



*Southern SHM 2016*

## Medicine, Compassion and Professionalism

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Other	Johnson&Johnson  Merck	Health policy for health literacy  Co-chair Scientific Input Engagement; video on “teach back”

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Jordan Messler, M.D.

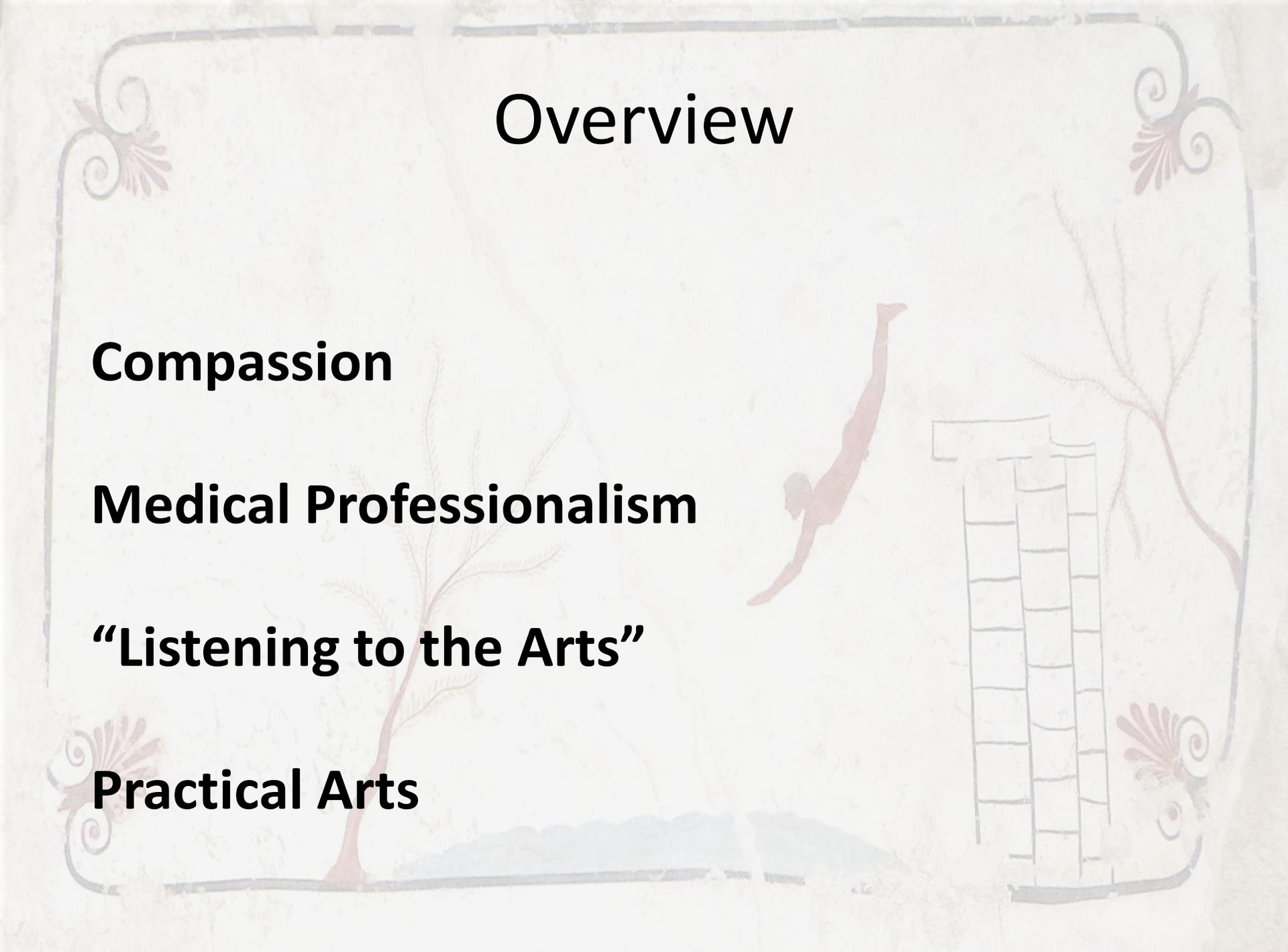
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# OBJECTIVES

- To understand the pillars of professionalism via the lens of the arts
- To appreciate how the humanities can improve your skills as healer, teacher, and leader
- To discover unique ways to apply humanities: at the bedside, as a teacher, to improve patient safety, or in your daily life

# Overview

The background features a faint, artistic illustration of a landscape. On the left, a tree with a thick trunk and sparse, feathery branches stands on a small patch of ground. In the center, a person is depicted in a dynamic, almost acrobatic pose, falling or jumping towards the ground. To the right, a tall, rectangular building with a grid-like facade and a flat roof is visible. The entire scene is set against a light, textured background with decorative scrollwork in the corners.

**Compassion**

**Medical Professionalism**

**“Listening to the Arts”**

**Practical Arts**

# Compassion: *it matters*



1. Is comp. more of a fuel for sympathetic action or a burden for the individual who experiences it?

2. If one were a moral person in all other respects besides a complete lack of compassion, how would that person fare in the medical field?

3. Is compassion something inherent in humans or is it learned?

4. What would the world be like w/o compassion?

5. Can u express compassion in a way other than the traditional "sympathetic" sense where one expresses his/her sorrow for the person's suffering & tries to help?

6. Is comp. an emotion that is central to the human experience, in the way humans perceive the world?

7. How can we value the importance of being comp. in med. in a world where we cannot always afford to be compassionate? (Grady is a good ex. of this)

8. How can we draw a distinction bt comp. & empathy?

9. How much does nature vs nurture play?

10. How are patients affected by the compassion of their doctor? Does comp really help them?

Students have questions about compassion

11. Can u express comp in a way other than the traditional "sympathetic" sense where one expresses his/her sorrow for the person's suffering & tries to help?

12. Is comp an emotion that is central to the human experience the way humans perceive the world?

# The Hippocratic Oath

“...simultaneously revered,  
protean, and misunderstood...”

