:** This essay is a modification of remarks delivered to University of Wisconsin medical students who were inducted into the Gold Humanism Society and on the occasion of my selection for the Leonard B. Tow Award for Humanism in Medicine in September 2013. I extend thanks to Bill Ventres, MD, and Lee Frederick for their review and feedback on the manuscript.

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### References

1. Cassel EJ. The nature of suffering and the goals of medicine. *N Engl J Med* 1982;306(11):639-45.
2. Siegel DJ. *The developing mind, second edition: how relationships and the brain interact to shape who we are*. New York: Guilford Press, 2012.
3. Epstein R. Mindful practice. *JAMA* 1999;282(9):833-9.
4. Hanson R. *Just one thing: developing a Buddha brain one simple practice at a time*. Oakland, CA: New Harbinger Publications, 2011.
5. Keltner D. *Born to be good: the science of a meaningful life*. New York: W.W. Norton & Co, 2009.