"Teach children How to show Compassion not just How to be Competitive. This is the Revolution of Education the world has waited for."

Our children are now taught to be competitive. But this means that one will win and the others all lose. Such a system where most are losers breeds frustration and discontent. They are also taught that compassion is a delayed reward. Children constantly say what’s in it for me. We say if you’re good you get your reward later, in heaven or thru Karma later. We say it comes back to you later. If we can teach that Honor is its own reward, integrity is its own return, compassion is its own compensation. Then we teach that being good has instant gratification. If we train them in this day by day we will develop a new education system that will make people feel good. Honor, respect, integrity and compassion do not have to be returned to make you feel good. Just doing them makes you feel good. Whether the other person returns your benevolence is not of concern. The sunshine does not return to the Sun. when we concentrate on the good feeling we get in helping or respecting others we do not have to expect return. We simply give the other the right to deal with life as they see. Compassion is its own reward, you live longer.
“Teach children How to show Compassion not just How to be Competitive. This is the Revolution of Education the World has Waited for.”

Desire' Dubouneet
“Compassion is the most Potent Healer of them all.”

“Studies have shown that sharing and giving compassion can heal the sick and prolong life”

“Until a Person Extends his Circle of Compassion to include all things in the Universe, a Person cannot find Peace or Harmony or even find their own Self”

“We all Share Air, We all should Share Care”

“Compassion is the Greatest Gift Humans can offer to another”

“Medicine without Compassion is not Medicine, it is Placation”

“Be Compassionate, But Beware !!!, a misguided selfish pretense of compassion can hurt a person more than you might think”

“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” Dali Lama

“Our task must be to widen our circle of compassion, to embrace all living creatures and the whole of nature in its beauty.”

Albert Einstein (1879-1955);

“Some people think only intellect counts: knowing how to solve problems, knowing how to get by, knowing how to identify an advantage and seize it. But the functions of intellect are insufficient without courage, love, friendship, compassion and empathy.”

Luke 6:36 Be merciful, even as your Father is merciful.
Luke 10:33 But a Samaritan, as he journeyed, came to where he was, and when he saw him, he had compassion.
If you want others to be happy, practice compassion. If you want to be happy, practice compassion.
It is not enough to be compassionate. You must act.

“To grow old is to move from passion to compassion.”
~Albert Camus
“Medicine without Compassion is not Medicine, it is Placation”

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“Compassion is the most Potent Healer of them all.”

Desire Dubounet
**DESIRE**

The distance between success and failure can only be measured by one's desire.

**Tolerance**

Leaning in to see eye to eye.
To know you have enough is to be rich.

How can a man’s life keep its course if he will not let it flow?

Tao-te Ching
The purpose of human life is to serve and to show compassion and the will to help others.

~ Albert Schweitzer

at the center of your being you have the answer; you know who you are and you know what you want.

(lao tzu)
“The more you are motivated by love, the more fearless & free your action will be”

The superior man is distressed by the limitations of his ability; he is not distressed by the fact that men do not recognize the ability that he has.
When I let go of what I am, I become what I might be. When I let go of what I have, I receive what I need.

— TAO TE CHING

It is vital that when educating our children’s brains that we do not neglect to educate their hearts.

~ Dalai Lama
Love is my Drug of Choice
We declare Peace
Has Medicine Lost Its Compassion And Humanism?

In the June issue of the GME e-Letter, we referenced an essay in JAMA (extract) by Paul Rousseau, MD, who observed attendings, residents, and students on hospital teaching rounds from the perspective of a caring family member:

I have no doubt that as the medical team approached her cubicle, she was simply the 52-year old scleroderma patient in the intensive care unit.

She was irrelevant; her disease was not. While she was receiving the best technical care in the world, the individual that she was seemed forgotten, her personhood tossed to the side in lieu of the intricacies of pathophysiology.

Dr. Rousseau's observations lead to a series of questions about our profession:

Has medicine become such a business that the human factor has been relegated to the trash heap? Has the paucity of autonomy or even a falling income usurped the humanistic qualities of our worthy profession? Could it be that we lack empathic and compassionate mentors to plant humanistic seeds among young, impressionable physicians? Are we simply selecting the wrong people for medical school? Or does the rigorous training that ensues during the residency years generate an emotional egress of what attracted us to this principled and honorable profession in the first place: to relieve the suffering of a fellow human being, be it physical, social, spiritual, or emotional?

In his summary, he challenges us "to return medicine to its Oslerian and Hippocratic roots, roots that care for the patient in all domains."

