Unaddressed Suffering: A Preventable Medical Error

Rev. Rodney L. Craggs, M.Div., BCC
Norton Children’s Hospital
Pediatric Oncology Chaplain
Member of NCH Ethics Committee

Educational Objectives

1. Identify unaddressed suffering as an ethical imperative for hospitals to prevent.
2. Understand addressing suffering as a way to increase patient satisfaction and outcomes.
3. Describe how chaplains and other social disciplines can be integrated in systems to address preventable suffering of patients, families and staff.

Our Ethical Imperative to Suffering

Since preventable suffering is a too common circumstance experienced by hospitalized patients and their loved ones, it will be argued that unaddressed preventable suffering is a type of medical error that invokes both a moral and operational obligation to establish and execute processes that will prevent and/or alleviate that suffering.
The Modern Paradox

“That even in the best settings and with the best physicians it is not uncommon for suffering to occur not only in the course of a disease but as a result of its treatment.”

Eric Cassell

People Report Suffering When:

- “They feel out of control”
- “The pain is overwhelming”
- “The source of the pain is unknown”
- “The meaning of the pain is dire”
- “The pain is apparently without end”

Suffering in Health Care Institutions

- Hippocratic Oath: “be of benefit and do no harm” (Jonsen, et. al., 2010)
- "Protection of patients against harm and injustice at an individual and social level.” (Jones, et. al., 2015)
- Preventable suffering is too common, “unnecessary anxiety” (Lee, 2013)
- Patients come to hospitals for relief of suffering (Lee, 2015)
- Disturbing deficits in healthcare: poor communication, uncoordinated care, and absence of empathy. (Awdish, 2017)
Nature of Suffering

1. Very personal matter
2. Observed when there is a threat or perceived threat
3. Occurs to any aspects of personhood

Suffering: Personal Matter

Suffering can only be experienced and expressed by the individual person

“The only way to learn whether suffering is present is to ask the sufferer.”

Suffering: Threat or Perceived Threat

Suffering greatly damages, if not destroys one’s quality of life

- Flourishing
- Thriving
- Well-being
Suffering: Personhood

“All aspects of personhood are susceptible to damage and loss.”
(p. 36)

Aspects of personhood (p. 42)

- the lived past
- the family’s lived past
- rules
- culture and society
- associations and relationships
- the instrumental dimension
- the body
- the unconscious mind
- the political being
- the secret life
- the perceived future
- the transcendent-being dimension

Typology of Existential Suffering

- Death anxiety
- Loss and change
- Freedom
- Dignity
- Aloneness
- Quality of Relationships
- Meaning
- Mystery

“A typology of existential distress strengthens the clinician’s ability to understand a patient’s angst, offer explanations that contain and support the patient, and guide therapeutic interventions that ameliorate the patient’s suffering.”

“Patients can be greatly reassured by the fact that this existential framework for distress does not involve psychiatric disorder per se but rather arises from universal challenges that are givens in our human existence.”

Kissane, The Relief of Existential Suffering. Archives of Internal Medicine, 2012.
Three Types of Suffering in Health Care

1. Unavoidable suffering due to diagnosis
2. Unavoidable suffering due to treatment
3. Avoidable suffering due to the dysfunction in health care delivery

Unavoidable Suffering Associated with Diagnosis

Examples:
- Symptoms of disease including pain
- Loss of functioning (temporary or permanent)
- Fear or anxiety arising from the implications of the diagnosis for health and functioning

Unavoidable Suffering Associated with Treatment

Examples:
- Post-operative pain
- Loss of functioning (temporary or permanent)
- Fear or anxiety regarding outcome of treatment
- Fear or anxiety due to unfamiliar processes, disruption in daily life, and loss of control.
- Side effects
Avoidable Suffering Due to the Dysfunction in Health Care Delivery

Examples:
- Unnecessary pain resulting from failure to identify and treat the source
- Hospital acquired conditions
- Fear or anxiety resulting from lack of coordination and teamwork, lack of respect shown to patient, and loss of trust in providers
- Misdiagnosis
- Unnecessary waits

Unaddressed Preventable Suffering as a Medical Error

By viewing unaddressed preventable suffering as a medical error, it becomes imperative for hospitals and health care institutions to meet patients’ basic need for safe, effective and compassionate care.