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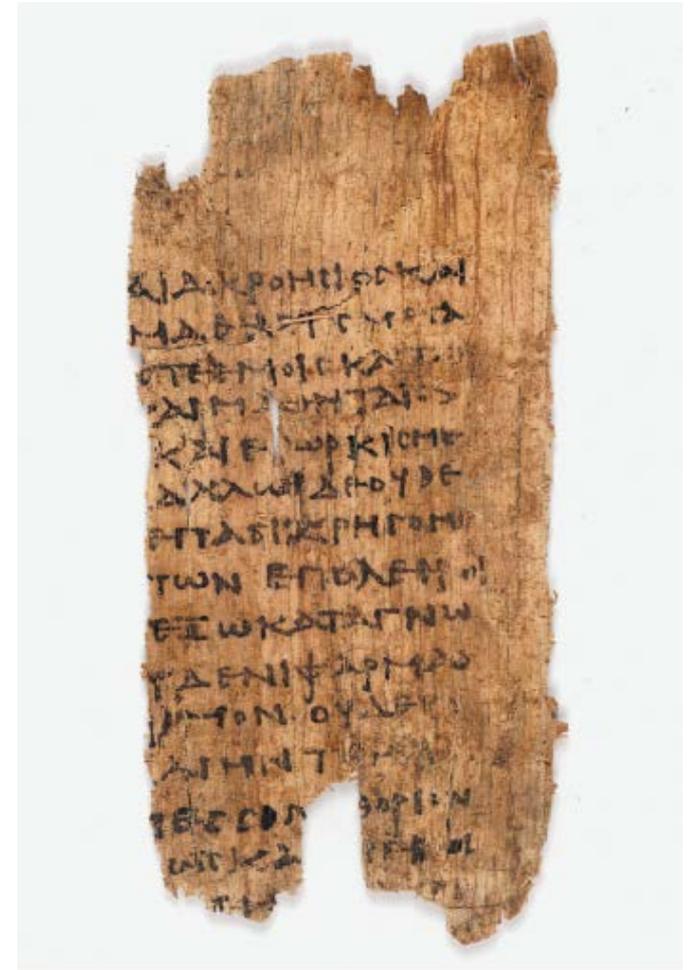
BECOMING A PHYSICIAN

## “I Swear by Apollo” — On Taking the Hippocratic Oath

Howard Markel, M.D., Ph.D.

Every spring for almost 20 years, I have happily donned a rented robe, hood, and mortarboard to attend medical school commencement exercises. The purpose of this annual foray into pomp and circumstance goes well beyond applauding the achievements of graduates who are about to enter the medical profession. For me, commencement is the perfect opportunity to renew my vows, as it were, standing shoulder to shoulder with both newly minted doctors and like-minded colleagues as we take the Hippocratic Oath.

20th century relatively few American physicians formally took the oath. According to a survey conducted for the Association of American Medical Colleges in 1928, for example, only 19 percent of the medical schools in North America included the oath in their commencement exercises.<sup>3</sup> With the discovery of the atrocities that were committed in the name of medicine during World War II and the growing interest in bioethics in the succeeding decades, oath taking began playing an increasing part in graduation ceremonies.<sup>4</sup>



Fragment of the Hippocratic Oath on Papyrus from the Third Century.  
Courtesy of Wellcome Library, London.



# Medicine and Compassion



## Program Highlights

- Over 200 pre-health career students
- Students enter medicine and public health careers grounded in medical professionalism
- Participants often return as visiting faculty
- Nationally recognized model for 21st century pre-professional education
- Medical and PA students serve as TAs

## Includes a Symposium: Communicating Through the Arts

- Visiting faculty of various disciplines from across US participate
- Explores major themes in small groups with "WAC" synthesis
- Themes include: death/dying/suffering, beauty/aesthetics/harmony, communication and compassion

## Program Legacy

- Humanizing Health—new course for Spring 2015
- Emory Fund for Innovative Teaching Grant Award
- Medical School Consortium under construction (ACSF, USF, Tulane)
- Book Prospectus—Cory LaBrecque, Jordan Meiser, Paul Parker
- FINE—founded by former 2013 student Nick Goodwin

## A Cross-Disciplinary Introduction to Medical Professionalism

### MISSION

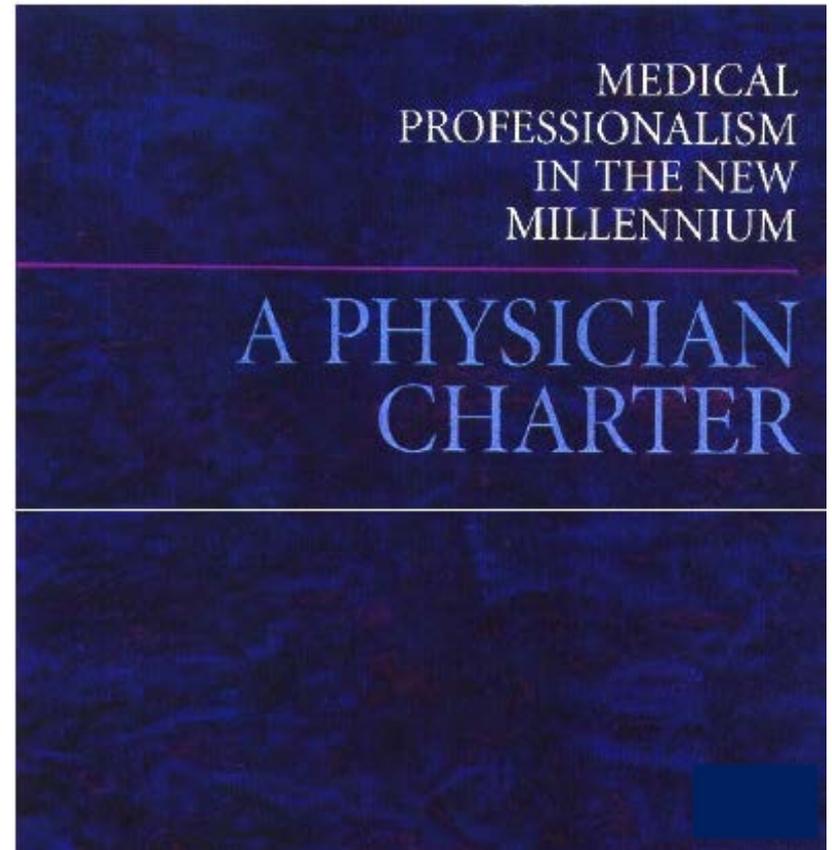
To introduce the principles of the Charter on Medical Professionalism to undergraduate students and to explore the often-overlooked relationship between compassion and medicine through a cultural immersion. Cross-disciplinary faculty from multiple institutions encourage moral imagination for exploration of historical and recent works of art and literature as students explore their own definitions of caring and compassion.

"When you have young people in their 20's trying to take care of patients in their 80's who are looking at death, how can they understand it? Why not go to someone whose genius is in communicating the essence of humanity, such as great artists, and let them do the talking?" Joel Howell, MD, PhD; University of Michigan

"A lot of students see things as black and white – there's a right answer, there's a wrong answer. On a biochemistry test that's true, but when you are dealing with human beings, there's a lot of gray. This is the course where we look at the gray." —Paul Cantley, MD, MPH; Centers for Disease Control and Prevention

# Pillars of Professionalism

- Primacy of patient welfare
- Patient autonomy
- Social justice
- +Duty to humanity







# Santa Maria della Scala



# Medicalization of Hospitals

- Trace to 1330's...Siena
- Care of sick added to "hospitality" function

*The NEW ENGLAND JOURNAL of MEDICINE*

## BOOK REVIEWS

### **THE RENAISSANCE HOSPITAL: HEALING THE BODY AND HEALING THE SOUL**

By John Henderson. 458 pp., illustrated. London, Yale University Press, 2006. \$55. ISBN 978-0-300-10995-5.

