

Thoughts on the Ethics of Compassion

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I would like to talk about some of my experiences in the mental health system using the language of compassion and reflection. I thought, at first, that this would be straightforward. In some obvious way, I think the stories that I will share say everything that needs to be said.

But nothing is simple. As humans, we make the most uncomplicated gesture of kindness or the most outrageous act of violence a topic for debate and analysis. These debates sometimes go on indefinitely and are too often used as excuses for doing nothing. Nevertheless, debates and analysis must occur. They are ways of reflecting on our practice and pondering over the rightness or the wrongness of our actions. In some fundamental way, reflecting on our ethical behaviour is tantamount to being human.

So, I was happy to accept the invitation to write this piece because I want you to hear that families want and need to experience your compassion. I also hope that sharing memories from past years and my very current stories will contribute to a reflection on practice. I know, as a mother of a person who is often completely vulnerable, the importance of reflecting on my own power and my compassion or lack of compassion. In this regard, and in many ways, service providers and families are in this together.

What is compassion anyway? I would like to say first what compassion is not. Compassion is not sentiment. Compassion is to suffer with, to undergo with and to share solidarity with another. Compassion leads to action – feeding, clothing, sheltering, providing treatment, or comforting, and without action it is sentiment or pity. Compassion requires one sometimes to take risks. Or it may be as simple as an instance of active or deep listening. This leads to the fundamental point of my piece – compassion is so important to alleviating suffering, and a lack of compassion so potent in exacerbating it, that compassion is an ethical issue.

For nearly 30 years I have been my daughter's main support person. I know, first hand, when someone is compassionate. There was an instance of it, during a painful time of my life and my daughter's illness that was so appreciated I'll never forget it. It made it possible for me, literally, to keep going. I will say more about this later.

Unfortunately, more often than not, compassion seems to be absent. Pills are given, information is taken, but compassion is missing. This is not easy or pleasant for me to say, but it is my experience and I know it is the experience of other family members. My most painful, compassionless experience happened very recently. Over the Easter weekend my daughter was admitted to a crisis unit in a general hospital. When I arrived she was sitting alone, looking lost

and scared. My daughter thought she was waiting to see a doctor. There were three staff members in the unit. Over a period of two to three hours of waiting the staff did not speak to us or look at us once. It was as though we were not there. We were invisible. There were no words of comfort or care. There was no information given and we were left to wonder, on our own, what or whom we were waiting for. I, of course, should have asked staff for information. That would have been the normal thing to do. But it is not a normal situation and I was not my normal self.

Staff looked through us, around us, above us and below us but they did not look at us. At a time of crisis and in a place where you go for help and maybe even care this is hard to bear. This behaviour silences you. And I have experienced this behaviour many, many times in many different hospitals in and around Toronto.

My daughter spent the night in this same crisis unit. The next day, a doctor set up his charts on the nursing station door and proceeded to call out patient's name in a loud voice and interviewed them in front of the whole unit. I watched this and did nothing. I failed to act compassionately and speak up about the mistreatment of patients. Feeling sadness and pain was not enough, action needed to be taken.

Finally action was taken. A patient who appeared very ill and suffering terribly approached the nursing station only to be told by the doctor, with a dismissive hand gesture and an angry voice to, "back up, back up". In a very low voice the man told the doctor to "shut up". For this he was instructed by the security guard to apologize to the doctor. A few feet away from where my daughter and I were standing and within hearing distance another doctor interviewed a very disturbed woman and we heard parts of this woman's story of sexual abuse. In this unit, in the absence of compassion, in my opinion, there was abuse.

Ten or more years ago I visited my daughter in a general hospital and I found she was in an isolation room. She was banging on the window of the isolation room, crying and calling out to me for help. What I felt at that time I can only describe as anguish. A nurse on the unit came and spoke to me. She had tears in her eyes and those tears mirrored my pain. She asked if I would like her to accompany me for a coffee and to talk. She shared in my pain and in sharing it she lessened it. This made it bearable for me to leave my daughter that night. The memory of that nurse and her act of compassion will stay with me forever.

So, I would like to offer people my perspective from the ground. It's really a plea for staff to reflect on their practice, to ponder over how

you are relating to people. I know there is caregiver burnout and that workloads are immense and I know there are cutbacks. These are important issues and they do, for sure, affect how you interact with your patients. Nevertheless, it's vital that people think about how they are interacting with people who are extremely vulnerable and fragile and human like themselves.

Please think about this as you communicate your feelings and attitudes to people. If you cannot think about it at the time, then think about it afterwards. Talk about it with your colleagues. Consider ways and means for staff to get support in talking about their true feelings about their clients and families.

Furthermore, I would suggest that we can advance as much as is humanly possible in brain-imaging, psychotropic drugs, models of therapy and so on. But if you cannot smile, give comfort or even acknowledge another persons' presence, then all of this is for nothing, absolutely nothing.

I would like to close with two quotes that I think express beautifully, much, much better than I ever could, what compassion is all about.

"Everything is held together with stories. This is all that is holding us together, stories and compassion."

Barry Lopez

"If you want others to be happy practice compassion, if you want to be happy practice compassion."

Dalai Lama

Thank you for reading this.

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