Medical Error: Definition

“An act of omission or commission in planning or execution that contributes or could contribute to an unintended result.”
Swiss Cheese Model

“Medical errors cause adverse patient outcomes only when they penetrate through the holes or flaws in the multiple layers of defense (slices of Swiss cheese).”


Root Cause Analysis:

“An event’s root cause is typically a finding related to a process or system that then offers the potential for redesign to reduce the risk for future errors and harms.”


Medical Errors

“Most medical errors and preventable adverse events are not solely the result of an individual’s action; rather, they represent failures of complex systems. It is, therefore, incumbent upon clinicians to develop processes to prevent and intercept errors before they reach the patient and can cause harm.”

Preventable Suffering = Medical Error

- Principles of Root cause analysis:
  - Establish clear framework for change
  - Encourage teamwork
  - Fosters open communication
  - Minimizes, or ideally eliminate, individual blame

What Errors That Affect Suffering

- Confusion in Health Literacy
- Mixed understanding by different subspecialties
- Producing unnecessary anxiety
- Not respecting patient’s wishes
  - Not following Advance Directives
  - Not knowing patient’s wishes

Results of Unaddressed Suffering

- Affects Quality of Life
- Fails to respect dignity
- Produces fear
- Causes unnecessary anxiety
- Erodes trust with health care professionals
- Lead to confusing communication
**Example of Suffering**

“As a patient, I was privy to failures that I’d been blind to as a clinician. There were disturbing deficits in communication, uncoordinated care, and occasionally an apparently complete absence of empathy. I recognized myself in every failure.”

Rana L.A. Awdish

“Our family didn’t need this meeting. You did. I need all of you on the same page. You are telling us different things, and it is scaring us.”

Susan House

---

**Patient Satisfaction**

<table>
<thead>
<tr>
<th>Table 3.1 Percentage of Patients Rating Their Physicians’ Demonstration of Compassionate Care Elements Highly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Element of Compassionate Care</td>
</tr>
<tr>
<td>Show respect for you, your family, and those important to you</td>
</tr>
<tr>
<td>Treat you as a person, not just a disease</td>
</tr>
<tr>
<td>Listen attentively to you</td>
</tr>
<tr>
<td>Express sensitivity, caring, and compassion for your situation</td>
</tr>
<tr>
<td>Consider the effect of your illness on you, your family, and the people most important to you</td>
</tr>
<tr>
<td>Strive to understand your emotional needs</td>
</tr>
</tbody>
</table>


---

**Loyalty From Patients**

Three Levels of Caring

- Competency
- Courtesy
- Compassion

Empathy: Cleveland Clinic


Compassion to Empathy

“Compassion, caring, comforting, and kindness—which makes up the bulk of adjectives lined to patient loyalty—are rooted in one’s capacity for empathy.”

“It is our ability to imagine what someone is going through that generates empathy.”

Fred Lee

Loyalty and Patient Outcomes

“In summary, the strategic imperative for healthcare organizations reflects the demands of a healthcare marketplace increasingly driven by competition to create value for patients. To hold on to and increase their market shares, providers need to deliver coordinated and compassionate care. And to provide such care, providers must be reliable and constantly seek to improve their outcomes and costs.”

Thomas Lee

What influences patients to choose where to get healthcare?

“They want providers to work together and work with them to help them live lives that are as long and healthy as possible.”

“They want peace of mind that their outcomes are as good as they can be even though they may fall short of perfect health.”

Thomas Lee

Measuring Patient Satisfaction

"Unless patient satisfaction surveys have a question or two about compassion, caring, comfort or empathy, they are avoiding the most important questions that correlate with overall satisfaction and certainly loyalty. Without such questions we run the risk of creating a blind spot in our survey process and consequently may miss the most potent influence on high scores.”