**T**HIS BEAUTIFULLY ILLUSTRATED AND THOROUGHLY researched study surveys Florentine hospitals from their earliest appearances around the year 1000 to the reforms of Cosimo I in 1542. It concentrates, however, on the period after the Black Death from 1348 up to the 16th century, when sources such as hospital accounts, pharmacy books, and the tax registers of medical practitioners either became available for the first time or increased considerably in number. The book offers a holistic account of the hospital. Throughout, author John Henderson emphasizes the hospital's dual concerns: healing the body and healing the soul. Renaissance hospitals, with their cloisters and high ceilings, and their practices, with the staff washing the feet of patients in im-

tions caring for different categories of the poor, such as widows and children, orphans, guild members who had fallen on hard times, or women who had recently emigrated from a particular place. Similarly, medical services became more specialized, with separate hospitals or wards for different categories of illness. Hospitals were generally one of two broad types: those whose patients were stricken with chronic illnesses and stayed for long periods of time and those whose patients had acute illnesses and rarely stayed for more than a month. It was around this second category that the Renaissance hospital developed, especially Florence's central hospital, Santa Maria Nuova, which takes center stage in Henderson's account of the Renaissance hospital.

Pivotal to Henderson's story is an undermining of French historian and philosopher Michel Foucault's picture of Renaissance hospitals as antechambers of death, where the poor were confined against their will. Following the work of American historian David Herlihy on Florence's northwest neighbor, Pistoia, Henderson shows that













# Conversations In Italy

[Home](#) [Matera](#) [Caserta](#) [Paestum](#)

## Communicating through the Arts: Lessons for Medicine and Health

A collaboration between Emory College of Arts and Sciences & Emory University School of Medicine | June 12-18, 2015

A Welcome from Judy & Ruth

"The arts speak of beauty, harmony, and resilient themes that are unique in their ability to allow living simultaneously in the past, present, and future." J of HComm: Int Persp, 16.2, 139-145. As part of Emory University's Italian Studies Summer Abroad Program, we host a week-long symposium where a group of scholars and professionals from across the disciplines engage with our students to explore communication through the arts. Through the processes of cultural estrangement, introspection and critical reflection, our symposium is a transformative intellectual journey, challenging all to view the giving of care through the lens of the humanities. Participants explore themes amongst which are professionalism, values and messages from the arts. How do the arts speak to medicine and public health? What do we discover through the journey? We invite you to join our community of students, scholars and professionals for the pivotal moments of our annual journey, in Matera, the Reggia di Caserta and Paestum. We hope you will become a part of our ongoing conversation in Italy. Signed, Drs. Ruth M. Parker & Judy Roggi Moore



so much depends  
upon

a red wheel  
barrow

glazed with rain  
water

besides the white  
chickens

-William Carlos Williams, 1883 - 1963

“It is as important to know what kind of man has the disease, as it is to know what kind of disease has the man.”

Sir William Osler, 1932







A Day in the Hospital by Jose Perez, <https://www.nlm.nih.gov/exhibition/perez/hospital.html>  
(Oil on Canvas, 48 in x 96 in, 123 cm x 246 cm)



# Empathy

Perspective

Duality: ambiguity

Moral Imagination

Observation

Reflection

Stories

Communication

Mentoring

Love

# Loss of Empathy

- Medical students high rates of burnout
- Empathy declines during 3<sup>rd</sup> of medical school
- Medical residents report decline in empathy
- Increased demands, leading to worsened autonomy and satisfaction for physicians

Hojat, et al, *Medical Education*, 2004, 38, 934-941.

Hojat, et al, *Acad Med*. 2009, 84, 1182-1191.

Bellini, et al., 2002, *JAMA*, 287, 3143-3146.



“physicians who remain in practice while burned out show higher propensities for making medical errors and diminished quality of medicine practice and professionalism”

The Secret.....

The Secret to Quality is Love.

-Donabedian

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## REFLECTION

# From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

*Thomas Bodenheimer, MD<sup>1</sup>*

*Christine Sinsky, MD<sup>2,3</sup>*

<sup>1</sup>Center for Excellence in Primary Care,  
Department of Family and Community  
Medicine, University of California San  
Francisco, San Francisco, California

