

From the Editors

Seneca, the Roman statesman and philosopher, probes what happens in the healthcare relationship when the provider moves beyond the role of competent technician and becomes something more—a compassionate friend.

Why is it that I owe something more to my physician and my teacher, and yet do not complete the payment of what is due to them? Because from being physician and teacher they become friends, and we are under an obligation to them, not because of their skill, which they sell, but because of their kind and friendly goodwill.

If, therefore, a physician does nothing more than feel my pulse and put me on the list of those whom he visits on his rounds, instructing me what to do and what to avoid without any personal feeling, I owe him nothing more than his fee, because he does not see me as a friend but as a client . . .

Why then, are we so much indebted to these men? Not because what they have sold us is worth more than we paid for it, but because they have contributed something to us personally. A physician who gave me more attention than was necessary, because he was afraid for me, not for his professional reputation, who was not content to indicate remedies, but also applied them; what sat at my bedside among my anxious friends, and hurried to me at times of crisis; for whom no service was too burdensome, none too distasteful to perform; who was not indifferent to my moans; to whom, although a host of

others sent for him, I was always his chief concern; who took time for the others only when my illness permitted him.

Such a man has placed me under an obligation, not so much as a physician but as a friend.

Seneca, *de Beneficiis*, Vol. I, 16

Compassion is a concept that we use a great deal in the context of healthcare. We glibly assume compassion to be a virtue toward which we aspire, yet a search of the literature or a study of the topics debated at professional meetings indicates a ringing silence about what the term really means, and how one may judge a person or an act as “compassionate.” In addition to problems of definition, questions go unexamined regarding whether compassion is a core requirement or a supererogatory act or whether compassion requires action to be authentic.

Medical students often say they chose medicine as a career because they cared about people. If that is so, the motivation for their career choice takes up very little space in a medical school curriculum. It is as if after using their declaration of concern for others as a measurement for acceptance to the profession, the rules of the game suddenly shift and their years of training are overwhelmingly imbued with experiences that seem to exorcise that instinct. It is almost as if, by professionalizing their altruism, their capacity for compassion

atrophies. A compelling piece by Michael Lu, "How I Lost Compassion as a Third-Year Medical Student" in our Special Section on Compassion is testimony to the traumatic experience of altruistic students. Compassion and medical education are further examined by Self et al. in "The Relationship of Empathy to Moral Reasoning in First-Year Medical Students."

Legitimate questions can be raised, "Isn't it necessary to curb one's natural responses to another's pain in order to be effective?" "Can't our emotions toward another's pain stand in the way of helping them effectively?" And so, health professionals learn as part of their socialization that to be professional requires stepping back from becoming too involved with patients. This is surely taught: from the initial concern, one must objectify the complaint to be truly professional and offer help. What is not taught, however, is the art of reinserting oneself into the patient's life as a human fellow sufferer once the therapy has been initiated. This is no easy task

in any event, but it is severely hampered by a lack of theory about compassion and our expectations for physicians and the whole process of healing attendant on this lack.

As the articles by Daugherty and Purtilo, Rhodes, Welie, Loewy, and others demonstrate, compassion is an inherent characteristic of moral reasoning and clinical problem solving in healthcare. Our issues call for a much more extensive dialogue about compassion, so we inaugurate this Special Section with a dialogue of our own. We were surprised about how much we share and how much we did not about the meaning and implications of compassion.

We call your attention to a special *CQ* interview with Richard Selzer on "Death, Resurrection, and Compassion." Emily Dickenson's admonition that "Surgeons must be very careful/ When they take the knife!/ Underneath their fine incisions/ Stirs a Culprit – life!" takes on a special meaning when that surgeon is also a writer!