

Compassion and Medicine

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Our patients, whose care and cure is main objective of our profession, have many complaints and grievances against doctors and medical profession. When we try to analyze, most of the complaints fall into four categories. 1. Management issue: like too much wait in medical offices or in our outdoors and poor response of our front desk management crew that can range from unanswered phone calls to appointment issues to failure to provide necessary information – medical or non-medical.

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Those issues are real but can be addressed by better management strategies. 2. Occasionally, there are issues related to professional proficiency and scientific competency but those are rare. First thing, the patient has no real means to know how good (or incompetent) his or her doctor is. Second, nature is there to help us and most of the patients get better despite the quality of treatment. 3. Most pervasive complaints are related to communication or actually lack of it. It is very common feeling that the patient has not been heard properly and the doctor has failed in communication both in quality and in details. That reminds me of the famous song of Tina Sani {Akhan cham cham wasian". One line says

ناتوں، وے اسیکیں رہ وچ دلاں گلاب اسید دلاں"
"ابیدس نا اسیسن". There is little emphasis on communication skills in our education and training and there is a general misbelief that professional competency and cure is our main concern and will compensate for our shortcomings in communication. 4. Compassion: With too much emphasis on cure, we forget care. Both cannot be separated. Under the spell of scientific knowledge and technological advances of modern era, we forget that the disease is affecting a person who has feelings and human concerns. He or she is not a case or a symptom that needs to be tackled. The patient does not just have pain, he has suffering. He is seeking answers to his concerns, fears and hopes, not just few scribbles on piece of paper in an unfamiliar language. Communication and compassion, though separate issues, are closely related, This editorial is about two questions: Can compassion be taught and what medical profession can do to improve its impression to the public from greed and aloofness to being compassionate and kind.

I asked a friend of mine whether we can teach compassion to our students and residents. "I don't know about compassion, but surely we can teach the opposite" he replied. And that is a common observation. A student who still has remnants of his premedical school ideals of helping the suffering humanity, after spending just six months in the ward as house physician, develops a total callousness and indifference to a suffering patient. Compassion in medicine may be defined as strong feeling of sympathy for people or animals who are suffering and a desire to help them. Compassion involves three main factors:

- **Noticing:** having an awareness of another's feelings and emotions
- **Feeling:** developing an emotional response to another's suffering and experiences
- **Responding:** being motivated to alleviate that suffering

Socrates and Protagoras discussed long ago whether virtues could be taught. Socrates appeared to argue that no body teaches virtues, while Protagoras argued that everyone teaches them. While focus of the medical profession is on teaching facts and figures and skills, it is assumed that compassion will be generally picked up by interacting with suffering patients. Also, it is assumed that the medical student becomes compassionate by observing senior physicians who treat their patients with compassion. Values are not learned like skills like playing violin or plating a tibia by observing a master proficient in certain technique or skill. They are imbued by the whole system or a social and professional network. The overall medical context in which students thrive or stagnate determines values including compassion towards suffering beings. The

existing systems do not reward compassion or its display as it does knowledge and skills. To inculcate compassion, it is important for the profession to emphasize -constantly- to students that the scientific medicine and compassion are not mutually exclusive, rather they are intimately related to each other in ultimate objectives. Compassion can indeed be taught if the system of medical education rewards this virtue alongside other medical virtues like factual knowledge and technical skills. Certainly, our doctor

will become a better doctor and our patients will be served more humanely.

بے دوا کا کھول کسیں اک ایہم نے بازار م
 دل کوئی نہ تعطی مقرر ہ جس کے اوقات
 یر کوئیں تالا بے نہ قبضہ نہ زنج جس م
 زان نہ باٹی نہ می جس م کی رخ نامہ بے کوئی
 ن ملتا بے اور نہ کی جس کا سودا بھ
 کہ ہر دروازہ کسیں یہ دوا کا بارہ دری
 صرف اندر کو کھلے بابِ محبت کی طرح