<sup>2</sup>Medical Associates Clinic and Health Plan,  
Dubuque, Iowa

<sup>3</sup>American Medical Association, Chicago,

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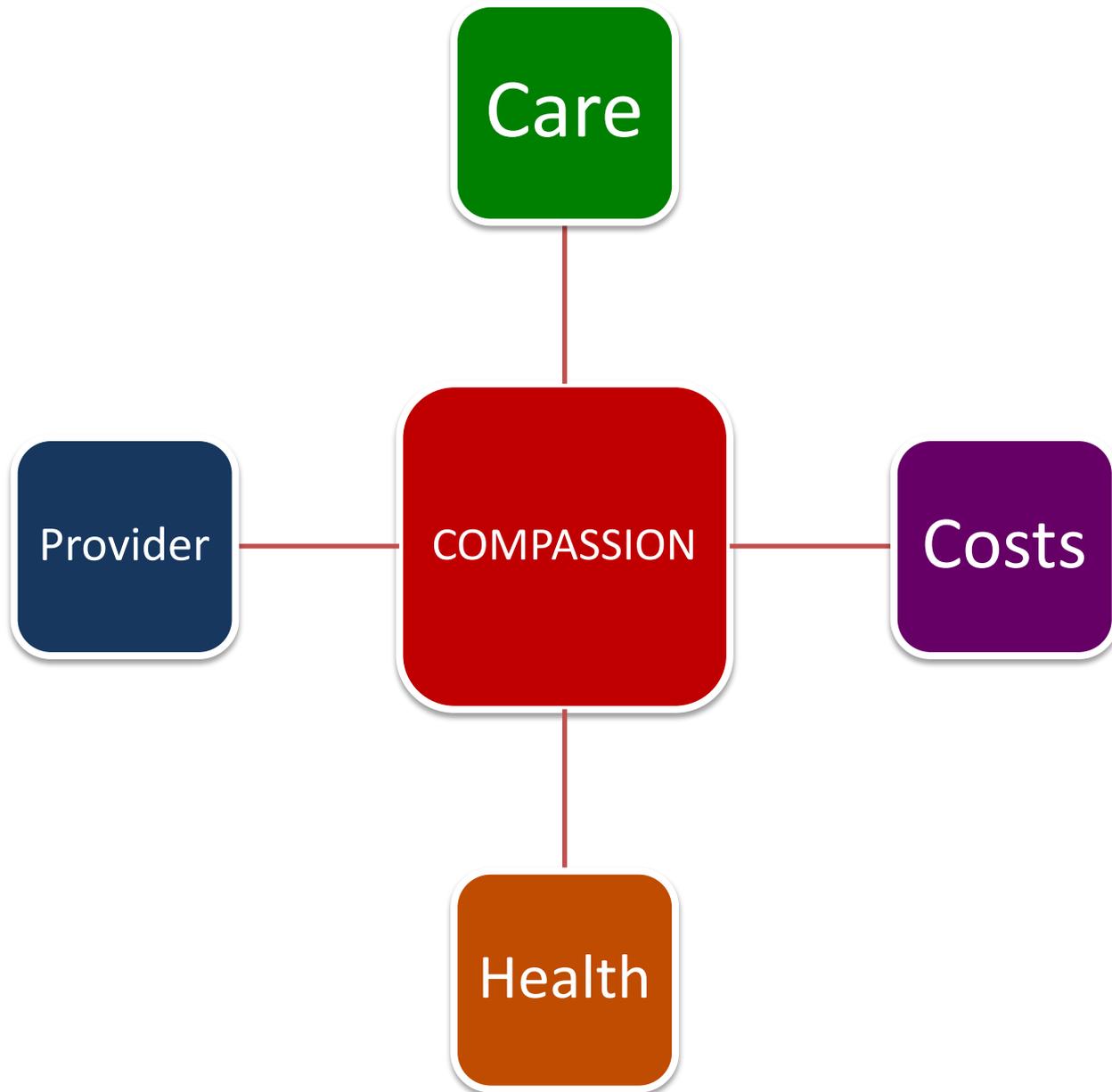
### ABSTRACT

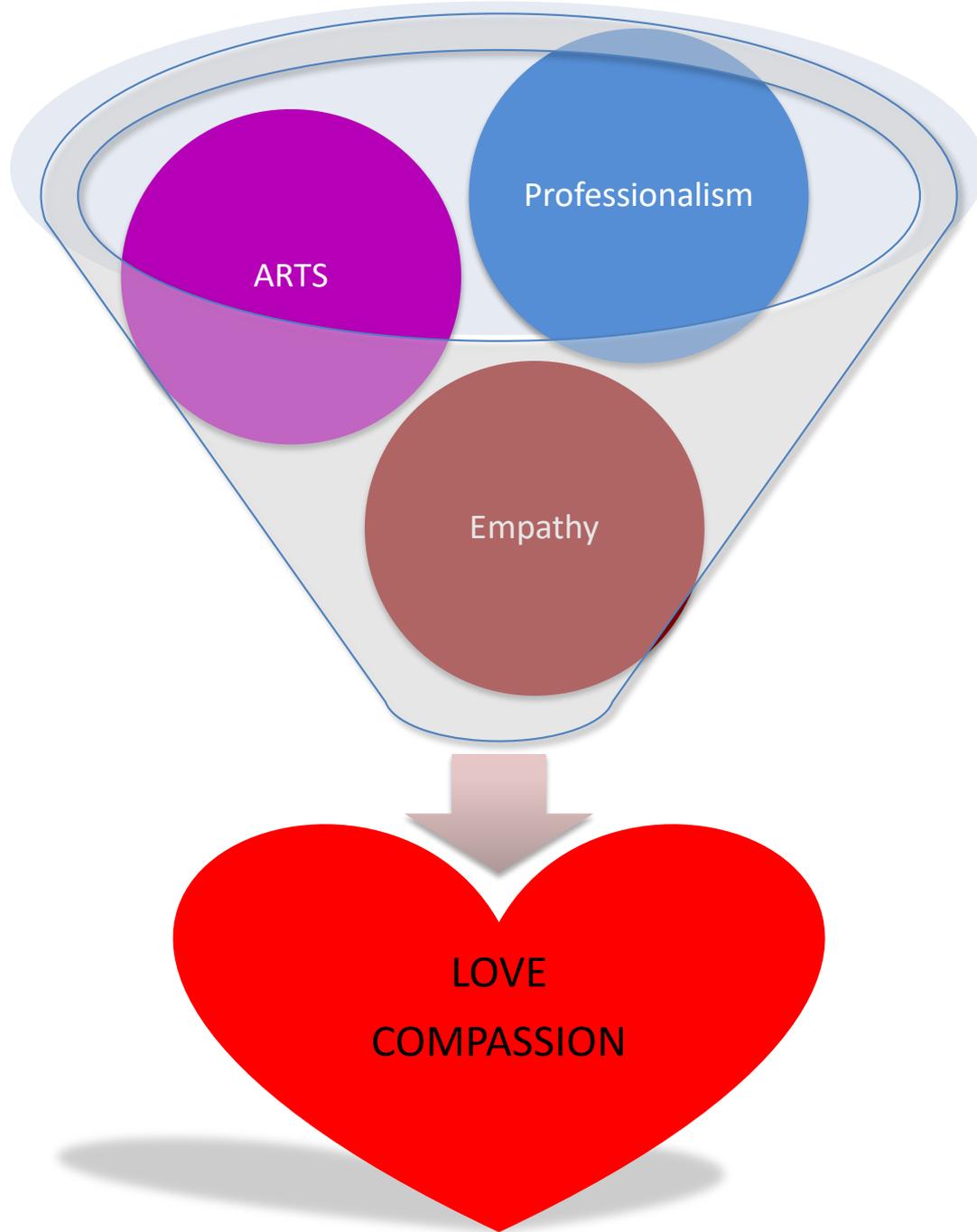
The Triple Aim—enhancing patient experience, improving population health, and reducing costs—is widely accepted as a compass to optimize health system performance. Yet physicians and other members of the health care workforce report widespread burnout and dissatisfaction. Burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase costs. Burnout thus imperils the Triple Aim. This article recommends that the Triple Aim be expanded to a Quadruple Aim, adding the goal of improving the work life of health care providers, including clinicians and staff.

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# QUADRUPLE AIM

# Quadruple Aim





ARTS

Professionalism

Empathy

LOVE

COMPASSION

PATIENT

patior

COMPASSION

com-patior-

# EMPATHY

## Definition from work of Hojat

“Empathy is predominantly cognitive (rather than emotional) attribute which involves an **understanding** (rather than feeling) of experiences, concerns and perspective of the patient, combined with capacity to **communicate** this understanding, and an **intention to help**”

# Empathy Scores

- Correlated with patient satisfaction, and improved patient compliance
- Patient oriented specialties score higher on empathy scores than procedure oriented specialties
- Empathy scores decline during 3<sup>rd</sup> year of medical school
- Higher empathy scores, patients with fewer DM complications

Hojat et al, *Int J Med Educ.* 2009, 1, 83-87.

