



RESEARCH ARTICLE

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Primum Non Nocere Orbis Non Sufficit: First Do No Harm Isn't Enough.

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Introduction

COVID has impacted the world in an unprecedented fashion in modern medicine. Perhaps its most underrated impact lays in its effect on compassion. Empathy is the feeling of understanding someone else, whereas compassion is the emotional response to that feeling involving an authentic desire to help. Empathy is feeling, compassion is acting. Empathy activates the pain centers in the brain whereas compassion activates the reward center increasing both dopamine and endogenous endorphins [1].

COVID and compassion

COVID has led to unprecedented self-isolation and financial impact. Loneliness activates similar dysregulated homeostatic responses as does stress [1]. We live in a time of increased stress and loneliness, where in compassion is needed more than ever. Already lacking, compassion faces new obstacles including virtual consultations, masks, eye protection and physical distancing.

The effects of stress and loneliness on the human body are irrefutable. Emotional distress and loneliness activate the amygdala correlating with increased pro-inflammatory cytokines, increased cortisol and the activation of the sympathetic nervous system. Stress is a prominent factor in various psychiatric disease, but it also increases the risk of various cardiovascular diseases, including stroke risk. It can literally cause a heartbreak as in the potentially life-threatening condition of Takotsubo cardiomyopathy. Conversion disorders are another example of a neurological representation of an excess of psychological stressors straining the neural network. A lack of meaningful human relationships' detrimental impact surpasses obesity and hypertension, appearing on par with smoking and alcohol abuse as a risk factor [1]. Not only can those risks be offset, but compassion can tilt the scale the opposite way.

The compassion advantages

Compassion positively impacts psychological and physiological health, improves patient self-care and quality of care, reduces healthcare cost and improves physician satisfaction. Compassion decreases pain perception, including a reduction of migraine related disability, lowers blood pressure, promotes neuroplasticity and decreases functional impairments amongst other benefits [1]. Physicians with greater compassion skills

are considered 15% more competent than their colleagues independent of confounding variables including knowledge [1].

Compassion promotes self-care and adherence to treatment. It increases patient empowerment and knowing that someone cares is often enough to make them care. It helps build a trusting alliance and a sense of purpose which is strongly associated with treatment adherence [1]. It gives a sense of purpose in patients and physicians alike, which is an independent predictor of survival. The simple act of caring and listening decreases the need for unnecessary paraclinical tests and referrals. Patient centered care decreases healthcare utilization [2].

It is not glamorous to talk about healthcare costs because nobody wants to put a price on life. The truth is that resources are limited. Any amount of spent somewhere cannot be allocated elsewhere. In a world where 25 000 people die of famine every day, is it justified to order that MRI to reassure the patient, to multiply consults or to prescribe the expensive medication when all of it could have been better handled and prevented through compassion?

Emotional exhaustion, lack of personal accomplishment and depersonalization, or the inability to make human connections, appear to be the leading factors contributing to burnout. Depersonalization is strongly associated both with burnout and medical errors, which are increased by 45% in emotionally exhausted physicians [1]. Lack of compassion drives more lawsuits than does negligence. The treatment for depersonalization is compassion [1].

Despite those major benefits, we miss most opportunities to express compassion [1]. We need to get better.

Being better

We must take deliberate actions in improving compassion in healthcare and in everyday life. Although some are more naturally gifted, evidence shows that compassion is a skill that can be learned in anyone motivated. Even forced compassion is beneficial and better than no compassion. Just as I would argue that even people who donate money for the sole ego central purpose of boasting about it are altruistic because, although nobility of the gesture may be impacted, the consequence still results in good, the consequence of forced compassion also leads to good.

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The process by which we offer compassion has been influenced by COVID but the core value that underlies it hasn't. How do we overcome the obstacles put forth by COVID in order to optimize compassion? We must listen actively and be present for our patients, whether it is behind a mask or through the phone. We must show them that we care. We must stop interrupting them. Patients are interrupted after a median of 18-23 seconds even though it generally takes them under 1 minute to give precious information [3]. We must actively pay attention to non-verbal cues and answer them. We must maintain eye contact. We must seek to answer their fears. We must actively ask about the impact of their symptoms on their lives. We must communicate with our eyes. We must use humor when appropriate. We must adapt to the patients' needs. Because even through a phone, a mask and the distance, compassion lays more in the underlying process of genuinely caring than on anything else.

Odds are that the patient in front of us has been waiting for this appointment for months. If they leave without having had the opportunity to discuss their fears or worries, we have failed as physicians. We take care of people at their most vulnerable moments; we must make sure they know we are there for them. We need to have a patient-centered approach rather than a disease-focused approach. Patients aren't machines, they are humans with values, emotions and fears and we must be attentive to those.

Do we have time?

Most physicians believe they don't have time to treat patients with compassion. We always have time to care. It takes a mere average of 38 seconds of compassion to have a meaningful impact on the patient. 38 seconds to reap the benefits of compassion for months to come [4]. More often than not this 38 second investment will save time and significantly impact the outcome of the patients visit.

Everyone has 24 hours in their days. How some people seem to have more time than others is more about perception than absolute amount of time. The best way to increase our perception of time affluence is by spending time helping others. The positive emotions generated by helping others modulates our brains' perception of time, giving us a feeling of having more time rather than less [1].

High compassion prevents depression while increasing quality of life and sense of accomplishment preventing burnout. Remaining efficient and healthy saves time.

Take the time.

Conclusion

The benefits reeked from compassion are tri-directional, impacting the lives of the patients, the physician and the healthcare system.

Because the first do no harm oath doesn't justify inaction. Because when posing an action does better than harm, not doing it isn't just the absence of good, it becomes quite simply wrong. Compassion matters. Compassion is at the core of medicine. Compassion benefits everyone. We need to take deliberate action in continuing to make tomorrow better than yesterday and compassion is one of the strongest tools in our arsenals to do so.

Don't let the masks impede on your authentic desire to help patients and don't let COVID be an excuse to using compassion to make the world that much better every day.

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Statement of authorship

ML: concept idea, review of literature, acquisition of data and paper writing.

TB: revision of the manuscript.

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