

Compassion, Suffering, Morality: Ethical Dilemmas in Caring

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Few healthy people welcome death, but most would welcome a quick, easy death to avoid suffering and the loss of control over their lives. We need to ask: what sort of human environment do we hope for at the end of our lives? What will the world and our own living in it look like when we know we are about to die? What kind of human relationships will sustain us through this most personal of life's experiences when we may become more dependent on others? Do we fear we will either be abandoned through lack of meaningful personal contact with significant others, or be actors in a tragi-comedy of pretense in which authentic forms of human expression are unattainable?

One meaning of the word *caring* is "to suffer with, to undergo with, to share solidarity with." This moves us away from the more limited definition implied in the phrases *nursing care* or *medical care* where caring often means the use of technical knowledge and skills but does not necessarily connote an attitude toward the other. Many health professionals continue to be socialized into their roles with emphasis on this more instrumental meaning of caring. Indeed, in traditional health facilities, the role models often available to students — and the dominant

value system of cure and efficient hospital management — can foster the notion that caring is the "laying on of hands" or their extension, modern technology. But situations of serious illness and dying call for an unfolding of our most basic human qualities to the other; the most demanding and deeply human aspect of caring is the expressive art of being fully present to another person.¹

Caring in this sense is akin to compassion: caring deeply and genuinely for another human being, including an appreciation of the independent existence of the other, is grounded in the knowledge and full understanding that the other is *other* and not an extension or reflection of our own self.

Compassion is not *knowing about* the suffering and pain of others; it is *knowing* pain — entering into it, sharing it and tasting it in so far as possible.² As one writer has put it, compassion is a case of feeling the other's feeling, not just knowing of it, nor judging that the other has it.³

But how does one feel another's feeling and not merely know about it? Where and how do we learn to be compassionate, and does professional education foster or hinder the development and demonstration of compassionate caring?

What implications do these definitions of compassion and caring have in those situations where the other is seriously ill or dying, and is suffering? This question assumes that we understand the relationship between suffer-

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ing and pain and between suffering and death. A detailed development of these concepts remains beyond the focus of this article, but it is important to note that suffering is often associated with mental or physical pain, or both, and that the relationship between pain and suffering is complex whether viewed from a psycho-biological, philosophical, or religious perspective.

Often terminally ill patients experience both mental and physical suffering in dealing with their pain and its meaning. Suffering can act not only to alienate one from oneself but can alienate others from the sufferer. Suffering can make the other a stranger, and we sometimes respond by turning away from this stranger who now lives in a world which we may be reluctant to enter.

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