Hojat, et al., 2001, *Acad Med*, 76, 669.

Hojat, et al., 2002, *Acad Med*, 77, s58-s60.

Hojat, et al., 2002, *Am J Psychiatry*, 159, 1563-1569.

Hojat, et al, *Medical Education*, 2004, 38, 934-941.

Hojat, et al, *Acad Med.* 2009, 84, 1182-1191.

# Medical Humanities Coursework Is Associated with Greater Measured Empathy in Medical Students

Jeremy Graham, DO, MA  , Lauren M. Benson, MD, Judy Swanson, MD, Darryl Potyk, MD, Kenn Daratha, PhD, Ken Roberts, PhD  
Harvey B. Simon, MD, Section Editor

Altmetric  2

DOI: <http://dx.doi.org/10.1016/j.amjmed.2016.08.005>



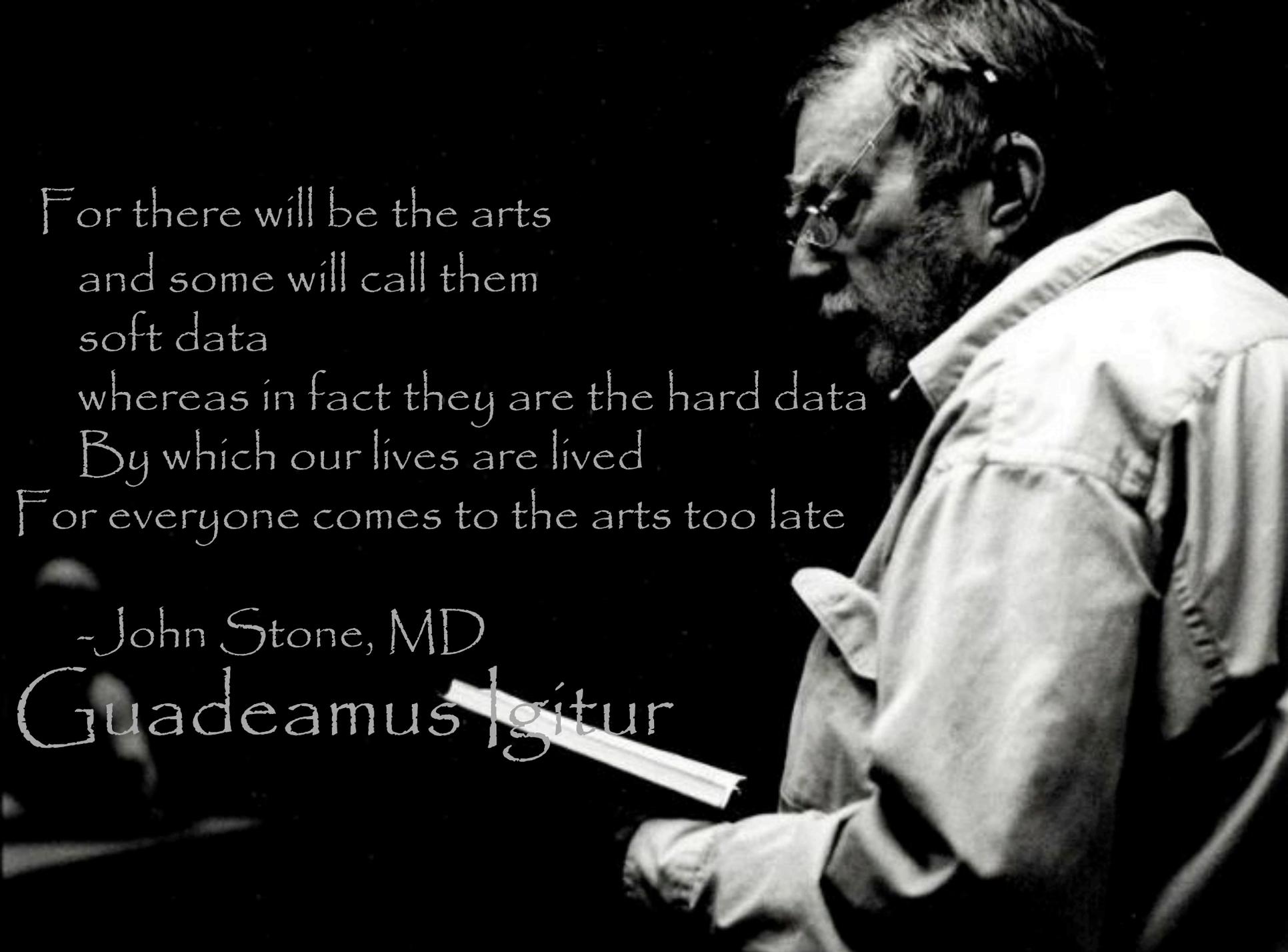
 Article Info

Abstract Full Text Images References

## Abstract

### Purpose

The primary focus of the study was to determine whether coursework in the medical humanities would ameliorate students' loss of and failure to develop empathy, a problem known to be common during medical education.



For there will be the arts  
and some will call them  
soft data  
whereas in fact they are the hard data  
By which our lives are lived  
For everyone comes to the arts too late

