

Challenges in Providing Compassionate Health Care in Current Modern Era of Advanced Technology

It has always been a matter of great pride and satisfaction, and a noble tradition, for practicing physicians to demonstrate the highest level of compassion and empathy when dealing with patients and their families. From preconception until death, a general practitioner has always been the first point of contact for health care in a community, including for providing compassionate care for a bereaved family.^[1]

With recent advances in technology, coupled with the information explosion, the continuity of this traditional compassionate model of health-care delivery is now facing serious challenges. Therefore, today, it is of utmost importance to analyze changes in health-care provision and delivery to better understand how they are adversely impacting compassion in the patient–physician relationship and, accordingly, develop strategies to overcome these challenges.^[2]

Information explosion in the field of medicine has resulted in the development of subspecialties, which in turn has fragmented the delivery of medical care.^[3] These subspecialists are doing an excellent job in fulfilling their role in the overall health-care system; however, the fragmentation has adversely affected the level of compassion during health-care delivery, with a larger number of health-care providers involved for a given patient and family. Further, those who are super specialized in narrow areas of medicine are more focused on their area of expertise and have a less holistic approach, including compassion and empathy for patients and their families.

Due to information explosion, today's medical practitioner is expected to not only keep themselves updated with rapidly changing advancements in the field but also to apply it in clinical practice.^[4] It is the responsibility of a medical practitioner to not only diagnose and treat diseases but also to keep their patients healthy and fit by providing preventive strategies. This dissemination of knowledge on current preventive strategies takes up a large portion of the general practitioners patient–physician consultation time, thereby further reducing the time required for

the provision of compassion and empathy during consultation.^[5]

Compassion and empathy are expressions in a relationship that require time and attention of the person exhibiting it. With technological advances in medical sciences, the emphasis has moved from listening to patients and doing a thorough physical examination to ordering a battery of investigations.^[6] Apart from time constraints, another reason for this shift in approach is to protect oneself from litigation. In a relationship, the mere presence of fear from litigation erodes trust, thereby making a demonstration of compassion and empathy even more challenging.

Exhibition of compassion and empathy through attentively listening to the patient's complaints, proper eye contact and appropriate use of nonverbal cues enables the doctor to gain the trust of a patient and build rapport, which in turn helps enhance patient adherence to treatment.^[7] However, since the introduction of advanced diagnostics, physicians have increasingly grown dependent on these diagnostics, moving them away from the strategy of thoroughly examining patients. For example, previously, a physician used to closely auscultate to identify cardiac murmur and reach a tentative clinical diagnosis. Today, with the easy availability of an echocardiogram, physicians do not give attention to physically examining a patient and prefer to order an echocardiogram for reaching a diagnosis. This approach takes away the opportunity of physically examining a patient, which has a feel-good effect on patients if correctly executed.^[8]

With the advent of patient safety and assurance of quality culture, clinical audits and quality assurance certifying bodies have placed an extraordinary emphasis on documentation of clinical care.^[9] These documentations, in addition to the large number of forms to be filled, results in physicians focusing and spending a large proportion of the time in writing and documenting the care process when the patient in their office for a consultation. Therefore, these requirements also pose a challenge in providing compassion- and empathy-based clinical care to patients.

From the patients' perspective, advancements in information technology have improved their access to information.^[10] Therefore, they are not only better aware of medical conditions and the treatment options available but are also exposed to a lot of nonevidenced-based information. Such advancements have made patients more demanding and in need for better explanation, which has also been a contributing factor in taking the focus away from providing compassion and empathy during consultations.

The numerous obstacles being placed in delivering compassionate- and empathy-based health care make it imperative for practitioners to refocus and consider innovative approaches that can help restore this crucial aspect of patient–physician relationship. Practitioners should make a deliberate attempt to be overwhelmed neither by requirements put forth by the availability of innumerable diagnostic options nor by demands of disseminating preventive strategies including audit and quality assurance requirements. Rather, practitioners should keep in mind the importance of providing quality treatment with compassion and empathy. To help practitioners achieve this, there is also an urgent need to include the provision of compassionate care in curriculum and training programs.

As we move further into the next era of phenomenal growth in medical information, technological advancements and patient demand and expectation, it is our responsibility to ensure that traditional compassionate and empathetic clinic care is provided to patients and families.

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