Fred Lee

Service ➔ Experience

“Service should be changed to experience. We are not at a patient’s bedside to provide a service. We are there to provide a compassionate healing experience so the body can mend itself.”

Fred Lee
Crossing the Quality Chasm: Five Aims

• Care should be effective
  • Goal: “That healthcare should be responsive to patients’ needs at all times (24 hours a day every day).”
  • Goal: “That the care system should be designed to meet the most common types of needs but flexible enough to accommodate the needs and values of individuals.”

• Patient-centered
  • Goal: “That patients be the source of control and have the necessary information and the opportunity to exercise as much control as they want over healthcare decisions that affect them.”

• Timely
  • Goal: “That clinicians and patients communicate effectively and share information.”

• Efficient
  • Goal: “That the health system anticipate patients’ needs, not just respond to events.”

• Equitable
  • Goal: “That clinicians and organizations cooperate, communicate, and coordinate their efforts.”

Ethical Implications for Alieving Suffering

Common Morality

• The set of common norms that makes up morality that is common to all people. (p. 3)

• These moral norms guided the framework of the Principles of Biomedical Ethics of respect for autonomy, nonmaleficence, beneficence and justice. (p. 13)

Five focal virtues for health professionals

• Compassion – Discernment – Trustworthiness – Integrity – Conscientiousness. (p. 37-44)

Mission Statements

• Common morality and virtues compose mission statements.

• Norton Healthcare Mission and Values Statements
  • Mission Statement: “Norton Healthcare’s purpose is to provide quality healthcare to all those we serve, in and manner that responds to needs of our communities and honors our faith heritage.”

  • Norton Healthcare’s Values:
    • As Norton Healthcare, we will:
      a. Respect for every person
      b. Set the standard of quality and caring
      c. Continually improve care and services
      d. Demonstrate stewardship of resources
      e. Accept accountability for results
      f. Succeed with integrity
Mission Statements

- Common morality and virtues compose mission statements.
- Norton Healthcare Mission and Values Statements
  - Mission Statement: “Norton Healthcare’s purpose is to provide quality healthcare to all those we serve, in and manner that responds to needs of our communities and honors our faith heritage.”
  - Norton Healthcare’s Values:
    - At Norton Healthcare, we will:
      - Respect for every person [conscientiousness]
      - Set the standard of quality and caring [compassion]
      - Continually improve care and service [discernment]
      - Demonstrate stewardship of resources [stewardship]
      - Accept accountability for results [accountability]
      - Succeed with integrity [integrity]
Mission Statements

- Common morality and virtues compose mission statements.

Norton Healthcare Mission and Values Statements

- Mission Statement: “Norton Healthcare’s purpose is to provide quality healthcare to all those we serve, in and manner that responds to needs of our communities and honors our faith heritage.”

- Norton Healthcare’s Values:
  - At Norton Healthcare, we will:
    - Respect for every person [conscientiousness]
    - Set the standard of quality and caring [compassion]
    - Continually improve care and service [discernment]
    - Demonstrate stewardship of resources [trustworthiness]
    - Accept accountability for results [trustworthiness]
    - Succeed with integrity [integrity]
Mission Statements

- “Identifying the gaps between the stated mission and values of an institution and its actual delivery of care is critical.” (Rana Awdish, p. 8)
- “The alleviation of social suffering generally requires support and relief at the institutional level because its roots are woven into the fabric of communities and societies.” (Anderson, p. 9)
- “Relief of suffering may be a task too vast to seem real for most people – something on the order of achieving ‘world peace’ – but organizations need goals around which to build their strategies.” (Lee, p. 1778)

Factors Most Strongly Correlated with Top Ratings for Hospitals

The following were at the top:

- How well the staff worked together
- Responsiveness to concerns and complaint
- Whether patients were included in decisions regarding their treatment
- Responsiveness to emotional needs
- Whether nurses kept patients informed

The Black Box

- Encouraging resilience
- Lending strength
- Making meaning
- Discovering transcendence