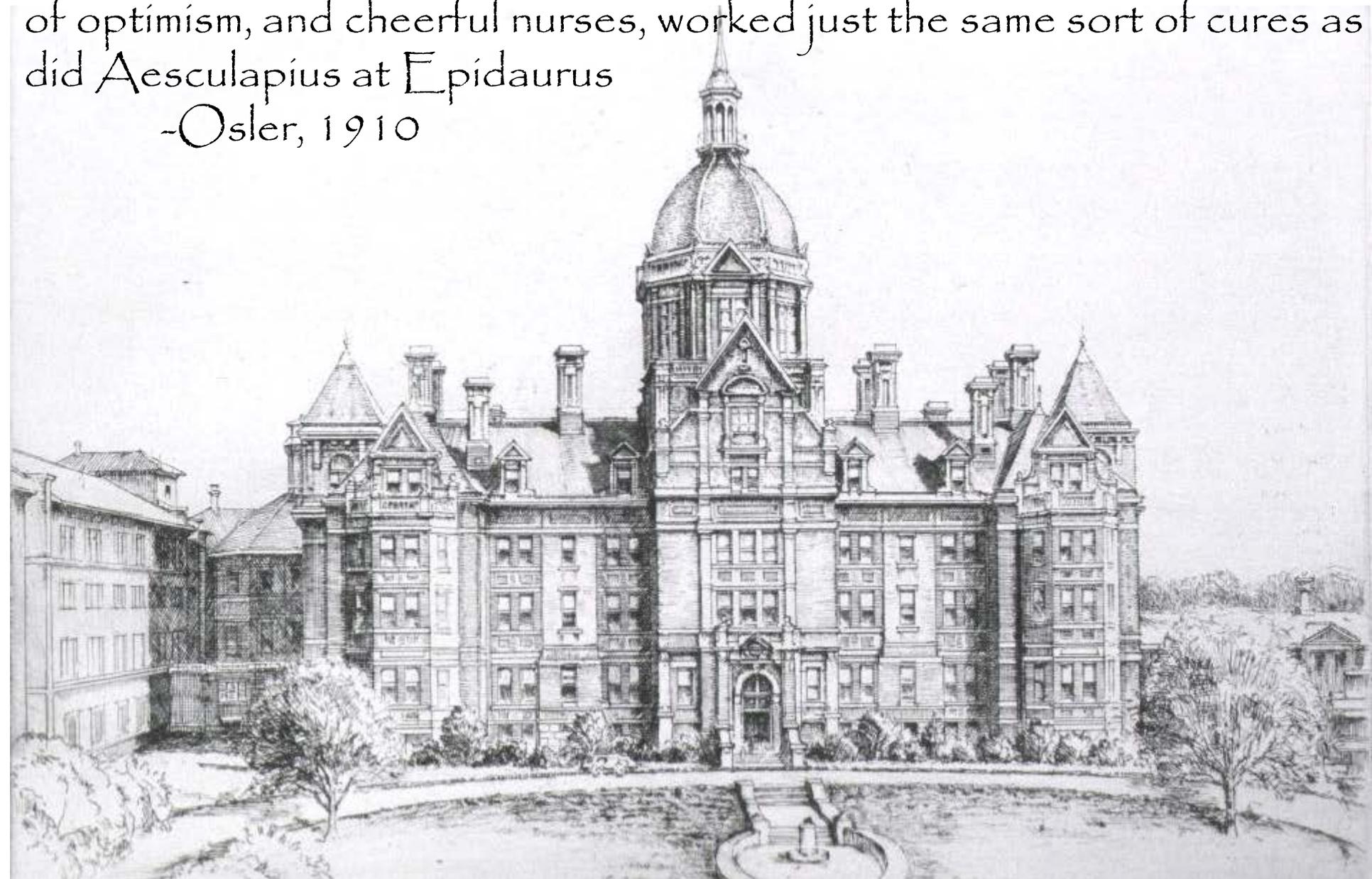
-John Stone, MD

Guadeamus Igitur

Hospital  
Hospitality  
Hotel  
Hostel  
Hospice  
Hostage  
Hospitalism

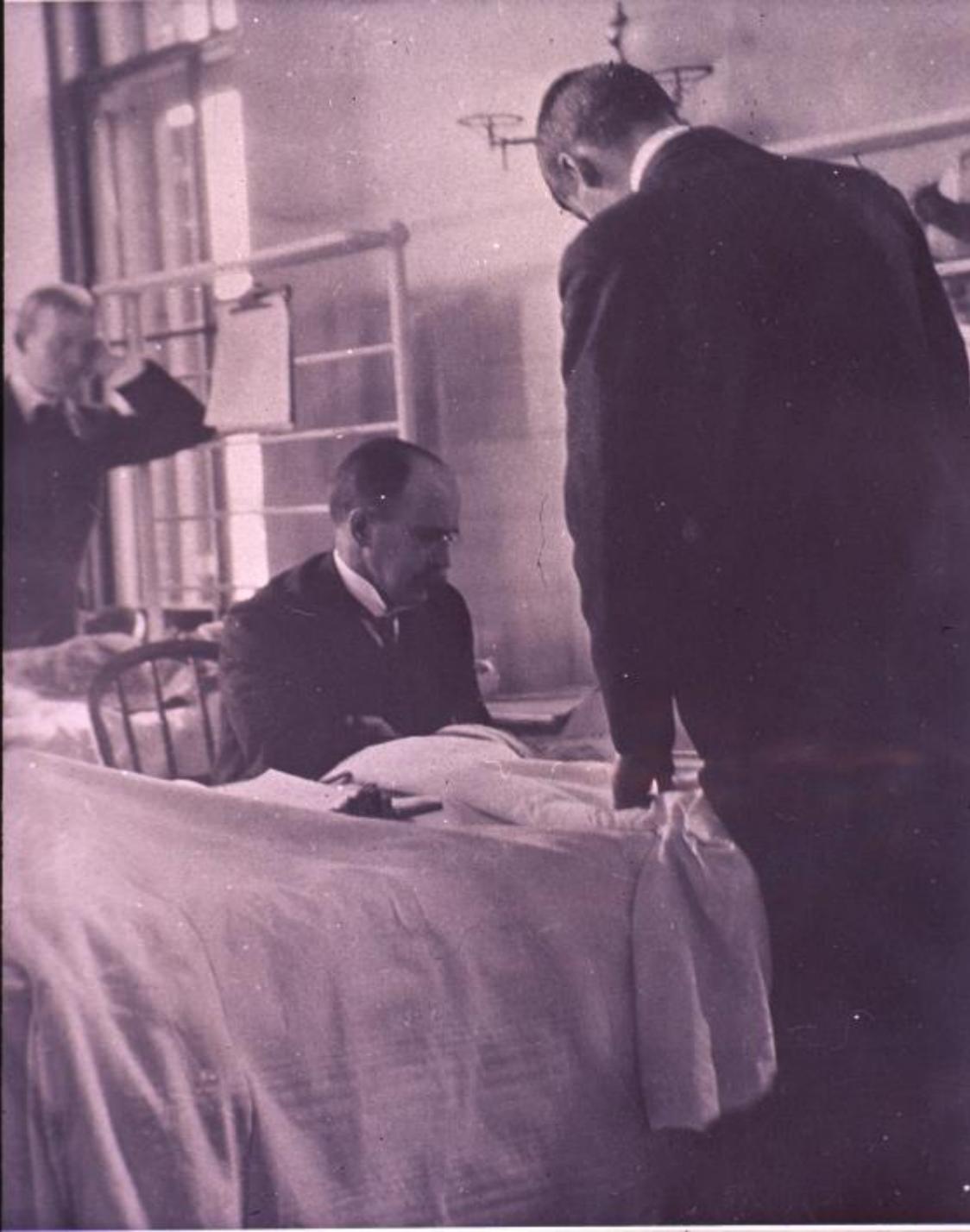
**HOSPES**  
**HOSPITALIA**

Our results at the Johns Hopkins Hospital were most gratifying.  
Faith in Saint Johns Hopkins, as we used to call him, an atmosphere  
of optimism, and cheerful nurses, worked just the same sort of cures as  
did Aesculapius at Epidaurus  
-Osler, 1910



