

# Lack of compassion and health teams: compassionate absence turns into empathic distress

## Introduction

The health personnel who care for patients infected by SARS COV2-19 around the world today represent one of the many ways in which kind love and the altruistic desire to take care of one another are manifested, even despite their own risk of becoming infected and dying, as has happened and will happen in the coming months or years. Contrary to the desire to help and compassion, despair and cruelty appear in an enormous amount of information that “virulently infects” social networks, radio and television, flooding cell phones and slowing down the signals where they appear by hundreds or thousands perhaps, from invitations to webinars with experts who are confused today with the “real” experts, there is a mixture of jokes, memes, and all kinds of elements derived from leisure and the simple but human way, of how to try to overcome isolation although be it in a transient hedonic way to calm the dazed, ruminant and fearful mind that everyone encounters. Next, we can point to the evidence of a society with a conflict not only of values but of compassion and the power to recognize that loss today needs to be apprehended.

## Role of influencers

Meanwhile, young people make TikTok, phrases or scenes to obtain “likes”, they strive to add followers, upload information they obtain from others and reach real “wars” of twitters, claims on Facebook or YouTube defending their reality, where it is difficult to know who are the tolerant and how these new managers of the “blessed social networks” can inspire or prosecute someone in a matter of minutes, as a new form of technological violence. Some older ones (in the audience), make video tutorials on inorganic chemistry, cooking roast meat, working Excel, zooming etc. Those of my age, we are more experts in what ups, and we do groups for everything; The administrator is the master and owner of that space of power, and be careful because at the slightest spark of rebellion against the group interest or its vision, it can unleash the anger and immediate expulsion of those who make it up. The rest silently accept passively. The vast majority of the members of the chats and without having noticed it before, we witness the spontaneity of those who, hidden in the networks, now believe they have the gift of predicting the future, others without being so are “specialists” in epidemiology, economics, and on the other hand, sometimes applauded, and other times criticized and especially his participation on politics, human rights, science, conspiracy, religion, corruption; which, as a chain reaction, affects those who, having made an effort and recently rediscovered by joining a chat, go from the joy of the old friendship to the confrontation since by exposing a divergent point of view from their friend of yesteryear, they are punished and expelled by incompatibility, intolerance, racism, classism and disagreement with the point of view of its members and administrator.

## The pandemic and the politicians

Before the cameras, and derived from the Pandemic, they try and display their forces, put on their tough faces, as fighters, show their

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**Dr. Guillermo Eduardo AréchigaOrnelas**

Professor of Palliative and Pain Medicine, University of Guadalajara, Mexico

**Correspondence:** Dr. Guillermo Eduardo AréchigaOrnelas, Professor of Palliative and Pain Medicine, University of Guadalajara, Mexico, Email [gmoarechiga@hotmail.com](mailto:gmoarechiga@hotmail.com)

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frown, get serious and dramatize the deaths caused by COVID-19, which does not convince the viewer, others Few, apologize, boast of taking photos with sacred books in their hands, or in front of temples or congregations, and others flatly challenge proselytism against the use of the mask, considering it an evil strategy, however the population intelligent, he hardly trusts his histrionics, which seems, although without success, to want to be hired as actors in some new Guillermo del Toro film.

## Hospital and non-hospital conversion

While the converted hospitals show their shortcomings, these ancestral, the result of complicit participation since their directors belong to the medical group, the administrators were doctors, the health secretaries, the directors of institutes or health regions, were also doctors. Because doctors sensitized to the pain and suffering of others during their training can allow this? Both, operatives and managers, allowed, endorsed or ignored the embezzlement of the budget, it was time for profits, to carry out works but there is no support for chemotherapies, there was no development rather there was the purchase of positions, placement of friends in without capacity, without experience. The latter, now selling protective equipment (PPE); they are themselves, who “take advantage” of the crisis to resell the masks of stolen containers, or pirates, of spell covers, which are nothing more than a badly folded napkin with a shield of unintelligible origin that says made china. Everyone now sells everything, masks, soaps, alcohol, gels, they are themselves, they are the acquaintances who settle in strategic places to smell the movements and market opportunities and government contacts. And while in the COVITARIOS (a pejorative name given to the place where patients infected by COVID lie), health equipment and personnel, it is scarce, since the unions demanded the rights and permits of the workers, some have carried out a test of glucose after an intentional ingestion of chocolate to trigger the glucose concentration and convince the accomplice colleague, who, issues a diabetic voucher, some workers have more than 6 months of the union “leave” with the consequent and unfair employment contract for those who In need of money, they are hired even if they do not have job security, those hired who by necessity and conviction are today in these places of risk, without having protection for risks in case of infection or death.

