

Acquisition of Compassion Among Physicians: Why Is This Rite Different From All Other Rites?

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In the process of forming professional identities, physicians undergo several important rites of passage.^{1,2} In addition to memorable milestones such as scrubbing into surgery for the first time or cutting into a cadaver, apprentices in medicine must acquire a broad fund of knowledge, develop diagnostic acumen, hone procedural dexterity and communication skills, and learn the “culture” of medicine, such as how to interact with consultants, colleagues, and allied health care workers. But novice physicians also have a core need to retain an essential trait that they often have in abundance at the outset of training: empathy.³

In the midst of reminiscing at the last Seder, I realized that my most formative experience with physician communication had been accidental. For me, one physician's apparent lack of compassion profoundly affected the course of my life—as did an empathetic intervention by someone dear to me.

I remember April 2, 1972—the fifth day of Passover—as the day when I was told, “Daddy is very sick.” On that day, along with my mother, older brother, and younger sister, I boarded a subway train en route to one of the finest cancer centers in Manhattan, if not the world. We didn't realize it then, but as we were ushered into a gloomy room to witness the skeletal shadow of a man who had loyally served in the US Air Force before excelling in track for the City College of New York, we were saying good-bye for the last time.

My childhood recollection is that my father was buff, and that the most prominent attribute of his physique was his lower-extremity strength. His muscular legs had the diameter of tree trunks—oaks. A few months before that difficult April day, business trips (spelled “hospital admissions”) began to preoccupy him, or so we were told. I'm still not certain how my parents managed to pull off the ruse (with our subconscious compliance, no doubt), but before that most memorable of all Passovers, my siblings and I had not understood Dad's absences. In the hospital, seeing only thin wooden sticks remaining to support the man who had once anchored the 4 × 100 meter relay team for City College, we began to get the picture. Looking back, I realize also that,

during our visit, my father was overmedicated with pain-relieving drugs. He was, as cancer specialists say, “gorked out.”

As we approached his bed, he could barely lift a laminated card from the nearby tray and thrust it into my palm. It was a menu, covered with fingerprints and smelling of institutional food. I had no idea why my father gave it to me. I was uncomfortable and immature, and I began to giggle.

Suddenly, I felt a sharp elbow in my ribcage. Some of those pain medicines would have helped right about then, but instead of pharmacologic assistance, I got a quick lesson in life from my older brother. Without words, Joe was explaining that Daddy was inviting us to lunch—that the gesture was our father's sickbed attempt to continue to be our provider. I hardly spoke to my brother then, and I don't speak to him enough today, but I always know when he's right. Joe pointed to the tuna salad, and I recovered quickly enough to gesture straight toward the dessert section. I think I remember Dad cracking a smile. At least, that's what I want to remember.

On the way home to Brooklyn after the visit, our family did not process what had happened. Two days later, an hour after my mother lit the holiday candles, our phone rang. Somehow, each of us recognized this ring as foreboding. Although the act was an overt violation of the Orthodox laws of Judaism that were observed in our household, we picked up the telephone receiver. On the other end of the line, a physician communicated the news, “Mrs Corn, your husband expired 30 minutes ago. May we perform an autopsy?”

Silence.

Mom had the look of someone who was shocked but not surprised. I am sure she had known that a call like this was imminent; still, her stunned reaction was exacerbated, no doubt, by the abrupt way in which the bad news was transmitted. Holding the Princess phone, her hand quivered. We helped her hang up the receiver.

I have no ill feelings toward the doctor. He was probably an overworked intern or resident still learning his craft, asked by his superiors to perform a

duty for which he had no training. Rather, I distinctly remember being overcome by two other emotions.

First, I was genuinely glad that we had broken the laws of the Passover holiday by answering the phone. God, it seemed, deserved some sort of a beat-down for the devastation that He had inflicted on our family. Even now, as a religious adult, I continue to construe that childhood response as occupying the sophisticated as opposed to the primitive terminus of the theological spectrum.

Second, I envisioned myself as malnourished and enduring torment in some dank workhouse as a Dickensian orphan. I feared for my survival. I did not know then that Dad (ever the provider) had set aside enough tangible assets to get us started, or that Mom would emerge as a heroic single parent. I found myself, instead, wallowing in worry. “What are we gonna do?” I cried out to anyone within earshot. Immediately, I felt my brother’s arm—the same arm that had wounded me just 48 hours earlier—drawing me in toward the undeveloped, concave bosom of his young chest. “It’ll be OK, Benjie. It’ll be OK.”

I realize, in retrospect, that I have never felt more comforted in my life than I did at that moment, shepherded by my brother.

And as for that doctor—well, he could not possibly envision how poignantly his shortcomings were elucidating the complexities of bedside manner, or how enduring would be the lesson he taught me.

Intricate strategies have been proposed for inculcating empathy. For instance, recent empiric work has suggested that formal instruction in compassion can alter neural responses to suffering.^{4,5} Yet it remains unclear just how a person who lacks compassion (or is in danger of losing it as a result of overwork and cynicism) can acquire

and cultivate this mysterious and critical quality. Will these new approaches yield compassion that is organic as well as generous, like my brother’s, rather than merely mechanical? And can even the most motivated physicians invest the time to develop such a skill? I don’t think anyone yet knows for sure.

I suggest, instead, that a reasonable first step for physicians who are engaged in the pursuit of empathy might be to recall actively their initial exposure to kindness—or possibly, their first collision with callousness—and then begin to do the emotional work that is required to determine how those encounters left their mark.⁶ For many of us, thoughts and behaviors are shaped, to a great degree, by experiences and memories.

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The author(s) indicated no potential conflicts of interest.

REFERENCES

1. Heymann A: Rites of passage. *Fam Med* 45:436-437, 2013
2. Wald HS, Reis SP, Monroe AD, et al: ‘The Loss of My Elderly Patient’: Interactive reflective writing to support medical students’ rites of passage. *Med Teach* 32:e178-e184, 2010
3. Rosenthal E: Pre-med’s new priorities: Heart and soul and social sciences. *New York Times*, April 13, 2012. <http://www.nytimes.com/2012/04/15/education/edlife/pre-meds-new-priorities-heart-and-soul-and-social-science.html?pagewanted=all&r=0>
4. Weng HY, Fox AS, Shackman AJ, et al: Compassion training alters altruism and neural responses to suffering. *Psychol Sci* 24:1171-1180, 2013
5. Stepien KA, Baernstein A: Educating for empathy: A review. *J Gen Intern Med* 21:524-530, 2006
6. Winnicott DW: *Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. London, United Kingdom, Hogarth Press, 1965