CLINICAL

klínē



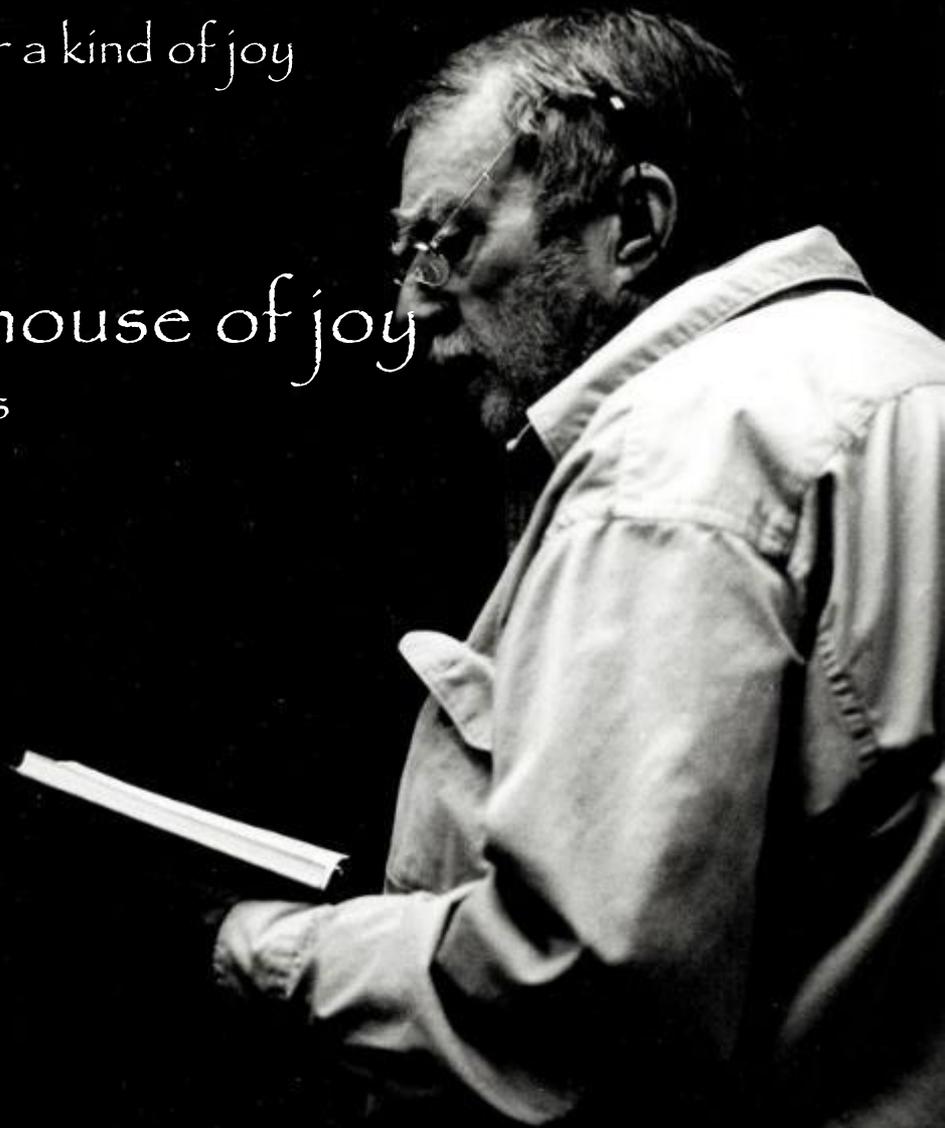
The only bed  
you couldn't  
learn from was  
your own.  
Osler

...For Death will give the final examination  
and everyone will pass  
For the sun is always right on time  
and even that may be reason for a kind of joy  
For there are all kinds of  
all degrees of joy  
For love is the highest joy  
For which reason the best hospital is a **house of joy**  
even with rooms of pain and loss  
exits of misunderstanding  
For this is the mortar of faith  
For it helps to believe..."

Gaudeamus Igitur

Therefore, Let Us Rejoice.

John Stone



“but the doctor, especially the  
hospital doctor, sees it bare”

M Somerset Maugham

# Empathy

Perspective

Duality: ambiguity

Moral Imagination

Observation

Reflection

Stories

Communication

Mentoring

Love

What to do tomorrow?

Fostering compassion in medicine

# What do to tomorrow?

- Arts
    - Literary Journal Club
    - Museum: observation
    - Group Talent Show
    - Stories
    - Artwork Cart
    - Medical Improv
  - Mentoring
  - Journaling
  - Community Service
  - Experience: Travel, Mastery, Exchanges
  - Schwartz Rounds: compassionate care rounds
- Coulehan**  
Mentoring  
Story  
Reflection  
Community Service

# Personalizing Death in the Intensive Care Unit: The 3 Wishes Project

## A Mixed-Methods Study

Deborah Cook, MD; Marilyn Swinton, MSc; Feli Toledo, MDiv; France Clarke, RRT; Trudy Rose, BA, MTS; Tracey Hand-Breckenridge, MDiv; Anne Boyle, BScN, MD; Anne Woods, MD, MDiv; Nicole Zytaruk, RN; Diane Heels-Ansdell, MSc; and Robert Sheppard, MD

**Background:** Dying in the complex, efficiency-driven environment of the intensive care unit can be dehumanizing for the patient and have profound, long-lasting consequences for all persons attendant to that death.

**Objective:** To bring peace to the final days of a patient's life and to ease the grieving process.

**Design:** Mixed-methods study.

**Setting:** 21-bed medical-surgical intensive care unit.

**Participants:** Dying patients and their families and clinicians.

**Intervention:** To honor each patient, a set of wishes was generated by patients, family members, or clinicians. The wishes were implemented before or after death by patients, families, clinicians (6 of whom were project team members), or the project team.

**Measurements:** Quantitative data included demographic characteristics, processes of care, and scores on the Quality of End-of-Life Care-10 instrument. Semistructured interviews of family members and clinicians were transcribed verbatim, and qualitative description was used to analyze them.

**Results:** Participants included 40 decedents, at least 1 family member per patient, and 3 clinicians per patient. The 159 wishes

were implemented and classified into 5 categories: humanizing the environment, tributes, family reconnections, observances, and "paying it forward." Scores on the Quality of End-of-Life Care-10 instrument were high. The central theme from 160 interviews of 170 persons was how the 3 Wishes Project personalized the dying process. For patients, eliciting and customizing the wishes honored them by celebrating their lives and dignifying their deaths. For families, it created positive memories and individualized end-of-life care for their loved ones. For clinicians, it promoted interprofessional care and humanism in practice.