## The incongruous health of health services

In other hospitals, about 60% of health personnel encounter real risk factors, these same ones that should stay healthy, today are at risk, the pandemic uncovers their fragile insane body, warned by the heads of their The department tells them “if you want to work, it is at your risk this is voluntary”, whoever wants to leave has a union permit. It will only be worked by guards.

## The other side of the conversion

Everything has been reconverted, the courage due to fear, the assistance due to the absence, the old equipment, the very expensive monitors who look splendid; We have never seen so many in 30 years, entire rooms with beds waiting for bodies that do not take long to arrive, that arrive, 10, 20, 30, per day, serious, wanting to tear some life out of the air, or out of life, a little air drown. The beds are ready, they look immaculate white, thousands of dollars invested, figures that do not matter, reconversion of facial expressions, heated discussions, protocols that are broken, they are recomposed are broken again, sick people who arrive, obese surveillance personnel, elderly, enslaved for a salary, today he wears a uniform of a private company that profits from those who, being unemployed, was “converted” from unemployed civiliansto hospital policemen, badly paid and badly eaten, with mouth covers on their throats, They eat what they can and are asleep by the strenuous 24-hour guards, on their arms curled up on the desks, it has already dawned and they are still unguarded, they pass everyone in front of them, while they sleep, until the relay arrives, the same or more fragile and is heard in the corridors, of the internment and death of one of them, he died alone, without relatives, today one appears who claims the money deposit card.

## They left us alone

Today I received a “promotion” from a pharmaceutical company, I received a gift of a protection kit (three N95 masks) by parcel, “pirates”, they apologize, they send an email saying that they do not meet the specifications. Again they send others that according to them, these are good! We understand the desperation of the lack of medical prescription and the impact on the pharmaceutical industry and a large number of workers today unemployed. Another email arrives from the Medical Association to which I belong: contact us as soon as possible to pay the fee and the first 100 who do so will be given another N95 mask!

Many Associations demonstrate on social networks against governments, but no one had offered us anything, today at least one kit (a pair of masks) does not sound so bad, I get the impression that it is paid more than given: With this “Motivation” is sought and required a culprit, a person responsible for the pandemic is not alien to the difficulty of governing and the responsibility to do so with intelligence, wisdom, compassion that sometimes arises, but is thrown to the ground when you discover that always they are linked to political alliances, scores, observation and above all, that the acts are calculated well elaborated to obtain votes and maintain a high level of acceptance in the population, elections are approaching in the USA and Mexico.

## The councils of medical specialties and the churches

On the other hand, the Medical Councils like the Churches,

have decreased their income, the congresses have been postponed and the losses due to religious meetings have also been affected, we have seen little solidarity from the churches, so powerful and so economically strong today, they tremble not because of the pandemic, but because of the loss of parishioners and income and in the same way, medical associations, all for the first time, realize the incredible value, economic but most importantly, how interdependent we all are in belonging to a same association or church: the great family of 7 billion human brothers.

## The “stolen” youth

On the other hand, chats have been saturated with elements that provoke laughter, even if it is that brief moment of nervous laughter that disappears as soon as we read and discard, returning us to reality, to the pain and suffering of countries and the world; We see the statistics, all of them increasing, infected, dead, etc., nobody wants to talk about recovered, that does not sell in the press, the press needs journalistic notes, for example on miraculous saints, on how to cure the virus with chlorine dioxide, protests against racism, the disappeared, violence, femicide, police brutality, the outbreak of Beirut, once it happens, we return to the “new normal”, the fatigue of isolation and parties have hidden among young people claiming their spaces, their youth “stolen” their right to fun, with little or no concern about the potential for spreading and maintaining a longer Pandemic, indeed, many believe that it is just an invention of the manipulative government.

## Lack of training and medication

The reconverted therapies need trained personnel, the ventilation teams do not handle themselves, the palliative sedation require experts in important areas related to human frailty, bad news, management and support for them, anticipatory grief and death process and the new vision of it as a natural, existential, biological, anthropological and spiritual process. “We had time, we were late,” said mental health experts, who organize a webinar on crisis intervention for those in crisis. Disorganized, we organized as best we could; Fentanyl is scarce, they are medicated and propofol infusions are maintained for 20 days, opioids, morphine, fentanyl, buprenorphine, tramadol are over medicated, it is discovered that palliativists have not been summoned to work on what they are experts, it was only believed that they were to take care of the dying, their role is minimized, for the first time they discover that there is a procedure to obtain a prescription of controlled drugs, that they never processed that ... they said, it is for anesthetists, palliativists of the pain. Today, the vast majority who are inside hospitals handling opioids and ventilators, do not have permission for controlled medications, and therefore, sedations are partial, with restless, semi-conscious patients, fighting against the ventilator, and opiophobia, (rejection to use opioids) is “reconverted” to a HYPER-OPIOPHILIA, the resource (opioid) is scarce, it is withdrawn from the institutions, the scarcity begins not only in our country, but also in other parts of Latin America and the world of countries like ours, and it is realized that if you cannot heal if you can only alleviate sometimes, we should always console and the importance of a Palliative Medicine, becomes present again, is it too late? No, it is the best opportunity to be part of the health teams and recognize that the healing and saving medical omnipotence will not be able to do it even if I wanted to, that is why there are advance directives, last wishes, and the elements to have in the measure of a serene, calm and accompanied death is possible, although this

Pandemic has made palliative vision difficult for us, it has always been there in the history of humanity.