We asked readers of the e-Letter for their thoughts on the essay and whether modern medical care has lost its way and, perhaps, its soul. Below are the responses we received, with identifying information removed.

Note: These views may not necessarily reflect those of the AMA.

From my own recent experience in residency (2006), I believe the "emotional egress" is multi-factorial. We most certainly lack empathic and compassionate mentors. While some do exist, they were certainly not the norm in my training institution. Screaming, yelling, demeaning, sarcasm, put-downs and "one-upmanship" were the norm for attendings and residents, in all of the specialties I saw represented in my large university training program, from medical school through residency. I would not talk to an animal the way these people habitually talk to young, impressionable doctors who are learning from their respected attendings.
The rare kind, thoughtful, professional, courteous, attendings, who treated students and residents like 
humans, and considered the patient's welfare, rather than just their lab values and X ray reports, were 
demeaned by the sarcastic ones, as being incompetent or "not assertive."

My husband and I discussed this frequently. Many of the attendings were some of the most dysfunctional 
people it has ever been my misfortune to meet, let alone to work with. My husband was astounded. He 
has been a top-level businessman for years. He said that the behavior that was common in my university 
"would never be tolerated in the business world." One of the instructors, who sees people from the 
beginning of medical school, all the way through residency, remarked on how often "nice kids become 
real jerks" as they progress from medical school through residency. However, we are seeing fewer and 
fewer "nice kids" to begin with.

I think we are selecting the wrong people for medical school. Most of the medical students and residents 
I saw were selected only for grades, nothing else. Many of them had terribly dysfunctional personalities. 
The huge majority have no social skills. They have been brain-washed into believing in their own 
superiority. They have studied books, but not humanity. Many of these students were remarkable for 
their lack of compassion: "Gunners," aiming only at the best grades, knowing that the more they 
denigrated their fellows, the better their own chances at acceptance in medical school, good grades in 
medical school, and obtaining a desirable residency. There is no cooperation, no sportsmanship, no 
comradeship. If you can knock your competitor, you have a better shot at your own aspirations.

The rigorous training in residency has some good aspects, but it makes the patient become your enemy. 
The 80-hour weekly work limit is honored far more in the breach than the observance. When you have 
been up for many hours, your bed is nowhere to be seen, but the "silly" needs of a patient keep you from 
a precious, stolen hour of sleep. This tends to make the patient an annoyance, a bother, something to be 
dismissed, rather than thoughtfully considered as a suffering fellow human being.

An example: one night I was on call, covering 50+ patients. Interns were supposed to cover no more than 
20 on-call patients, but that rule, too, was never followed. I was told, "If the nurse calls for pain meds for 
Mrs. Doe, just give her more pain meds. The woman is a drug seeker." It was a terribly busy day and 
night. Sure enough, about 4 a.m., when I had a chance for maybe an hour of precious sleep, the nurse 
called about patient Doe. I considered ordering more pain meds, but I had never examined that patient. I 
sighed, and went to check on her. The "drug seeker" had an acute abdomen. I called the surgical 
resident, and the woman was soon in surgery. What if I had simply given more pain meds? In the 
morning, I was congratulated for my "strong work."

Many times during my residency, residents were admonished if they dared consider being "sick." It was a 
personal failure and lack of ethics to be sick! As an intern I contracted strep from a pediatric patient. My 
attending, an infectious disease specialist, diagnosed me, ordered antibiotics, and told me to take off till I 
was no longer febrile. For following my attending's orders, I was strongly criticized by my senior resident 
as being "unethical" and "lazy," even though I had previously been congratulated and received top 
grades for my hard work! As evidence of his own commitment, he proudly boasted that he had worked 
"with an IV giving me fluids for 24 hours." This was in a medical rotation, not a surgical one.

During my entire medical school and residency training, I found that nurses, by and large, were much 
more observant and compassionate. Physicians were not compassionate with each other or with 
patients. "Being first," no matter the cost to others, and lack of consideration for others, is imbued early
in their experience, and there is no going back. The patients are "numbers" or "cases." Far more often, the nurses seemed to regard the patients as humans with needs and emotions.

At the same time, I do want to express that I enjoy medicine, I enjoy patients, and I enjoy my practice, but it was a rough journey here, and it would have been very easy to have become jaded and hostile. I asked one of my friends, when she finished residency and began her practice, "What's the most notable thing about being out of residency?" Immediately, she replied, "Nobody is yelling at me!"

I try to impress upon anyone who wishes to become a physician that the road is long and hard, and they shouldn't become a physician unless no other profession will make them happy. As for myself, I was very grateful for a few wonderful, thoughtful attendings, who encouraged us rather than denigrating us. They were my inspiration, my role models and mentors. They kept me going.

