

Journal Watch – Barriers to medical compassion as a function of experience and specialization: psychiatry, pediatrics, internal medicine, surgery, and general practice.

Fernando, A. T., Consedine, N. S. 2017. Journal of Pain and Symptom Management 53(6)

Article:

<http://www.sciencedirect.com.ahs.idm.oclc.org/science/article/pii/S0885392416312209?via%3Dihub>

Review:

TPCU Journal Watch

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Context: Compassion is an expectation of patients, regulatory bodies, and physicians themselves. Most research has, however, studied compassion fatigue rather than compassion itself and has concentrated on the role of the physician. The Transactional Model of Physician Compassion suggests that physician, patient, external environment, and clinical factors are all relevant. Because these factors vary both across different specialities and among physicians with differing degrees of experience, barriers to compassion are also likely to vary.

Objectives: We describe barriers to physician compassion as a function of specialization (psychiatry, general practice, surgery, internal medicine, and pediatrics) and physician experience.

Methods: We used a cross-sectional study using demographic data, specialization, practice parameters, and the Barriers to Physician Compassion Questionnaire. Nonrandom convenience sampling was used to recruit 580 doctors, of whom 444 belonged to the targeted speciality groups. The sample was characterized before conducting a factorial Multivariate Analysis of Covariance and further post hoc analyses.

Results: a 5 (speciality grouping) x 2 (more vs less physician experience) Multivariate Analysis of Covariance showed that the barriers varied as a function of both speciality and experience. In general, psychiatrists reported lower barriers, whereas general practitioners and internal medicine specialists generally reported greater barriers. Barriers were generally greater among less experienced doctors.

Conclusion: Documenting and investigating barriers to compassion in different speciality groups have the potential to broaden current foci beyond the physician and inform interventions aimed at enhancing medical compassion. In addition, certain aspects of the training or practice of psychiatry that enhance compassion may mitigate barriers to compassion in other specialities.

Strengths: Large sample size. Looked at multifactorial contributions to compassion, not simply the role of physicians/health care providers. Identifies the role that choice of speciality may play in the

experience of barriers to compassion. Ethics approval to conduct study. Included demographics, including information about physician practice and work-load. Validated Barriers to Physician Compassion Questionnaire.

Weaknesses: Did not specifically define “compassion”. Palliative care was not a speciality that was examined.

Relevance to Palliative Care: We speak frequently of providing a compassionate presence as an intervention aimed at improving quality of life. We also speak of developing protective mechanisms against such “compassion” (or as some are suggesting: empathy) fatigue. Recent literature has questioned whether it is in fact empathy fatigue we experience, and compassion is protective; in this case understanding the barriers to compassion is vital to being able to continue to provide high-quality palliative care, as a unit, and has health care professionals.