

Compassion-Based Medicine

Mark S. Sklansky¹

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My father has always told me that there are two types of people in the world—grievance collectors and problem solvers. With all the recent changes in health care, we tend to hear a lot more from the grievance collectors among us than from the problem solvers. Let's face it—in many ways the “glory days” of practicing medicine are over. As physicians, we are facing increasing clinical and administrative responsibilities and expectations, but with decreasing authority and compensation. No wonder physicians have such alarmingly high levels of burnout. And no wonder we're complaining.

But, particularly now, we, as physicians, need to take the lead in preserving the joy and dignity of practicing medicine—what attracted so many of us to medicine in the first place. To do so, we may need to focus a bit more on caring for our patients, and a bit less on complaining about our profession.

As perinatal/pediatric cardiologists and related subspecialists, many if not most of us will encounter countless patients who die from their diseases or who suffer major complications, despite the best that evidence-based medicine can offer. Ultimately, we really do not have the final say on who will survive or who will thrive. Strictly evidence-based strategies can improve our patients' chances for good outcomes, but cannot make any such guarantees for the next patient who walks through the door. And when a fetus, infant or child dies, the whole family suffers the loss, and we share in the pain.

But what I tell my trainees, and what I tell myself, is that we, as physicians, regardless of our patients' ultimate outcomes, have the power to make a tremendous difference in the lives of every one of our patients and their families. How so? Much of the joy and honor of our profession comes from the humanity and compassion we choose to share with our patients and their families on a daily basis—by smiling, by sitting, by listening, through our eyes and through our hearts, through touch and through introspection, by sharing ourselves and by truly caring.

The fact is, how we give bad news may be remembered as much as the bad news itself. Most of us know that firsthand. We can practice compassion-based medicine, or we can simply dispense data to the most vulnerable in our care. But our patients will remember, either way.

As a practicing fetal/pediatric cardiologist at a large, academic medical center, I see my share of administrative and fiscal challenges. But, thankfully, I also see my share of patients. While I cannot control every patient's outcome, I can control how I communicate with each of my patients and their families.

A person is said never to be taller than when bending over to help a child. I think we should remember why we went into medicine, and treat our patients in ways that define the nobility of our profession (and of ourselves). At the end of the day, regardless of how my next patient does, I know that the way I interact can have a tremendous and long-lasting impact on the entire family—for better or for worse. Just as the science of medicine should be based on evidence, the practice of medicine should be based on compassion.

✉ Mark S. Sklansky
msklansky@mednet.ucla.edu

¹ Mattel Children's Hospital UCLA, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA

Compliance with Ethical Standards

Conflict of interest I have no conflicts of interests related to any component of this manuscript.