

Cultivating Compassionate Love and Empathy Within a Medical School Curriculum

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Jefferson Medical College recently received a Spirituality and Medicine Curricular Award from the Templeton Foundation. We are using this grant to weave an understanding of the spiritual and cultural dimensions inherent in suffering, healing, and end-of-life issues within existing required courses throughout the four year medical school curriculum. This paper discusses some of the initiatives taking place as a result of that award.

As caregivers of those who are sick and suffering, medical professionals have an ongoing responsibility to consider what qualities beyond a mastering of the science of medicine contribute to healing. Recent studies increasingly identify compassionate love or empathy as a crucial component of this process, since compassion may enhance the patient-physician relationship and thus support patient outcomes and satisfaction. (Koenig, 2002; Post et al, 2000) Research has also shown that including spirituality within the medical training may enhance healing and improve patient outcomes on both physical and psychological dimensions once the medical students are in practice. (Fins et al, 2003; Puchalski and Larson, 1998)

Lastly, and perhaps most importantly, a sense of spirituality may provide a context as well as professional support for the physician, thereby reducing stress and enhancing the physician's sense of professionalism. (Boyte, 2002; Meier et al, 2001; Rufsvold and Remen, 2002) While such professionalism has always been part of medicine, the increasing demands of an ever-expanding body of scientific knowledge have made it difficult to incorporate a time to reflect and develop compassion within medical school training. In the Templeton curricular project at Jefferson Medical School, our goal is to create such moments and analyze student responses.

Thus far, we have embedded times for self-reflection within students' clinical encounters as a modality by which the students can learn to recognize the patient's spiritual and emotional needs and attend to their own. This fall 2003, we will introduce this reflection process during the gross anatomy laboratory, where students learn about the human body through dissection. Previously, first year students have written one-two page reflection pieces on the Hippocratic Oath, their visit to the Philadelphia Museum of Art, and their visits to the wards, but the Templeton grant will give us the opportunity to explore their essays to research how students frame and understand spirituality; and what spiritual and humanistic values they rely on for coping mechanisms.

Our sense of the value of assigning and then examining student reflections is based on an analysis of student reflections drawn from third-year medical student visits to community settings such as hospice, AA meetings, and physician offices within the Family Medicine Rotation at Jefferson Medical College in July 2000. Students had the opportunity to observe empathy and compassion in a medical setting, and record their observations through reflective narratives (Maxwell et al, 2003). The reflections from students' visits to hospice reveal that witnessing the compassion/empathy of the hospice teams towards the patients and their families as well as the love between the dying patients and their caregivers evoked a spiritual

understanding of dying and the role of healers in this context. As suggested by the student responses, modeling and reflection within medical training may be crucial for cultivating spiritual awareness and compassion. Our discussion below focuses on this data.

Among the seven significant themes that emerged from the students' reflection papers, four were related to the healing effect of loving, compassionate relationships even in terminal situations. Many students began their essays by expressing their initial apprehension about going on hospice visits. Especially because few had any personal or professional experience with death, they were uncertain about what to expect and anticipated a depressing day filled with the sights and sounds of dying people. They also assumed that the hospice team members would serve primarily as experts in pain management. Instead, the students were impressed by the cheerfulness and loving care of the hospice nurses; the warmth among the hospice team, patients, and family members; and the mutually supportive, sometimes energizing, effect of these interactions. Thus, by observing these behaviors, students revised many of their previous assumptions.

Roles of family caregivers and care in the home

First, students had a deeper and more accurate understanding of hospice and the importance of family caregivers in this experience.

“Before this experience, I thought hospice was for patients who had ‘given up’ or for whom there is no hope left- but now I feel quite the opposite: choosing hospice makes them the bravest people of all since they will pass along on their own terms.”

Another student wrote that seeing patients in their homes,

“affords health care providers [the opportunity] to really understand who their patient is and what this patient's connection to the world is. This connection can be in the form of family, pictures of whom may be around the house, it may be in souvenirs of places the patient has traveled to, or even in reminders of what kind of work patients used to do.”

Many students realized that especially when attending dying patients, physicians need to include the involved family members.

Role of hospice nurse

Second, many students had a new appreciation of the role of the hospice nurse. After seeing the relationships hospice nurses established with their patients and their families, the medical students acknowledged the nurses' role as providers of psychological and spiritual support, and as particularly effective communicators.

Role of physician in caring for dying

Third, many students re-evaluated the role of the physician in caring for patients, especially those who are dying. Students wrote of a new appreciation of how they could offer care for the dying patient. . Their training to date had focused on treating disease with cure in mind. Their hospice experience broadened this view:

“And I came to understand that this was medicine, and this was so much greater than my naïve ideas of complete cures and miraculous recoveries, which are joyous events when they occur but unfortunately are too few and far between; that the true practice of medicine is not the miraculous cure of a disease but the total care of a person.”

The students recognized that medical care extended beyond active treatment for a disease and included symptom management, communication with the family, and continued presence.

“I realized that perhaps simply my presence was doing a lot for them. Just as the lectures on spirituality pointed out, simply being present and showing that you care for the dying patient and the patient's family is an extremely healing and powerful aspect of being in the medical profession.”

One student related that the hospice visit provided a "necessary reminder that patients will eventually die. And more importantly, that the dying process can be included in our scope of treatment." Yet another student reflected upon his/her role in caring for the dying this way:

“Pain management is still a top priority and patients rely on their physicians to monitor their medications, but I wondered if patients wanted something more out of the doctor-patient relationship. It seems that patients need a person to guide them and their families through the various stages of death and to make them comfortable, both physically and spiritually.”

Nature of death and dying – natural part of life

Watching the patients and hospice team accept death as a natural part of life also enabled students to see the dying patients as still living. For the first time, students asserted, they were able to perceive the distinction between acceptance and resignation. Present at one patient's death, one student, for example, recognized the value of accepting death as a part of life for both the patient and the medical team:

“I learned a lot from Vincent and his family in those few intense moments, as unbelievable as it may seem. I internalized what peace in my own heart means and what an honor it is to be a part of one's dying process. I learned that it really can be a process, a part of life, if we can learn to embrace it as such, and not just continue to push it away like an enemy breaking down our door of life.”

Able to see dying patients as people still actively involved in living, many students for the first time were able to discern that dying people were not very different from themselves or their loved ones, and this recognition, in turn, often extended their capacity for empathy. One student concluded the reflection narrative with the following: “Although patients in hospice care might be nearing the end of life, they value and enjoy every minute of their lives the way anyone else does.”

Deepened understanding of empathy

This realization, in turn, often deepened their understanding and capacity for empathy. Thus, as a result of the hospice visit, students expressed a new appreciation of empathy as an appropriate and effective aspect of professionalism.

“For three years now, I have been trying to come to terms with the notion of the sacred, esteemed, professional ‘doctor-patient relationship’. Somehow, I had gotten the idea in my head that this relationship should be somehow devoid of emotions. It took a woman like Nurse P. and a patient like Mr. J. to help me to realize that it might actually be okay, normal, and human to cry and to express emotions about a wonderful dying patient.”

They recognized that beyond active treatment of a disease and symptom management, empathic communication and presence are central to the physician’s therapeutic role. Moreover, they felt enriched as human beings. We hope the reflective essays to be included in additional areas of the medical curriculum will have a similar impact, and that our review of these essays will reveal equally valuable themes, which will spur additional curricular innovations.

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