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Don’t forget to edit the ‘Slide Master’ to complete the top of the slide – this will show on all the slides.

**OLD STORY…**

We need patient-centered care to treat disease

We need compassion-centered care to help our patients to heal

**NEW ASSUMPTIONS…**

**NEW ASSUMPTIONS…**

We need patient-centered care to treat disease

We need compassion-centered care to help our patients to heal

**NEW ASSUMPTIONS…**

Disease causes suffering

Suffering causes disease

**NEW ASSUMPTIONS…**

Patients recover because of our treatments and therapies

Patients heal spontaneously, supported by our therapies

**NEW ASSUMPTIONS…**

Doctors can ‘fix’ bones with screws and plates and anastomose bowel with sutures. But the fusion of the bone and the reintegration of the bowel are miracles of healing.

The ‘placebo’ response is not due to inert placebo – it’s a healing response.

The experience of care triggers a powerful biological response in the patient...

...and emotional memories of care last a lifetime.

But our medical science is objective, materialistic, reductionist... - we have become 'body mechanics', not compassionate healers.

Diabetic patients of high empathy primary care physicians had 42% fewer hospital admissions for metabolic crisis than patients of low-empathy physicians.

Compassionate, whole person care in terminal lung cancer - early access to palliative care

- Fewer patients have depression, 16% vs 38%
- Fewer patients chose aggressive end of life care, 33% vs 54%
- Reduced overall cost of care
- But increased median survival, 11.6 months vs 8.9 months!

Randomised trial of compassionate care for homeless patients presenting to ER - 30% reduction in repeat visits in next month.

Supportive pre-op visit by anesthesiologist:
- Halved the dose of post-op opiates.

Non-supportive pre-op visit by anesthesiologist:
- Length of stay 2.7 days longer.

Harvard study 1964: Randomised trial of supportive / non-supportive manner in pre-op visit by anesthesiologist.
Randomized, controlled trial of empathetic pre-op consultation:
• Better wound healing
• Better surgical outcomes
• Less anxiety
• Less pain
• Higher levels of daily activities


Trauma patients who rated their surgeon “high empathy” are twenty times more likely to fall into the better subjective outcomes group at six weeks after discharge:
• Very satisfied with care
• Believe that treatment is effective
• Treatment makes me feel better
• Improved quality of life

The healing power of touch:
- evidence from randomised controlled trials
• Reduced pain, reduced cortisol, enhanced immune function in post-op patients
• Reduced rate of complications and hospital length of stay in premature infants
• Reduced pain levels in multiple studies (meta analysis)
• Reduced fatigue and pain in cancer patients
• Increased haemoglobin levels in anaemic students

Physician-patient relationship has bigger effect size on 5-year mortality than smoking cessation or taking aspirin.

Compassionate caring can be as powerful as the drugs we use...

Our thoughts, feelings and intentions change the biology of our patients.

Compassionate caring is safer, more effective, satisfies patients, saves time, reduces demand, gives meaning to work, and costs less.
The scientific evidence for all these claims can be found in the book that launched Hearts in Healthcare

References