## When society trusts its government: greater adherence to health policies

The New Zealand health minister says that having had outstanding political and scientific leadership, but above all the excellent communication with the public about what is happening (COVID-19) and what is expected of them, was key to manage the pandemic. “We have also seen tremendous compassion and an innovative spirit across the country”.<sup>1</sup>

## Cause and effect: the crisis of compassion

Stephen Trzeciak and Mazzarelli,<sup>2</sup> warned of the revolutionary scientific evidence that caring for others and compassion in all health services makes a great difference, just as the lack of it derived from previous decades, worsens and becomes in evidence at this time, due to the high contamination, the virulence, the inability to manage patient information, although the effects are already observed at all levels, in the coming years, we will see the true impact of this contingency, since we are focused on saving lives, those who can be saved, and those who cannot, patients and family members will be left aside for bringing “dragging” the lack of compassion. There is no way to show compassion, if one cannot see humanity in others (society, government, health teams, youth, specialists), we have become more self-centered, and less other-focused. Moving away from compassion for others is a change that seems to accelerate as time passes until it hits us and confronts us with the current pandemic.<sup>3</sup>

## Empathy is feeling; compassion is action

Empathy (the feeling and understanding component) is a prerequisite for compassionate behavior. Numerous studies in college students, don't be too quick to dismiss these data as simply the selfishness of young people or the isolationist attitudes of a generation. It turns out that adults may be the real culprits here! this may explain the apparent lack of solidarity from young people in all parts of the world. In a study of 33 different high schools with more than 10,000 students, they were asked what they believed their parents valued the most, almost two-thirds of young people answered that they feel that their parents do not value the care of others as much how they value their accomplishments and accolades<sup>4</sup> While parents may deny that they explicitly tell their children this, this study provides strong evidence of a generation, that has internalized this message from adults. Perhaps the most surprising data comes from the recent Pew Research Center study that found that a third of all Americans do not even consider compassion for others as one of their core values.<sup>5</sup>

In fact, given the evidence of an erosion of compassion in the general population, it is likely only a matter of time before the epidemic infects healthcare. Make no mistake: in medicine today, there is a serious crisis of compassion.

It is not only our country and the neighboring country that is experiencing the crisis of compassion, it is all over the world. So it stands to reason that if one has difficulty establishing a personal connection with another individual, compassionate behaviors are much less likely to occur.

There is a ton of data on this topic about the inability to make a personal connection, and it's all relevant to the compassion crisis.

Research on the burnout syndrome among healthcare workers is the manifestation and consequence that is everywhere.

## Nature versus nurture: can we learn compassion?

For many, they intuitively feel that the answer is “no”, they think that compassion for others cannot be learned. They scoff at the suggestion that they can be taught compassion. They also believe that people without compassion cannot change their character, the old idea that “a leopard never changes its spots” “I am not a sensitive person, many think. The problem with this kind of thinking is that it is not supported by the available evidence. Science tells us a different story. The preponderance of data in the scientific literature shows very clearly that compassionate behaviors can, be learned. This includes compassionate behavior towards patients on the part of healthcare providers.

Can a healthcare provider or civil society in general learn compassionate behaviors? The answer, you will see, is yes.

For decades, researchers in management and organizational behavior have been studying the emotional labor of service workers in all types of service industries. For healthcare providers, emotional work includes the expectation of compassionate behaviors toward patients, even if those providers do not feel an emotional connection to the patient at that particular time. (A word of caution here: please resist the temptation to trivialize emotional work as “faking it.” It goes much deeper than that, as you'll see in a moment.) Compassion makes you a better healer and a better human being, period.

