

COMPASSION IN HEALTH & SOCIAL CARE

By Tony Devaney

When a man sees that the God in himself is the same God in all that is, he hurts not himself by hurting others: then he goes to the highest path.

(Bhagavad Gita.13.28)

Indifference to suffering?

We measure the degree of civilisation in our multicultural society by how we care for the sick and disadvantaged members of it. Yet we are still failing the elderly and the most vulnerable by placing severe restrictions on our Welfare system, and by imposing stringent targets on Healthcare workers and undervaluing their role.¹

In a 2006, televised discussion on 'What it is to be British', Professor Sir Bernard Crick, a former government advisor on social policy and biographer of George Orwell, commented that New Labour had 'solidified separateness by divorcing itself from poverty.' The new Conservative government has continued and accelerated this process. Clearly we need to learn to care for ourselves and sort out the problems of alienation and disorder in our own society before attempting to impose order and democracy elsewhere in the world.

If we are to encourage a new culture of respect and tackle the widespread sense of alienation and growing physical and mental illness among young and older people alike, then we must create a greater sense of genuine connection between people. This must take place not only in adversity or in opposition to a perceived enemy, nor in the dutiful pursuit of religious or economic imperatives alone - but as a fundamental requirement of being human. Our systems must begin to facilitate, rather than constrain or prevent this.

Quality of Care

It is becoming increasingly obvious that the continued imposition of industrial style targets by government and the fear of financial penalty for not meeting them, has led to a general lowering rather than a raising of real standards and quality of care in many areas of life and a 'cutting of corners.'

Excessive standardisation and uniformity often leads to blandness and conformity and unwillingness to question things. The ability at times to stand apart from systems and to act independently of them is as important as the ability to work within them.

Quality of healthcare, particularly in relation to long term complex illness, should not be related to immediate measureable outcomes alone. Important as these are for many patients, they are only indicators of performance and may not show the wider *process* of 'recovery.'

In a television documentary, *Alternative Medicine: The Evidence* (BBC2, 31st January 2006), Professor Kathy Sykes of Bristol University, highlighted 'patients expectation of benefit and the body's own production of dopamine,' as being significant factors in individual recovery from illness. From her research she concluded that it is often the patient's sense of genuine connection with the healer and the placebo effect, which encourages self-healing.

My own GP used to be a good doctor, because along with her clinical practice she genuinely cared about and connected with her patients. Her real gift was an ability to communicate in a down to earth way, with great empathy and concern for people and with good humour.

Public and patient involvement in healthcare

A Kings Fund joint conference was held in November 2014, to coincide with a new paper '**People in control of their health and care**' - published in association with National Voices.

The conference brought together patients, voluntary sector leaders, doctors, managers, policy-makers and researchers, to discuss issues such as shared decision making and to showcase best practice. Elisabeth Paice, an educator and doctor, ended the conference by talking about power. With too many targets, too many guidelines, and too many directives, she argued, **patient power feels like yet another erosion of professional power**. But we don't need to see it that way. In fact, working in real partnership with patients is immensely empowering because it helps you deliver the care you want to give.

Reporting on the conference, Catherine Foot, Kings Fund assistant Director of Policy, said that 'in a paternalistic system that too often looks to politically driven targets and too easily resists change in favour of the status quo, there will always be a need to fight to turn the easy rhetoric about focusing on patients into hard reality. But a shift in power from paternalism to partnership doesn't necessarily mean that the powerful lose power as the powerless gain it. Maybe everyone wins in a system that truly reflects what patients need and want.'²

Kindness and respect, the time and space to communicate in a genuine and open way and to get to the root of people's problems on an emotional and psychological as well as a physical level - these are priorities that should not be ignored if we wish to create a more harmonious and healthy society.³

'The quality of mercy is not strained; it droppeth as the gentle rain from heaven.'

(Article edited and revised - 1st January, 2016)

References:

(1) www.theguardian.com/commentisfree/2016/jan/06/dwp-bureaucracy-benefit-claimants-cruelty

(2) <http://www.kingsfund.org.uk/blog/2014/11/power-people>

(3) See: '**Recovery focused conversations. Inclusion: listening from two perspectives.**'

Tony Devaney (2011). Available at: <http://www.hacw.nhs.uk/our-services/big-recovery/recovery-resources/useful-documents/reflections-on-practice/>