## **Out of Hours**

# **Viewpoint**

"The need to engage with distress and have the desire and motivation to attempt to alleviate it.'

## Compassion in primary health care: conflicts, politics, and opportunities

Concern, interest, compassion, virtue ethics, caritas, love, fellow-feeling, care, kindness, empathy, sympathy, flourishing, phileo, and concerned friendship.

On 6 June 2013 RCGP (Scotland) hosted a conference at Edinburgh's Grassmarket Community Project on the need for compassion in health care. It was a rich and satisfying day; far too much to reduce to 400 words. It is simply impossible to encapsulate the presentations from Peter Toon, Charlie Heriot-Maitland, and Jane Macnaughton or the thought-provoking workshops on 'the politics of compassion' and the stimulating Q&A sessions under the gimlet but compassionate, eye of Alastair Campbell.

Virtue ethics and human flourishing, doing what is naturally right, following the path between thinking and feeling. Flourishing: having a rich life composed of both the good and the bad. Making sense of the mysterious, witnessing the atmosphere of the space. The power of the medical humanities, how they illuminate the patient experience, allowing us to glimpse the suffering.

The above and the opening words are conference 'sound bites'. Deep and meaningful, redolent of the heady days of the 1980s when I entered general practice. Our profession was (and we knew it), the jewel in the NHS crown. We looked to the future with enthusiastic excitement.

Fast forward to general practice 2013.

Targets, resource management, GMS contract, QoF, counting, measuring, throughput, competition, league tables, threat driven ...

Different words, different values, different 'sound bites'. The blocks in the health service, a threat-focused media, the iron cage of bureaucracy. Kindness as a virtue of losers. Are we losing the ability to talk about what matters?

And yet the need for compassionate care is as great as ever. Remembering that for the patient the event is never trivial, recognising their distress. Witnessing their suffering and thus suffering with them. The need for us to engage with distress and have the desire and motivation to attempt

The audience ranged from students to professors and beyond into retirement. An ideal venue; not just a stylish, bright auditorium but also the home of a community project engaging with those suffering 'deep social exclusion'. An impromptu sandwich lunch among the tombs in Greyfriars kirkyard. No poltergeists but serious conversation around the disconnect in health care between the official line and reality. The emperor has no clothes; we are in crisis.

However, conferences like this give me hope and sustenance. It was a great meeting and I felt good afterwards, a last 'sound bite' from the day:

Enjoy, delight in your work, your patients, have compassion, flourish!

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