



Conclusions

Compassionate Healthcare

Compassion in Healthcare

At the start of this *Handbook of Compassion in Healthcare: A Practical Approach*, we outlined why we wrote this book. We noted that, despite choosing our professions in order to help others, many healthcare professionals feel chronically tired, emotionally drained, deeply heart-sore, and ultimately burnt-out. Too often, moments of connection with patients and families, although magical and therapeutic at the time, also highlight the uncertainty or even the darkness that surrounds those moments.

Too often, compassion is notable by its absence. Staff struggle to make sense of healthcare systems that seem to value neither 'health' nor 'care'. This is a difficult position for clinical professionals. It is not as if we do not feel compassion. We do. The problem lies in sustaining compassion during challenging circumstances, translating the compassion we feel into compassionate healthcare, and supporting our colleagues in developing health systems that routinely facilitate and promote compassion.

We argued that the first step lies in recognising that, while we do not have full control over the shape of the healthcare systems we work in, or indeed the societies we live in, we can control how we navigate these contexts, how we respond to them, and how we seek to be in the world. Sometimes, we need to accept imperfection and to work within systems that are less than compassionate, simply doing our best for our patients and their families in the given circumstances. Healthcare cannot wait. Not every day can bring a revolution.

At the same time, while compromise and acceptance can be practical and necessary on a day-to-day basis, we also need to take action to change non-compassionate systems from within. We might accept certain problems or limitations in order to deal with the pressing problems of today, but we should also advocate for change in the longer term. This means leveraging any management roles we have to prioritise compassion or, at least, to minimise non-compassionate elements of healthcare systems. Each day, healthcare workers use their common humanity to soften the hard edges of large healthcare organisations as they deliver care to individuals, but how about changing the system itself? Not every day can bring a revolution, but some days can.

Compassion is central to much of this, especially in health and social care. That is why we wrote this book, to try to make compassionate care a clinical reality for everyone: patients, families, and healthcare professionals who constantly seek to do better and more. We have sought to approach this from the perspective of day-to-day clinical care, but also from a longer-term perspective. We operate the health system, so why don't we change it, too?

Combining Evidence with Practical Strategies

As healthcare professionals who operate in the world of evidence-based medicine, we divided this book into two parts to reflect both the concepts and the evidence underpinning compassion in healthcare (Part I) and practical approaches to compassionate care on a day-to-day basis in clinical settings (Part II). Both kinds of knowledge are needed: awareness of theory and evidence on the one hand, and pragmatic strategies for implementation on the other.

Part I of the book commenced by asking: 'What Is Compassion?' (Chapter 1). This was followed by an exploration of the 'Background to Compassionate Healthcare' (Chapter 2) and discussions of 'What Compassion Is Not' (Chapter 3), 'Medical Professionalism and Compassion' (Chapter 4), and 'Compassion in Healthcare' (Chapter 5). Chapter 6 examined 'Neuroscience and Compassion'; Chapter 7 was devoted to 'Resilience and Compassion', and Chapter 8 focused on 'Self-Compassion', which is fundamental to all compassion, both for ourselves and for others. Part I concluded with a consideration of 'Compassion-Based Therapies' (Chapter 9).

Building on the theoretical and research foundations of Part I, Part II of the book presented practical steps towards operating from a place of safe, secure grounding to become more compassionate towards ourselves and others. This is especially important when we are confronted with suffering and seek to deliver services to alleviate that pain. To assist with these tasks, Chapter 10 focused on 'Cultivating Mindfulness and Awareness', Chapter 11 examined 'Deepening Compassion' towards ourselves and others, and Chapter 12 outlined approaches to 'Developing Resilience', which is essential for establishing and maintaining compassion in high-stress situations.

Chapter 13 shifted focus from individual clinical professionals to the systems of care in which many of us work, seeking ways to shape more 'Compassionate Health Systems' overall. This chapter examined the themes of compassionate leadership in healthcare organisations, resilience in these settings, and specific approaches that healthcare professionals can take to increase compassion across the healthcare systems in which we operate. These steps include: (1) leading by example to promote compassionate behaviour for better care; (2) supporting the well-being of colleagues and staff we manage; (3) fostering open communication across clinical and managerial teams; (4) including patients and families in decision-making and valuing their perspectives; (5) promoting teamwork and collaboration that are inclusive, adaptive, and resilient; (6) recognising and rewarding compassionate care, both formally and informally; and (7) making self-compassion a key organisational value: healthcare is challenging, we are all human, and self-compassion is the basis of compassion for others.

In structuring our book in this way, we sought to combine research evidence with pragmatic suggestions, and to balance theoretical considerations with as much guidance about implementation as we felt was possible. We hope that at least some of this material resonates with readers.

Compassion Matters

As we have noted, there are many reasons why compassion is mentioned in medical graduate profiles, ethical guidance documents, interviews with patients, reports on health services, and everywhere that healthcare is discussed in truly human terms. Compassion matters. Sometimes, compassion matters more than anything else, but it always matters at

least to a certain extent. There is no situation that is not improved by more compassion, both towards ourselves and towards other people.

There already is a great deal of compassion evident in our health services. The very existence of health centres, doctors' surgeries, outpatient clinics, acute hospitals, daycare centres, dental practices, physiotherapy centres, and many other healthcare facilities is a testament to basic human compassion, to society's commitment to help the afflicted, and to our fundamental desire to support each other in times of difficulty. We care.

As healthcare professionals, we are not for a moment suggesting that current health systems are entirely lacking in compassion. This is clearly not the case. All around the world, health services are operated by staff who seek to be professional, caring, and compassionate at all times. However, it is also clear that healthcare settings vary widely in relation to compassion, with some already excelling in compassionate care, but others in need of a more conscious focus on compassion. Many services do well, but most could do better.

Health systems are operated by people, for people. Compassion is central to this process, and always should be.

With this in mind, compassion can be the value that improves health services on the ground, enhances their tone and function, and optimises outcomes for patients and their families. Compassion can make our fundamental caring impulses more apparent, more effective, and more human. Compassion helps us to connect better and more.

In a word, compassion matters.