



Sir William Osler, at the bedside of a patient. Public Domain

# Remember the suffering

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**T**he historical medical service at the Johns Hopkins Hospital is named after Sir William Osler, who remains, more than a century later, one of the most influential figures in the history of medicine.<sup>1</sup> Among his many accomplishments, Osler set the standard for professionalism and compassion in medicine.<sup>2</sup> More than 50 years ago, I was a bit anxious as I started my first clinical rotation as a freshly scrubbed third-year student. On that long ago morning, another student and I, along with two interns and a senior resident, comprised the medical team pushing the wheeled cart bearing the patients' charts down the hall. Our first patient was a man in his 60s with inoperable lung cancer. The intern had brought his chest X-ray and held it up to the light for us to see. I didn't have to be a radiologist to appreciate the seriousness of the situation. We went into the patient's room, and the resident took the lead. The patient was semi-upright with an oxygen mask, and his breathing was slightly

labored. The room was otherwise unoccupied except for the patient's daughter who was sitting on the nearest chair available. The resident introduced himself and each member of the team. He spoke gently and respectfully to the patient as he asked if the medical team could briefly examine him. After finishing our examination, the resident did something that, with the hindsight of many years, was extraordinary.

## Medicine in the 21st century

In the intervening years, I have been privileged to observe and work with many wonderful, caring physicians; a unifying characteristic has been their compassion toward patients. While this cardinal attribute underlies the basis of the trust that society places in physicians, the forces that are changing medical practice in the 21st century are challenging this fundamental trust.

Today we do not just anticipate the future, we constantly experience it through startling scientific developments; by the continuing commodification of health care as a product; by the power of ubiquitous social media and streaming platforms; and by the growing existential threats to health. Rapid advances in artificial intelligence are emerging at the forefront of medical

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practice as humankind transitions from a print-based industrial society to a technology-based Internet society,<sup>3</sup> a fourth industrial revolution after steam, electricity, and electronics.

Led by technological changes and refined by changing practice patterns, a new ecology of health care is being created. It is an ecology led by a number of important transitions in the way care is delivered. Examples of these transitions include:

- More self-care, including going online for advice, diagnosis, referral, and self-management;
- Care that is less hospital- and office-based with more care provided in a broader range of convenient settings like patients' homes and retail clinics;
- Care that is increasingly being delivered by machines in the diagnostic, therapeutic, surgical, and psychiatric realms;
- Care that is driven by precision medicine offering a highly individualized form of health care via large data sets and sophisticated computer algorithms using tools such as genetic and molecular profiling;<sup>4</sup>
- Care as part of ever-expanding waves of social media via the Internet as informed patients bring all kinds of medical information and misinformation to the clinical encounter; and
- Care that is increasingly subject to limitations of time and medical options due to economic and procedural issues.

### The sacrosanct doctor-patient relationship

The evolving health care ecology is changing the fundamental dynamic of the doctor-patient relationship. From the technologic point of view, increasingly sophisticated machines are calculating probabilities related to patients' diagnoses and treatments; analyzing patterns of X-rays, scans, and biopsy specimens; performing various types of surgeries; and serving as chatbots having supportive discussions with isolated elderly and other patients with psychological distress.

The combination of financial and bureaucratic exigencies has significantly diminished the time that physicians have to listen to their patients and hear their concerns and worries. Personalized medicine is more than finding individualized molecular targets: it includes the ability to respond to the problems and emotional needs that differ for each patient. This loss of patient time is a profound consequence of 21st century trends in health care.

As a result, the challenges posed to the doctor-patient relationship are substantial. Joseph Weizenbaum, a computer scientist pioneer, reflected 40 years ago that, "There are some things people come to know only as a consequence of having been treated as human beings by other human beings."<sup>5</sup> The writer, Anatole Broyard, reflecting on his time as a patient noted, "Not every patient can be saved, but illness may be eased by the way caregivers respond."<sup>6</sup>

If we believe these sentiments to be true, how can the priority and importance of the doctor-patient relationship withstand the challenges noted above? The solution lies in the cultivation of compassion as a recognized, taught, and remunerated component of professionalism in medical practice.

### Professionalism as the foundation of medical practice

Professionalism was defined in 1912 by the soon to be appointed Justice of the Supreme Court, Louis Brandeis, and his definition remains the standard today, "An occupation which is pursued largely for others and not merely for oneself." He further noted that the "amount of financial return is not the accepted measure of success."<sup>7</sup> Brandeis' insight reinforces that the profession of medicine is a calling, because it speaks to the development of a personal and emotional connection to one's work—essentially a job that a person does for others.

Although compassion, as a key component of medical professionalism, has been recognized as long as medicine has been practiced, the trends mentioned above appear to challenge its primacy. Fortunately, there are organizations within the medical profession dedicated to promoting and rewarding its practice.

In 1902, a group of medical students at the College of Physicians and Surgeons of Chicago (now the University of Illinois College of Medicine at Chicago), led by William Root, founded Alpha Omega Alpha Honor Medical Society (ΑΩΑ).<sup>8</sup> They wanted to address what they perceived as a lack of professionalism in medicine. In the more than 120 years since its founding, ΑΩΑ has continued to recognize excellence and professionalism in medicine. It does so through honoring exemplary medical students, house staff, faculty and alumni, and by offering a substantial portfolio of 13 awards and programs, including excellence in inclusion, diversity, and equity; visiting professorships; a highly successful fellowship in leadership; and by publishing a distinguished quarterly medical humanities publication.



