THE REVOLUTIONARY SCIENTIFIC EVIDENCE THAT CARING MAKES A DIFFERENCE

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2007 bus crash outside Uppsala, Sweden
Does compassion really matter?

Does it matter in **measurable** and **meaningful** ways?
The research supporting compassion is strong

- The findings *Compassionomics* are based on a review of **1000+ scientific abstracts** and **280+ research manuscripts**

- They represent not just what we *think* or *believe* but rather what the scientific community *knows* to be true about compassion
The emerging field of compassion science

COMPASSIONOMICS \kəm-ˈpa-shən-no-miks\ 

The branch of knowledge and scientific study of the effects of compassionate care on health, healthcare, and healthcare providers.
Provider compassion has wide-ranging effects

Compassion changes how patients feel...

In cancer patients, high clinician compassion is associated with lower patient distress

...it appears to improve health outcomes...

In patients with depression, compassion of the therapist was independently associated with depression symptom resolution

Among 891 diabetics, high physician compassion was associated with 80% higher odds of optimal glucose and cholesterol control

...and we can even see change at the cellular level

For patients with the “common cold” high physician compassion is associated with:

• Doubling of interleukin-8 levels
• 1 day decrease in cold duration
• 15% decrease in symptom severity

Source: As above. Also Hojat 2011, Rakel 2009
Compassion can improve medication adherence

$100-$289 billion

Estimated annual cost of medication non-adherence to the US healthcare system

Source: Viswanathan 2012
Compassionate care reduces healthcare spending

Delivering patient-centered primary care is associated with:

- Fewer diagnostic tests
- Reduced specialist referrals
- Lower hospital admissions
- Decreased medical charges

Failure to provide patient-centered care is associated with:

- 11% higher spending on diagnostic tests
- 3.5% higher total healthcare spending

In this study, the median charges were 51% lower with patient-centered care

Source: Bertakis 2011, Epstein 2005
Compassionate workplaces benefit both patients and providers

Strong culture of compassion was associated with:

**Patients**
- Quality of life
- ED visits

**Providers**
- Provider experience
- Teamwork
- Absenteeism
- Emotional exhaustion

Source: Barasade 2014
What prevents us from delivering compassionate care?

56% of physicians reported they lack the time to be compassionate to patients.
Compassion has an inverse relationship to burnout

Classical teaching:
Highly compassionate providers risk burnout – i.e., “caring too much”

Causality unclear:
Does lack of compassion fuel burnout or does burnout make it harder to demonstrate compassion?

Systematic review of the literature found the opposite:
90% of studies in health care providers found an inverse association between compassion and burnout.
Inverse relationship holds across many different contexts

<table>
<thead>
<tr>
<th>Medical students</th>
<th>Primary care</th>
<th>Nurses</th>
<th>Senior executives</th>
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<tbody>
<tr>
<td>Medical students who received compassion training had a <strong>rise in compassion and drop in depression symptoms</strong>.</td>
<td>Physicians with higher empathy and ability to take their patients’ perspective were <strong>69% less likely to show signs of burnout</strong>.</td>
<td>Nurses with increased activity in compassion centers of the brain <strong>predicted lower burnout</strong>.</td>
<td>91% of CMOs felt that showing compassion for others <strong>reduced their stress levels and risk of burnout</strong>.</td>
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Those with the highest baseline depression scores saw the most benefit.

**Compassion does not lead to burnout – it may, in fact, be the antidote.**
Four reasons we may not treat patients with compassion

1. “I don’t think it really matters”
2. “I don’t have time”
3. “I don’t care” (burnout)
4. “I don’t know how”
Does compassion really matter?

Compassionate care is evidence-based medicine.
Thank You
Questions?