The following statement is so very true. I am neither a physician nor a student; however, the following statement, slightly rewritten, would perfectly represent how my mother felt and was treated toward the end of her life.

She was irrelevant; her disease was not. While she was receiving the best technical care in the world, the individual that she was seemed forgotten, her personhood tossed to the side in lieu of the intricacies of pathophysiology.

I wish I had been able to give this article, or even just the statement, to all of the physicians that treated both my mother and my father so poorly. I am an instructor in allied health, and I guarantee you that no future graduates of the program will leave without hearing, seeing, and discussing this statement.

If only we could all treat our patients and their families as if they were the most important people to us in our lives, I truly believe no patient would be mistreated or feel that they did not matter.

The cost of medical education is so steep that the young physician must make enough money to repay the loans. Further, Generation X is no longer devoted primarily to the work of healing unless it allows for a complete social life. Thus, perhaps we no longer have the ability to identify or even to have a sufficient pool of devoted candidates to fill our medical school classes. Finally, the cost of practice overhead demands seeing more patients than we should, lessening the time to provide the compassionate care all patients deserve.

Sounds to me like Dr. Rousseau doesn’t have enough to do if he worries so much about other people having compassion.

On one hand, it is good to have the viewpoint of a physician as caretaker. On the other hand, it is sad that this is what it takes for people to comment.

Of course medicine lacks humanism. And by a lot. Needless to say, the technical advances help tremendously and we should not but use them as much as needed. But there is no dichotomy, no choice to make. Why must we always pit technically advanced medicine versus lack of human values? Rather, these are complementary, they have different roles. Both are needed. It is true that time constraints make it difficult to spend time talking to families and patients. And the reimbursement schedule is not
exactly geared to that. And medicine is already too costly altogether. However, consider these few facts and make your own judgment:

- The most frequent comments from patients concern the attitude of physicians
- The most common reasons for lawsuits have some link with the physician’s attitude
- In the most technically advanced medical environments we cure . . . 40 percent of diseases? And that is being optimistic
- Pain, with its huge emotional component, is the most common complaint
- What has made the value of our profession as physicians is the ability to deal with very personal issues (and this is not reserved to psychiatrists!)
- The placebo effect may be unexplained, but it is very real; in the field of headache, it averages 40 percent. That means that 40 percent of pain relief is not due to the medication and very likely relates to the attitude of the caregiver!
- The initial meaning of the word “honorarium” comes from a time when the physician was honored if good care was given. There was no actual income expectation, and any honorarium received was, again, directly related to attitude

With this in mind, there is definitely ample room for more humanism in medicine. Humanism is actually the best driver for medicine: If one truly cares, then one learns best, cares best, practices safe and patient-centered medicine, and, last but not least, looks for new avenues of treatment with research.

All of us must work at this, not the least the educators among us. But education starts early, and being a caring and responsible citizen (and later physician) starts early in life.

Along with other members of my family, I have been a patient of a physician in this medical center for at least 18 years. I have seen my internist here at the center at least two to three days a week, passing him in the halls or stopping for a brief conversation, and I know him well.

A few months ago, my son returned home and was in crisis. He needed to be seen by a physician and perhaps get some short-term medication. Without hesitation, I called my physician’s office to see if he could be seen. I also asked if they participated in his insurance, which they didn’t, so I tried to discuss payment terms, explaining that I could give a significant deposit, file the insurance claim, and personally guarantee that the bill would be paid.

I was told no, that the amount needed to be paid in full, and I could charge it. I explained that I do not have a credit card, but I personally, a patient of 18 years, would make sure the bill was paid. The response? “No, sorry—credit card charge, or no visit.”

How’s that for a dedicated physician? You ask if medicine has changed . . .

I am so old that I remember when patients were cared for gratis—they got admitted to the hospital without insurance. Today, costs and liability concerns have taken the human touch out of medical care, and general practitioners can’t get into the hospital to see patients. Hospitalists work for the hospital, not for the patient.
Health

Compassion Is the Best Medicine
By David Spiegel
Published: June 12, 1994

We don't have a health care system but rather a disease maintenance system. The public believes and many doctors behave as if most illnesses are curable. We think of the body as if it were a machine with replaceable parts: defects can be identified, removed and replaced through treatments like organ transplants, synthetic drugs and gene therapy. With a few exceptions, this is not the case. The expectation of cure or at least placation has led to an explosion of invasive, expensive and often risky interventions that have at best marginal effects on survival. We have lost the principle of first don’t hurt. We do biopsies, harsh drugs, cut, stab and burn. We have focused too much on diseases and too little on the people who have the diseases.

