

INTRODUCTION

The Francis Report¹ was unequivocal in its findings. The Mid Staffordshire Trust had allowed the following to happen:

'Patients were left in excrement in soiled bed clothes for lengthy periods' and 'Water was left out of reach'.

Robert Francis observed that:

'Staff treated patients and those close to them with what appeared to be callous indifference.'

And, in conclusion, he wrote that:

*'Patients must be the first priority in all of what the NHS does ... [and] receive effective care from caring, compassionate and committed staff, working within a common culture.'*¹

What went on in the Mid Staffs Trust is a chilling indictment of what happens when we lose sight of the importance of kindness when caring for our patients.

This lecture is about the importance of kindness in the consultation and in our relationships with others. It is based on a lecture given to RCGP Wales and is a brief synopsis of its content. Unfortunately, space does not permit a detailed examination of the key themes of the lecture. Interested readers are, therefore, invited to read the full text through the link at the end of this paper. In summary, my main contentions are that it is *kindness which makes us human*, builds resilience, and makes us better doctors and better people.

DEFINITIONS

Although we may not be sure exactly what kindness is, we can all recognise it when we see it! Indeed, it is often the case than nothing upsets us more than when someone is being deliberately unkind to us or others. How to define kindness?

Cole-King and Gilbert have defined compassion (or kindness) as being *'sensitivity to the distress of ... others with a commitment to try and do something about it'*.² The key point here is that, if we are to be kind, then not only do we need to be sensitive to the suffering of others, but we also need to make a constructive response in such circumstances. Kindness requires action.

Kindness, therefore, is not an 'optional

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extra' only to be deployed when we have sufficient time and energy, nor should it be instrumental in achieving another purpose such as meeting targets. Kindness should be central to our engagement with others (for example, in the consultation) because it is central to healing.

The RCGP motto is *Cum Scientia Caritas* — scientific knowledge applied with compassion. *Caritas* will be defined here as the open-heartedness or generosity of spirit demonstrated by a doctor or nurse when caring for a patient. It will be used synonymously with kindness, compassion, altruism, and generosity because space does not permit a more detailed exploration here.

HISTORICAL PERSPECTIVES

The origins of kindness lie in 'kinship' but over the centuries its meaning and purpose have been expressed in different ways. In the Victorian era, for example, kindness became feminised and synonymous with sentimentality.³ The Victorian housewife became *The Angel in the House*⁴ and men feared that too much sympathy might erode their gravitas and cloud their thinking on important matters!

Darwin, in *The Descent of Man*, was clear that sympathy and cooperation were innate and key to evolutionary success⁵ and although Dawkins in *The Selfish Gene* described the *'gene's law of universal ruthlessness and selfishness'*,⁶ he emphasised also the crucial importance of teaching our children both generosity and altruism.

Freud described all kindness as seduction⁷ and argued that it is therefore only exercised for unconscious (or conscious) ulterior motives for a specific purpose.

However, I believe that altruism remains alive and well in our society. Richard Titmuss, for example, in his classic study *The Gift Relationship* reported that more than 98% of blood donors give blood for someone they have never met, nor indeed are ever likely to meet.⁸ The NHS itself, of course, is founded on great altruistic principles: the

idea that through collective provision high-quality health care can be delivered to those who most need it, even though we will never meet those most in need of that care.

Despite all of its problems, the NHS is still loved and valued by the majority of people in this country who recognise its fundamental altruistic importance to our society.

THE NEUROSCIENCE OF KINDNESS

Ballatt and Campling in their 2011 book, *Intelligent Kindness: Reforming the Culture of Healthcare*,⁹ summarise some of the evidence for the impact that kindness can have on our own brains.⁹

For example, in altruistic individuals, increased activity in the posterior superior temporal cortex has been reported (when compared with less altruistic individuals). Individual acts of kindness release both endorphins and oxytocin, and create new neural connections. The implications for such plasticity of the brain are that altruism and kindness become self-authenticating.