**Limitation:** Impaired consciousness limited understanding of patients' viewpoints.

**Conclusion:** The 3 Wishes Project facilitated personalization of the dying process through explicit integration of palliative and spiritual care into critical care practice.

**Primary Funding Source:** Hamilton Academy of Health Science Research Organization, Canadian Intensive Care Foundation.

*Ann Intern Med.* 2015;163:271-279. doi:10.7326/M15-0502 [www.annals.org](http://www.annals.org)

For author affiliations, see end of text.

This article was published online first at [www.annals.org](http://www.annals.org) on 14 July 2015.

The 3 Wishes Project Helps Patients Find Peace When Dying in the ICU  
Cook D, Swinton M, Toledo F, et al. Personalizing death in the intensive care unit: the 3 Wishes Project: a mixed-methods study. *Ann Intern Med.* 2015;163:271-9.



*Humanities are the hormones of  
medicine*

*Sir William Osler*

*“To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all”*

*Sir William Osler*

To appreciate how the humanities  
can improve your skills as healer,  
teacher, and leader

Observation

Perspective

Empathy

Listening

Reflection

Stories

Moral Ambiguity

Love

Communication

For there will be days of joy  
For there will be elevators of elation  
and you will walk triumphantly  
in purest joy  
along the halls of the hospital  
and say Yes to all the dark corners  
where no one is listening

For the heart will lead  
For the head will explain  
but the final common pathway is the heart  
whatever kingdom may come

For what matters finally is how the human spirit is spent

For this is the day of joy

For this is the morning to rejoice

For this is the beginning

Therefore, let us rejoice

Gaudeamus igitur.

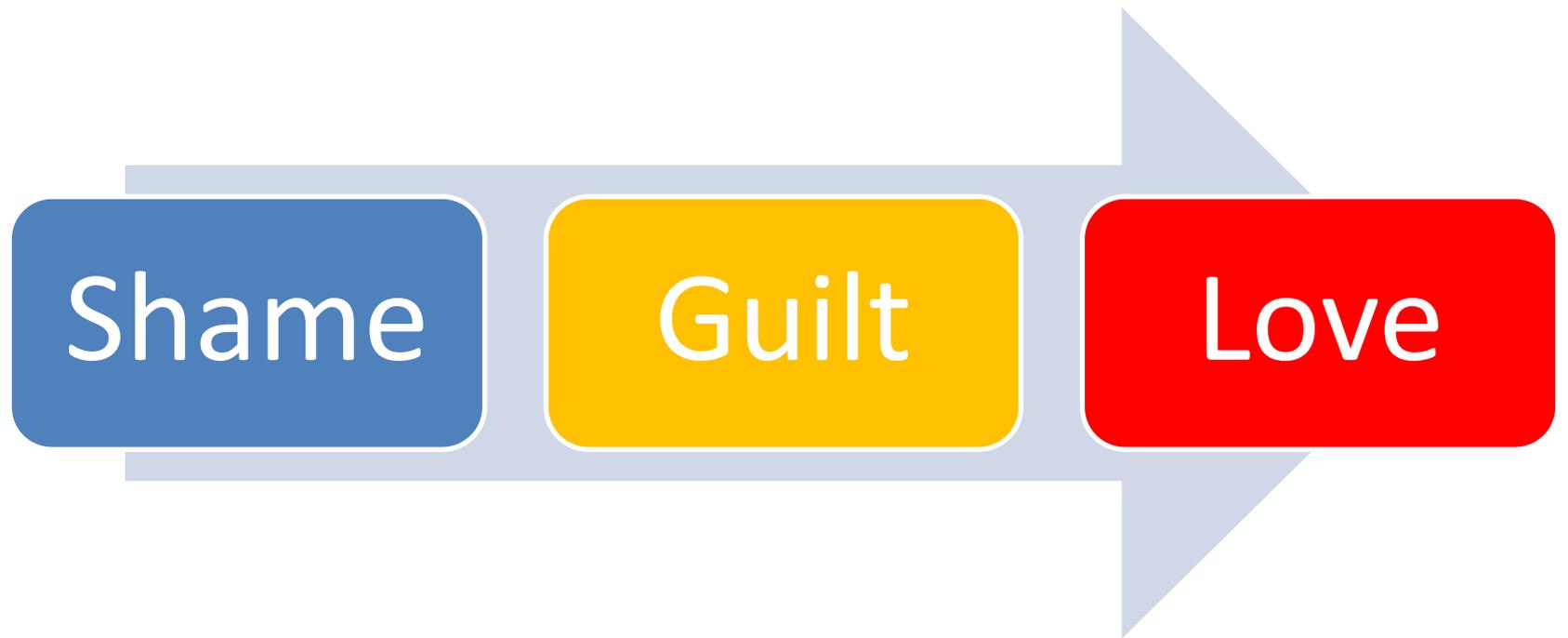
Gaudeamus Igitur

Therefore, Let Us Rejoice.

John Stone



Pronovost. A piece of my mind. JAMA. Dec 15, 2015



The Secret to \_\_\_\_\_ is Love.  
-Donabedian

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Jordan Messler, MD, SFHM  
[jordan.messler@baycare.org](mailto:jordan.messler@baycare.org)  
[blogs.hospitalmedicine.org](http://blogs.hospitalmedicine.org)

## Association between low empathy and high burnout among primary care physicians and nurses in Lleida, Spain

Oriol Yuguero<sup>a</sup>, Josep Ramon Marsal<sup>b,c</sup>, Montserrat Esquerda<sup>d,e</sup>, Luis Vivanco<sup>f</sup> and Jorge Soler-González<sup>a,e</sup>

<sup>a</sup>Primary Care, Lleida Health Region, Spain; <sup>b</sup>Support Unit, Primary Care Research Institute (IDIAP) Jordi Gol, Autonomous University of Barcelona, Lleida, Catalonia, Spain; <sup>c</sup>Epidemiology unit, University Hospital Vall d'Hebron, Barcelona, Catalonia, Spain; <sup>d</sup>Borja institute of Bioethics, Barcelona, Spain; <sup>e</sup>School of Medicine, University of Lleida, Spain; <sup>f</sup>Platform for Bioethics and Medical Education, La Rioja Biomedical Research Center, Logroño (CIBIR), Spain

### KEY MESSAGES

- More empathic primary care practitioners have lower burnout scores.
- Practitioners working in rural areas have significantly lower levels of empathy than their urban counterparts have.
- Interventions designed to foster attributes and skills such as empathy, resilience, and doctor–patient communication may help to reduce and prevent burnout.