The Doctor, 1891, by Sir Luke Fildes 1843-1927. Public Domain

More recently, in 2002, the Gold Humanism Honor Society was inspired by medical educators and residency program directors who identified the need to recognize applicants to residency training programs who possess outstanding clinical and interpersonal skills.<sup>9</sup> This society has led the way in recognizing and promoting this critical foundation of the doctor-patient relationship.

An important milestone was achieved in 2016, when the Gold Humanism identifier was placed on the Electronic Residency Application Service, emphasizing that Gold Humanism membership was something program directors and selection committees considered an important factor for residency applicants. The power of Gold Humanism recognition lies in bringing together like-minded individuals to sustain their own humanism, and to inspire and nurture humanism in others.

### Compassion in patient care

In the context of the clinical encounter, compassion creates a unique bilateral interaction between patient

and physician. Perhaps the most poignant description of compassion in medicine was written by a patient with advanced lung cancer who stated, "...the simple human touch from my caregivers have made the unbearable bearable."<sup>10</sup>

Compassion, when practiced in patient care, facilitates the ability to provide the human services that patients need by going beyond probabilities generated by machines and electronic medical record rote work to address uniquely human complexities. It also includes respecting the rights of patients to make choices according to their values, and understanding how these values impact care decisions. A compassionate physician serves as the humanistic interface between patients and their illnesses, worries and fears; between patients and machines; and between policies that touch on the very foundations of professionalism and humanism such as those impacting access to care and health equity.

While there is a tendency to classify compassion as a soft art, the book *Compassionomics* makes a strong case

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that compassion has a scientific basis for its effect on patient care and medical practice.<sup>11</sup> The authors define compassion as, “the emotional response to another’s pain or suffering, involving an authentic desire to help.” In their formulation, compassion is distinguished from empathy because, in addition to feelings and understanding, it involves taking action.

The authors’ review of the scientific literature documents the many effects of compassion on the human organism, involving, among others, the parasympathetic nervous system; the reward centers of the brain; the processing of strong emotions; and the immune system. Compassion creates a meaningful human connection that reduces stress and leads to higher trust in the doctor-patient relationship while improving the financial bottom line, the quality of care, and psychological well-being.

To debunk the idea of compassion being a time sink, studies have shown that compassion can be communicated to patients in as little as 40 seconds. *Compassionomics* make the case that compassion is a skill that can be taught as opposed to an innate trait, which has important implications for medical education.

Compassionate physicians also serve as a critical interface between policies that denigrate the foundations of professionalism that comprise the profession’s core values. These policies notably include the moral determinants of health: those societal and social factors that greatly impact health and well-being, such as access to health care, structural racism, climate change, and the social determinants of health.<sup>12</sup>

By taking action based on concern for the suffering of others, both the physician and the patient benefit. Compassion helps the doctor and patient cope directly, and indirectly, with the pressures and exigencies that challenge clinical practice. This interaction strengthens the inherent value and meaning that lies within the doctor-patient relationship, and can serve to mitigate the physical and emotional exhaustion that leads to physician burnout.

### Compassion must be taught, practiced, and rewarded

The centrality of compassionate care in medical education and practice is not new. Francis Peabody articulated it in a lecture to Harvard medical students nearly 100 years ago, “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.”<sup>13</sup>

Its 21st century justification lies in the observation that a principal responsibility of physicians in the technologically-advancing era is to serve as the humanistic interface between patients and smart machines. In this light, compassion must be viewed by curriculum committees and accreditors as a fundamental skill required for clinical practice. Its inculcation should commence on day one and continue throughout all years of medical training.

When students and residents present their reasoning and plan after evaluating a patient in any medical setting, specific actions to address the compassionate needs of the patient must be included. Medical school and residency evaluations as well as board examinations should include opportunities to demonstrate and test this particular skill. Additionally, student/resident support services should seek to mobilize the resilience and succor that redounds to clinicians as a result of taking compassionate action for their patients.

Ensuring that physicians have the time to provide compassionate care to their patients is a challenging task. Multiple obstacles coalesce to stand in the way, ranging from the political and economic to the technologic and practical. The solution requires an overhaul of the health system in which the profession can play a major part if it can build a unified political effort to do so.

Unfortunately, much of the profession’s political capital has been diminished due to an excessive, long-term focus on reimbursement issues. To become an effective political force, existing medical organizations, along with the creation of new ones, must focus less on self-interest, and more powerfully on the means to improve the health system and enhance the care of patients and communities.

Whether the profession has the ability and the will to move decisively in this direction is an open question. Indeed, the medical profession needs to be continuously inspired by the realization that “medicine holds the promise of a better future.”<sup>2</sup>

### The resident did something...that was extraordinary

I still remember, vividly, the patient with advanced lung cancer and how the senior resident sat down on the bed next to him and made eye contact. He told the patient that we had completed his tests and asked if he would like to know what we found. The patient, looking directly at the resident, replied, “No thank you.”

We excused ourselves and the patient's daughter followed us as we left the room. She thanked the resident for not telling her father his diagnosis because he has "suffered enough." The resident then turned toward the other student and me and said, "If you get nothing else from this rotation, remember the suffering. Always remember the suffering."

Author's note: This paper is partly based on a keynote address given at the joint induction ceremony of the Alpha Omega Alpha Honor Medical Society and the Gold Humanism Society at the Warren Alpert Medical School of Brown University, March 17, 2022.

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