In other words, kindness can become a self-reinforcing habit requiring less and less effort to exercise. Indeed, data from functional magnetic resonance (fMR) scans show that even the act of *imagining* compassion and kindness activates the soothing and affiliation component of the emotional regulation system of the brain.¹⁰

There is also some evidence to link the importance of kindness with healing, and the impact of the quality of the interaction between a health professional and a patient on the *placebo effect* is well recognised. There are also claims of improved diagnostic accuracy associated with empathic staff — as well as an observed effect of kindness on promoting healing and reducing anxiety. In a randomised controlled trial of 'compassionate care' for the homeless in an emergency department, frequent attenders received either 'usual care' or a compassionate care 'package'. The outcomes included fewer repeat visits and increased satisfaction with their care in the intervention group.¹¹

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KINDNESS AND WORKLOAD

It is generally agreed that our current workload in general practice is not only unsustainable but also gradually increasing. More than 15 million of us already have long-term conditions and these account for some 70% of the NHS spend and more than 50% of all our consultations as GPs.¹²

If we are to address the current workload crisis, we need to find new ways of working and the Five Year Forward View (Vanguards programme) provides us with opportunities to do this.¹³ Central to the Vanguards programme is the idea of person-centred care¹⁴ and it is my view that our most underutilised and indeed our greatest resource is the desire and willingness of our patients to contribute to their own care.

One of the key aspects of care that patients most value is that of kindness (compassion) in the consultation. However, the introduction of the Quality and Outcomes Framework (QOF) and the resultant emphasis on the biomedical aspects of care have made it more difficult for us to practise ‘holistic’ care and engage with our patients in a compassionate way. For example, Carolyn Chew-Graham and colleagues showed that the use of QOF patient templates during the consultation makes holistic engagement with patients more difficult.¹⁵

In the current workload crisis do we have time for kindness?

With the rapid increase in the numbers of people with long-term conditions and the importance of supporting self-management, I wish to argue that we cannot afford *not* to be kind in the consultation. Being kind is what to do when ‘working harder isn’t working’.¹⁶ It may sound counterintuitive but, actually, taking the time to be kind by engaging our patients more fully in their own care, can reduce our workload and increase our resilience. This is because our individual acts of kindness will be reciprocated by our patients, strengthening our relationship with them and improving our own wellbeing.

I believe that kindness is good for us as well as our patients, and, furthermore, kindness builds our resilience.

KINDNESS: A VIRTUOUS CYCLE

If kindness is such an important component of care, can it be taught? Gilbert has described some of the attributes and skills for compassion that are necessary for the provision of compassionate care.¹⁷ The necessary attributes include sympathy, distress tolerance, empathy, and non-judgement, coupled with a sensitivity and care for wellbeing. Such attributes are necessary for engagement of others, and, once engaged with others, the skills of imagery, reasoning, and attention are all required.

Kindness cannot be faked — most of us will be familiar with the insincerity of the brief professional ‘half-smile’ of overworked air cabin crew, and how such insincerity undermines the trust necessary for ‘real’ kindness to be both expressed and meaningful to our patients. However, although we can identify some of the skills and attributes necessary for the expression of kindness, it is *attitudinal* change that is a prerequisite for the expression of kindness in the consultation; in other words, despite the efforts of some NHS management, kindness cannot be mandated.

Ballatt and Campling describe a *virtuous cycle of kindness* whereby kindness directs *attentiveness*, which in turn enables *attunement*, which builds trust between ourselves and our patients.⁹ This trust generates a *therapeutic alliance* that produces better outcomes for patients. As it turns, this virtuous cycle can reduce anxiety and defensiveness, and reinforce the conditions for kindness to take place. Such cycles not only can improve the care of our patients but they also can reduce our own stress and improve our morale in the face of overwhelming demand. These virtuous cycles are the polar opposite of the ‘downward spiral’ that can arise from ‘burnout’ and overwork, in turn leading to poor morale and loss of confidence and belief in what we are doing.

Why is kindness important?

*‘Kindness (compassion) is a gift freely given by one person to another in the health service — just like anywhere else.’*¹⁸

Chadwick’s definition above is a good

one — it gives us a pragmatic definition to underpin our care of patients. In addition, thinking of kindness as a ‘gift freely given’ often chimes with our original motivation to become doctors — that is, the desire to help and look after others. And most of us would agree that *‘kindness encourages a feeling of aliveness and creates the kind of intimacy and involvement with other people that deep down we crave.’*³

Kindness is important for both ourselves and our patients. The Schwartz Centre for Compassionate Healthcare in Boston is named after Kenneth Schwartz, who was a healthcare lawyer with a young family who died at the age of 40 from lung cancer. He described the ordeal of his treatment as being *‘punctuated by moments of exquisite compassion’* and how the *‘simple human touch from his care gives made the unbearable bearable.’*¹⁹

I believe this should resonate for all of us whether we are the recipient of acts of kindness or the person offering this gift to others. I leave you with the words of Hippocrates who knew full well the importance of kindness (comfort) when caring for our patients. He famously said that as doctors we should:

‘Cure sometimes, treat often, and comfort always.’

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Provenance

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