Most Americans die of chronic and progressive illnesses: heart disease, stroke and cancer. Cure is the exception, not the rule. What these patients need is health caring. Compassionate care should help people live with illness by relieving suffering, managing symptoms and coping with the uncertainty and fear of further illness.

Several recent studies -- of metastatic breast cancer patients, lymphoma and malignant melanoma patients, and patients recovering from heart attacks -- have shown that participating in support groups not only improves people's mood and coping skills but may help them live longer.

Unfortunately, many inexpensive group interventions are not part of standard treatment. They are offered as adjuncts to medical care. They are not reimbursed by insurance plans, although they cost a small fraction of fully covered invasive procedures.

And many of these procedures produce only marginally greater benefits than the risks they incur. Insurance companies regularly pay huge bills for surgical procedures whether or not they work, but little or nothing on helping patients cope with illness. Mental health benefits, including psychotherapy, have been
singed out for benefit caps in President Clinton's health plan. This ignores the complex interaction of mind and body that we are beginning to understand through recent research on the effects of social support and stress on health.

Humane care costs less than high-tech care and is what patients want and need: Americans spend $12 billion a year out of pocket on alternative medical care.

Depression is three times as common among medical in-patients and twice as common among medical out-patients as in the general population. Depression and anxiety, in turn, make medically ill people heavier users of medical services.

**Doctors for Global Health**

**Caring, Compassion and Humility: A Proposed New Model for Medicine Closer to the Heart**

*Presented By Ken Hilsbos, M.D.*

*Family Doctor at the Fairmont Clinic Rural Community Health Center in West Virginia (founded by Coal Miners in 1958)*

Modern American Medicine is based on the Biomedical Model. The Biomedical Model emphasizes science and technological innovation. Feelings and relationships get shoved aside. More and more, our Medicine is bumping up against the limitations of technology. If your heart is sick from years of eating feedlot beef, we bust your blood clots, balloon your arteries, bypass your blockage, and even replace your heart. But if you're heartsick because you're a single mother who can't make ends meet, and the kids always do without, and the guys always just take what they can get--then don't waste your time seeing a typical doctor.

We need a different mental construct. We need to improve other aspects of Medicine, not build a better PET scanner. Instead of yet another machine, yet another drug, what we need to do is to use what we know about human misery and how to alleviate it.

Let's shift the focus from technology to values. Three key values are caring, compassion, and humility.
The patient wants to know how much you care before they care how much you know. Let's adopt caring as our central value, our central organizing principal. Rather than just striving to "practice good medicine" let's strive to "take good care of the patient." That, of course, is just a start toward "caring." The caring relationship requires nurturing the patient and caring about what happens to them. Let's not crusade against death. Rather, let's devote ourselves to caring for our fellow travelers--with love, with wisdom and with compassion.

Compassion means "suffering with." The best doctors feel as their own the suffering of their patients and the patients' loved ones. But in American Medicine, on the whole, we need a lot more compassion.

Compassion means empathy and kindness. Sometimes the patient needs these much more than they need another test. In fact, if the patient trusts you, they'll often volunteer the key information needed to solve the case--data that thousands of dollars worth of tests could not provide.

Now we come to the really big deficit. Humility. We doctors have to have strong egos, strong self-confidence. But to truly understand a person requires a feeling of equality. This person here asking for my help might have a third grade education, or Down's syndrome, or an annoying lack of access to soap and water--but they don't really understand death, or the joys of birth, or the other great mysteries, any less than I do. Together we can discover our humanity.

The great Brazilian educator, Paulo Freire, brought the ideas of Liberation Theology into the field of education. He has taught us that big money interests transform everything into objects of their domination. Not only commodities, but even the Earth, time and other people, become objects at the disposal of the dominant class. Modern Medicine reduces the patient to an object. The doctor moves the patients, the objects, through the assembly line--I mean the health care system--with maximum efficiency, the efficiency of how many widgets per day. Is it 20 patient visits per day? 30? 50? Sound bite medicine.

At least some of us heard a call to be doctors. I did not hear any call to see at least 20 patients a day, nor did I hear a call to make a lot of money. I was called to help people, to serve, to relieve suffering.

Only by dialogue with our patients--as equals--can we doctors and out patients become fully human--and healthy.
“Be Compassionate, But Beware !!!,
a misguided selfish pretense of compassion can hurt a person more than you might think”

Desire' Dubounet