Renowned University of Houston researcher Dr Brené Brown reminds us that “Compassion... is a commitment. It is not something that we have or do not have - it is something that we choose to practice.”<sup>6</sup>

The compassionate act is 100 percent genuine and sincere; a result of intentionality. They are sensations in the providers within themselves, explicitly for the benefit of human beings. A classic article published in JAMA explains the different types of strata of emotional labor as it pertains to healthcare providers that also applies to society in general: deep action or superficial action engaging in emotional labor in a meaningful way can also begin to transform how a healthcare provider feels about their patients.<sup>7</sup> In other words, treating patients with compassion by being very intentional, through emotional labor, can result in a healthcare provider truly feel more compassionate for patients. Some may consider this to be false until you do. But remember that many prominent thinkers throughout history have witnessed the fact that making a habit of altruistic behaviors can be transformed from within. The literary giant and theologian C.S. Lewis comments, “When you act like you love someone, you will soon come to love them.” Mahatma Gandhi says that “compassion is a muscle that grows stronger with use.” In *Ethics of Nicomache*, Aristotle wrote: “Virtues are formed in man by his actions”

## We can change our mind

Can compassion practiced by human beings and not just by caregivers be trained and change the way we behave one and the other? But can this change begin by changing who we are? To answer, we need to dig into rigorous neuroscience data to see what it can actually do to the brain to plunge into compassion. Let's start with the concept of “neuroplasticity.” Basically, that's the brain's ability to adapt over



time. The brain can, to some extent, reorganize itself by forming new connections between neurons to compensate for damage or disease. It also adapts to new situations and challenges; new environments and new job demands. Over time, the brain can change to allow people to do things that they could not do before. This breaks the old paradigm that once we are adults, our brain can never change again. What the old adage refers to is that you can't teach an old dog new tricks. As demonstrated in a recent journal by studying the brains of London taxi drivers and where MRIs showed significantly larger posterior hippocampi. Is it possible that people born with a large posterior hippocampus are inherently better at driving and therefore decide to go into the taxi business? no way. But can people really change who they are? The change can happen, the result of an intentional, disciplined and sustained practice for years, but the question is whether it would only apply these changes to taxi drivers and immersing yourself in compassion and practicing compassion intentionally and consistently over time, in a disciplined way, could change who you are? To find out, let's take a look at the most extreme example of people dedicated to practicing compassion: Tibetan monks. If you study in a Buddhist monastery in Tibet, compassion is a serious business. And it requires serious training. These individuals spend more than ten thousand hours meditating on love and compassion for others.<sup>8</sup> They become "outliers" in every sense of the word, not only in the amount of time they spend training in the practice of compassion, but also in how this experience changes their brain functions<sup>9</sup>

## Do you want proof?

Dr. Richard Davidson of the Center for Healthy Minds at the University of Wisconsin - Madison has studied some of the most experienced Tibetan monks - the "outliers of the outliers" and how long they spend completely immersed in compassion. Specifically, these monks are the world experts in a specific type of meditation technique called loving-kindness meditation (LKM) to increase compassion using 256 electrodes attached to the skull compared to controls, they had brain waves that were literally out of the ordinary<sup>10</sup> They found the so-called gamma waves, a type of brain waves in the EEG that are firing in harmony as when you have a stimulus from an "Aha" moment of extreme insight, you dropped twenty, fleeting and persistent even when the monks were sleeping. It changed the brain of the monks and it changed who they are. They have more gray matter volume in the brain regions involved in the regulation of effect and emotions.<sup>11,12</sup> But do you need thousands of hours of practice to obtain these results? Fortunately, the answer is no, because in two studies from the Max Planck Institute for Human Cognitive and Brain Sciences in Germany, with only 6 hours in total and similar changes have been noted in other laboratories after 2 weeks of a compassion training course<sup>13</sup>

So can people who don't excel at compassion improve?

There is scientific evidence that certain genetic polymorphisms - for example in the oxytocin receptor gene are associated with a greater disposition to compassion than others and especially women.<sup>14-17</sup>

## Conclusion

We have seen from a lack of compassion and the state of maladaptive behaviors generationally interacting with each other, and the phenomena that have emerged in this pandemic, however the question that persists is whether we can generally be trained to be more compassionate? It is answered with the study and meta-analysis of

Riess with more than 1000 participants, on how the training program on compassion is effective in general, in addition to numerous meta-analyses in doctors, students on training programs on compassion have resulted that 80% of the Rigorously published studies show that compassion can be successfully trained in health personnel and the general population.<sup>18,19</sup>

We can conclude that compassionate behavior can be learned and trained. These data clearly show us that one can learn to treat others with compassion; However, one must have an open mind to realize this change, you must first believe in your mind that change is possible. Our culture is very action-oriented: "get out there and do something!" It is a society that values efficiency, speed, and productivity, with constant references to the price of things and even the financial value of people. Although this speaks of great pragmatism and efficiency, another tradition that persists to this day - Buddhism - suggests that the best you can offer the world is yourself, as a person who embodies caring love and expresses this open heart in life. daily.<sup>20,21</sup> Starting to be compassionate with our environment, this contingency may soon reveal the innate compassionate nature of human beings, that within the chaos, is good news.

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