

FORUM THEMES

We received an avalanche of emails on a range of themes around caring and compassion, many of which expressed profound thoughts, personal experiences and insightful observations. Thank you. Below are some of the key themes which emerged from emails in the last two months. Please continue to share with us your gems (or join us) in our effort to move the 'compassionate' agenda forward. Go to 'Forum' continue the discussion and debate on any of the topics listed, or start a topic of your choice.

Patient Safety issues

Medical errors: Sorry seems to be the hardest word

New Zealand's ACC (Accident Compensation Corporation): No-fault system means that adversarial litigation between patients and providers is almost unknown (patients who are injured as the result of medical care are entitled to treatment, rehabilitation, and financial compensation with no requirement to show negligence or error)

Emotional/physical impact on parents and siblings following a child's death

What do you feel differentiates the inspired wounded from the bitter wounded?

Hospitals, healthcare, profits and people

"In the USA, medicine is definitely a business. Hospitals are run by multiple layers of administrators who have no medical training. Their primary focus is on making money and keeping statistics which prove to the "consumer" that they are the best hospital. In order to control the doctors, hospital and insurance company administrators are dictating how doctors must practice medicine with little regard to the needs of the patients. This is one of the reasons why it is so important to teach physicians to be compassionate patient care advocates ..."

Disclosure and transparency in the medical and health sector.
Are Perks Compromising Doctors' Ethics?

Healing the healers

Resilience, Happiness and Spirituality--a guide to graceful ageing

Compassion fatigue i.e. the nature of vicarious traumatisation of health professionals, and the role of protective processes (individual's resilience, the role that empathy plays, spirituality, and emotional competence).

Fear, Anxiety and on Survival Skills for Caregivers

Compassion in the workplace

“Insensitive management practices and an obsession with measurement and accountability to funding bodies have eroded the more humane aspects of "care.”

Compassionate leadership in the workplace.

“When a Friend is in the Hospital... ”

xxxx

Forum themes:

We received an avalanche of emails on a range of themes around caring and compassion, many of which expressed profound thoughts, personal experiences and observations. Below are some of the key themes which emerged from our international correspondents emails in the last two months. Please share what you are doing so that it may help to move our 'compassionate' agenda forward. Thank you to all of you who took the time and effort to join us in this communication. We welcome anyone who wishes to continue the discussion and debate on any of the topics listed (go to 'Forum'), or start a topic of your choice.

Patient Safety

Medical errors: Sorry seems to be the hardest word (Dale Ann Micalizzi)

New Zealand's ACC:No-fault system means that adversarial litigation between patients and providers is almost unknown (patients who are injured as the result of medical care are entitled to treatment, rehabilitation, and financial compensation with no requirement to show negligence or error) (Marie Bismark)

What do you feel differentiates the inspired wounded from the bitter wounded ? (Kerry O'Connell)

Emotional/physical impact on parents and siblings following a child's death (Dale Ann Micalizzi)

Hospitals, profits and people

In the USA, medicine is definitely a business. Hospitals are run by multiple layers of administrators who have no medical training. Their primary focus is on making money and keeping statistics which prove to the "consumer" that they are the best hospital. In order to control the doctors, hospital and insurance company administrators are dictating how doctors must practice medicine with little regard to the needs of the patients. This is one of the reasons why it is so important to teach physicians to be compassionate patient care advocates. Here is a good personal example. As a psychiatrist, I was doing both therapy and medication management with my patients (50% physicians) and spending a full session, or 50 minutes, with each. The hospital decided to hire 10 therapists at a lower salary, and insisted that the therapists do all the therapy. The psychiatrists were supposed to then do only a 15-minute medication check with each patient, seeing 4 patients per hour. Because I felt that a 15-minute session did not allow me the time I need to fully know and help my patients, I continued doing full sessions with each. As a result of standing up for my patients and practicing

safe, compassionate medicine, the hospital has "punished" me with salary decreases. So far, I have had 3 of them. This attitude of healthcare as a business is increasing medical errors and is dehumanizing our patients. Having experienced this as a compassionate physician, a patient with a chronic illness, and the parent of 2 autistic children, has only increased my determination to create change. (Dr. Marsha Snyder)

Healing the healers

Resilience, Happiness and Spirituality--a guide to graceful ageing"-- a strong limb of this is looking at being more knowledgeable about illness and being assertive with overloaded burnt out doctors. (Dr. Murray Lloyd)

Compassion fatigue and the role of protective processes: nature of vicarious traumatisation of health professionals - sometimes described as compassion fatigue [CF]. I am involved in a number of studies looking at this across the health care spectrum - doctors, nurses, pharmacists, audiologists, speech language therapists, and other allied health professionals. I'm particularly interested in the role of possible protective processes - individual's resilience, the role that empathy plays, spirituality, and emotional competence. (Peter Huggard)

Fear and Anxiety and on Survival Skills for Caregivers (Irene Renzenbrink-Heineke)

Insensitive management practices and an obsession with measurement and accountability to funding bodies have eroded the more humane aspects of "care." Actually I see a lot of distancing behaviour as a way of warding off "death anxiety" (having read Ernest Becker, Irvin Yalom, Sheldon Solomon et al) and wonder how much this is applicable to other areas of health care when staff are dealing with life threatening illness, disability, deprivation and damage. (Irene Renzenbrink-Heineke)

Disclosure and transparency in the medical and health sector.
Are Perks Compromising MD Ethics?

Conflict Of Interest Issues Raised By Drug Company (Helen Haskell, Patty Skolnik)

Compassionate leadership in the workplace. (Mary Tehan)

When a Friend is in the Hospital... (Helen Haskell)

Books:

Dear All, If I could be so "New York'ish" as to put in a plug for a novel I've written [based entirely on my 30 + years chasing our dream] called Dying For Compassion [Amazon would be your best bet. See <<http://www.managerialmalpractice.com>> for more info.] (Irwin Rubin)

my book, 'Losing Face' . If you like I can send you a synopsis of the book and feedback from medical professionals who have heard me speak or read the book. The book sells for \$30 and I'd be happy to contribute \$5 to Compassion in Healthcare (still called CLANZ??) for every book sold through the web site. People can contact me directly for the book ("LOSING FACE' in the subject line). Postage in NZ is free.

Regards,

Kathy Torpie

Requests from o/s:

The Great Care Booklet available now.