Circulation: Heart Failure

ON MY MIND

Leading the Compassionate Charge

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Compassion. I have been spending a lot of time thinking about compassion. As heart failure providers who care for one of the frailest patient populations, compassion is part of our everyday work life. We demonstrate compassion in acute care, chronic care, advanced care decisions, and end of life care. It is part of our nature. I assume that had we not believed this to be the tenant of our profession, then we would have not chosen to be heart failure providers. As an optimistic person, I have generally chosen to believe that my local community, city, and country are compassionate as well. But in this time of a pandemic, I have been thinking that compassion is not necessarily easy.

Our communities were in a state of normalcy, and then with an urgent, frantic surge, supermarkets were laid barren of daily essentials like toilet paper, thermometers, and milk. There was collective "me first" mentality. I heard conversations of "blame and shame" while in the local deli. There was a collective "not me" attitude as I saw young adults gather at local bars and baby boomers plan St Patrick's Day dinners. These are the overt manifestations of primitive responses to fear that seems in my mind coupled to the ebbing of compassion.

It struck me that collective compassion is hard when there is an abstract threat and no obvious signs of physical or social decay. In a most recent *New York Times* op-ed by David Brooks, titled "Pandemics Kill Compassion, Too," Mr Brooks points to history's account of the 17th century Plague and 1918 Spanish Flu and how dread overwhelmed the bonds of human affection.[1] He poignantly writes that society often overlooks times of pandemic in our recount of history as we do not really like who we became. I just now remember, as a teenager in the 1980s, speaking with my great grandmother about her childhood. She would talk about the brilliant roaring 1920s as well as the tribulations of the Great Depression and World War II. Never did she mention about the Spanish Flu of 1918 in which roughly 675 000 Americans lost their lives to influenza. I wonder if that time in her life was most easily forgotten, and the ever-powerful defense mechanism of denial won over.

Compassion often is best exhibited when we can be in the physical presence of another human when we can hold a hand and provide a hug. Physical disasters like war, hurricanes, and earthquakes bring people together physically so that compassion can thrive. Conversely, denial does not dominate when a physical disaster of pain and suffering can be seen and felt. Pandemics like the Spanish Flu and now COVID-19 cannot be tangibly seen nor felt by society. They are an invisible threat, and thus compassion may be more difficult to develop. Does social distancing contribute to a loss of physical human contact and thus threaten compassion? Professionally, as we will be required to wear personal protective equipment, will there be a cost of the loss of physical human contact? How will we maintain our compassion for our vulnerable patients during phone/virtual visits/chart consults?

I have been walking the halls of my hospital with a feeling of dread and uncertainty. As healthcare providers of the frailest, we have a sense of what is yet to come. Our inherent compassion will very much be needed and frankly tested in the weeks to come. Although compassion may not be easy in pandemics, I do have hope. As the world is practicing social distancing, we are ever more connected via social media. I have seen acts of kindness and compassion on social media in support of

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For Disclosures, see page 2.

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food banks, local schools, and the elderly. Medical students have joined together to offer support to the faculty who are on the front lines with childcare, dog walking, grocery shopping, and food delivery. Neighborhoods joining together to support those who are more vulnerable, to share resources, and provide family care to healthcare providers on the front lines. Members of the community making food/personal care baskets for the health care providers at the hospitals. This gives me hope that society can come together to provide compassion and human affection.

I know that heart failure healthcare workers will need to lead the compassionate charge. We will need to adapt our toolkit of compassion to calm the sickest, support families, and set an example for our colleagues and community. I believe in our heart failure community, and I trust that we will continue to be compassionate.

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Disclosures

None

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