

Out of Hours

Compassion or empathy?

A way forward to reduce GP stress and burnout

I have often heard from colleagues and felt myself the sense of psychological exhaustion when dealing with the particularly stressful life problems of our patients. This is part of the 'burnout' so often talked about in general practice.

It is common experience that listening to the patient with empathy goes a long way towards helping many of them: being the 'drug doctor' of Balint. Empathy, according to the *Oxford English Dictionary* means:

'... the ability to understand and share the feelings of another.'

While this is obviously good for the patient, the person at the giving end of this empathy can find themselves emotionally drained and fatigued. This can be repeated time and again, taking its toll in the form of burnout.

Compassion is different from empathy, in that the feeling of sharing the misfortune is accompanied by a strong desire to alleviate the suffering. I recently read an article in the November issue of *Scientific American*¹ which prompted and encouraged me to share my deeply-felt experiences of practising kindness and compassion in my day-to-day practice; especially because I work in a demanding inner-city practice with 'problematic' patients. In my experience over a period of 3 years in this particular practice, I have observed that patients who have been considered 'heartsink' in the past have come round to seeing me preferentially and they feel much more satisfied and empowered to deal with their problems.

The difference in approach to dealing with the complex problems of patients has been to consciously endeavour to have a humane outlook and kind heart rather than just do my professional duties according to guidelines and protocol. This has been acknowledged by colleagues with whom I work. At the same time I feel privileged



Photo: The Mind and Life Institute.

to have been able to make a difference to their lives and, rather than stressing me out, these formerly difficult patients have become a source of professional, as well as spiritual, satisfaction.

There is no doubt that compassion cannot be switched on to order, but what I want to highlight is that there is great hope in this direction. Tania Singer and Olga Klimecki² from the Max Planck Society for Human Cognitive and Brain Sciences in Leipzig, Germany (www.mpg.de) have eloquently demonstrated the beneficial effects of meditation in developing compassion and loving kindness. Working with a group of normal volunteers they showed that a surprisingly short period of meditation training aimed at nurturing compassion, counterbalanced the potentially detrimental effects of training in empathy alone: negative emotions diminished and positive emotions increased.

The exciting finding from this piece of work was that these positive effects were accompanied by corresponding changes in several brain networks, including the orbitofrontal cortex, the ventral striatum, and the anterior cingulate cortex. And it took barely a week to be able to show an increase in prosocial behaviour in a virtual game designed to measure the capacity to help others.

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In the light of this new research showing that compassion is a virtue that can be passed on by training, it may be worth thinking of ways to train ourselves in techniques such as meditation, which will help not only our patients but ourselves as well. The Royal College of General Practitioners could play a guiding role in exploring this dimension of GP training at the undergraduate, postgraduate, and professional levels. The Mind and Life Institute (<http://www.mindandlife.org>) and the Max Planck Society are two organisations that can help spread this wisdom and, perhaps, train us in following a new and mutually-beneficial path.³

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