

COMPASSIONATE CARE: THE AFFECTIVE SKILLS

by David Wheeler RRT, NPS



I was walking down a corridor recently in a large teaching hospital. The corridor was filled with medical supplies, bedside stands and equipment utilized in the daily activities of an ICU. This particular unit had been closed for a major cleaning and had "spilled its guts" so to speak, into the hallway. There must have been over a million dollars worth of equipment and supplies stuffed into this passageway, equipment which now stood as silent sentinels for the usually harried unit. What I found illuminating was how essentially useless all this stuff was absent the trained hands and minds that bring to life, these many objects on a daily basis.

We live in an age of unprecedented growth, development and innovation in the methods and apparatus applicable to patient care. However, those accouterments are worthless without the capable, understanding and empathetic clinician to utilize them. Caring, compassion and "being present" in the therapeutic life of the patient, then, are indispensable proficiencies.

We are blessed in that we chose to work in a profession that does a great deal to assuage human pain and suffering. Indeed, in the abstract, there can be no greater calling than to administer to our fellow beings in need. Given that we are engaged in this work it is incumbent upon us to transform our clinical practice from an automatic lab exercise into a caring, compassionate, fully present expression of healing.

To "care for" a patient requires moving beyond the theoretical and into the active. There is a theory out there that holds forth

that caring for a patient begins with "being there" for them in their direst of circumstances. "Being there" for our patients is, in fact, a transcendent notion that at its core necessitates an active connection on the part of the caregiver. This connection is a clinician built model within a context of mutual trust; a relationship between two human beings that is centered on caring. The level of caring implied in "being present" assumes the caregiver is willing to "be" with the patient in their poignant vulnerability, individual pain and abject suffering. This caring is a substantiation of both the patient's circumstance and their dignity as a human being. In some circles this clinical aspect is thought to be the first step in the materialization or unfolding of "the love that just exists". I am hardly suggesting the psychological or emotional investment of any form of romantic love. I am merely putting forth the vision that our clinical practice might be expanded in a powerful way through this mindful clinical application of "Being There".

The notion of being present requires action. Active listening, an unhurried presentation of self, communicating clinical information in an understandable way, sharing of self in action and intention; an expression of understanding and empathetic involvement are skill sets that create a context of caring. "Being in the presence" of our patients is a corporeal *continued on next page*

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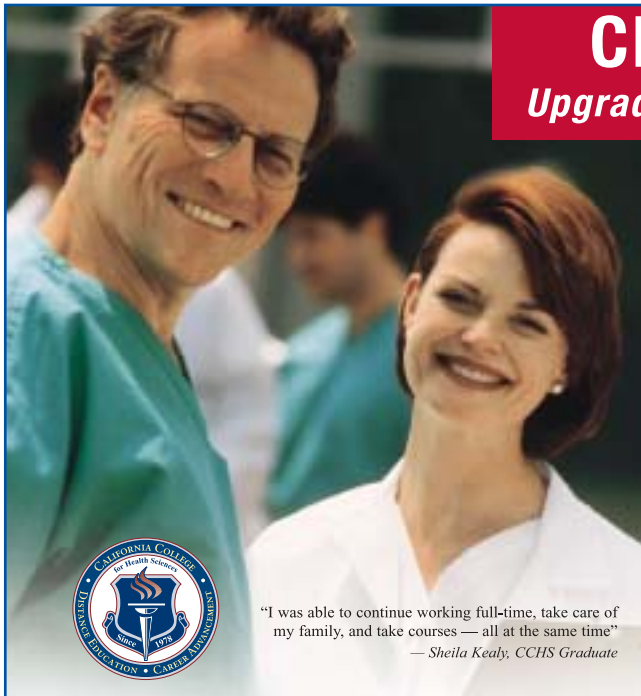
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actuality that entails the act of involvement with the ailing person on a human level. Addressing someone by name or asking them if they need anything will augment the relationship building process. Many systems are adopting the scripted phrase, "Is there anything else I can do for you, I have the time." This sentiment of unhurried assistance has been demonstrated to increase patient satisfaction scores and decrease call light usage. Many patients desire the dignity of recognition afforded in such an exchange.

The ontology of human kindness begins and ultimately culminates in mutual recognition. If we view the patient as one who is suffering, they will view us as caring, empathetic and compassionate people doing our part to relieve that suffering. We can foster a compassionate caring relationship within the context of disease and suffering through mindful clinical practice.

Several studies of patient experience have discussed the sense of alienation that accompanies serious illness. This vulnerability is seen in the heightened sense of fear, uncertainty and imbalance that many clinicians encounter at the bedside of the critically ill patient. These same fears and uncertainties produce the patient's desire for control in the form of routine or ritual in their care. The caregiver who is present with the patient will become aware of the nuances of that patient's clinical experience and use this awareness as a point of connection. This level of "being there" entails a greater degree of attentiveness and a compassionate form of active listening.

Mindful, principled care of our patients requires us to endeavor in an active way in doing for the patient. This level of caring manifests itself clinically in what we do for the patient in a concrete way. This level of clinical caring demands that our clinical practice be patient focused and evidence based. The clinician is responsible for maintaining clinical competence and current

knowledge of their discipline. An immediate example of this would be in the clinical application of lung saving strategies, preventing ventilator associated pneumonia and creating strategies that apply evidence based practices to every patient scenario.

The act of connecting in an authentic fashion with our patients may augment the "web of connectedness" that is reported by many gravely ill patients. This web of being has significant spiritual and ontological meaning to this patient population that must be acknowledged by the informed clinician. This spiritual awakening is a powerful coping mechanism and provides a lens through which the illness achieves meaning. Prayer and meditation have been found to augment medical therapeutics and patients should feel free to express themselves spiritually to the engaged practitioner. I find interesting the studies by Pargament that demonstrated that seeking God's help or having a vision of God-extended coping resources was associated with improving clinical outcomes. The connectedness we experience with our patients is at its base a spiritual connectedness; afterall, we are all human beings in the world.

Recent work on suffering has validated the concept that the suffering patient, in time, will embark on a journey of personal growth. The experience of chronic pain and suffering serves many as a catalyst for an introspective evaluation and subsequent pursuit of meaning. Many patients experience a heightened level of insight and understanding. The aware clinician should be sensitive to the fact that for many patients who have been dealing with a prolonged painful illness there is a heightened search for meaning in the context of suffering. These patients have a profound appreciation of compassion, caring and dignity when exchanged freely between patient and caregiver. The Buddha was right; through suffering there is growth. Patients,

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