The Amelioration of Suffering
The Amelioration of Suffering

Encouraging Resilience

- The ability to recover is called Resilience
- Rebuild the person's life
- Parts of the person are structured in a new manner

The Amelioration of Suffering

Lending Strength

- Recover from suffering often involves help.
- Being sustained by the personhood of others until their own personhood recovers.
- This is one of the latent functions of a doctor or nurse: to lend support.
- Group can lend strength
  - Group support of similar afflictions can ease the burden of illness

The Amelioration of Suffering

Making Meaning

- “Assigning a meaning to the injurious condition often reduces or even resolves the suffering associated with it.”
- “Most often a cause for the injury is sought within past behaviors or beliefs.”
Discovering Transcendence

- Is probably the most powerful way in which one is restored to wholeness after an injury to personhood.
- When experienced, transcendence locates the person in a far larger landscape.
  - Brought closer to a transpersonal source of meaning
  - Brought closer to a human community that shares those meanings
  - This experience with transcendence does not necessarily involve religion in any formal sense, it connects to the transpersonal dimension, one that is deeply spiritual.

How to Relieve the Sufferer?

Empathy!

“Empathy is neither detached reasoning nor untrained sympathy, but something distinct, straddling cognitive and affective capacities.”

Jodi Halpern

Empathy

“Empathy is an emotional response that is at the root of love and morality. It is worth cultivating in life, and if you are on the frontlines of a hospital, it is one of the greatest healing skills in the entire arsenal of medical practice.”

Fred Lee

Empathy

“Empathy enables clinicians to take actions that address the patient’s concerns. At the end of the day, patients don’t really want clinicians to feel badly about their pain (sympathy); they want clinicians to understand that they are in pain (empathy) and do something about it.”

Thomas Lee

Ten Tactics for Acquiring Empathy

1. Improving interpersonal skills
2. Audio recording, videotaping, or actual observation of encounters with patients
3. Exposure to role models
4. Role playing
5. Shadowing a patient
6. Hospitalization and illness experiences
7. Studying of literature and the arts
8. Improving narrative skills
9. Theatrical performances
10. The Balint method
The Concept of Clinical Empathy

- **Goal of Empathy**
  - "Experiential understanding of another person's distinct emotional perspective."
  - "Difference between knowing how and knowing that."

- **Object of Empathy**
  - "Not another's observable behavior—words, gestures, and so on—but rather, what is salient from her interior perspective."

- **Aim of Empathy**
  - "Not to label a patient's emotional state."

The Function of Empathy

- "To give person a sense that she is not alone with her thoughts."
- "Apprehending complex layering of another person's emotions."
- "Interpersonal support necessary for developing a sense of self-efficacy."

Empathy Involves Helping Patients

- "Discerning aspects of a patient’s emotional experience that might otherwise go unrecognized."
- "Supporting patients in regaining psychosocial autonomy."
- "Cultivating moments of irrationality in medical practice into directly therapeutic interaction."
Cultivating Empathy in Medical Practice

- Develop some specific skills in empathy
- Empathy involves emotional engagement
- Engage in curiosity
  - Suspending judgment
  - Embracing ambiguity
  - Ongoing discovery
  - Connecting to persons as persons
- Accompany the suffering patient
- Include an entire team approach

Empathy as Therapeutic

“My account of empathy as therapeutic has been influenced by a focus on helping patient’s regain personal meaning. This presumes that the locus of suffering is not the body as a biological entity, but the person as an existential being facing a loss or meaning and purpose. However, empathy is needed for reason other than for helping patient regain autonomy. From patients’ perspectives, survival and the alleviation of pain and distress usually comes before striving for self-determination. Further, sometimes patients do not want to shoulder too much responsibility for medical decisions.”

Jodi Halpern

Integrating Empathy

- “Integrating empathy into medicine means including it in the entire team’s approach.” (Halpern)
- “Patients with the same condition tend to have shared needs that can be best met by multidisciplinary teams organized around that condition.” (Lee)
Chaplains help people regain their psychological autonomy through emotional and spiritual connectedness.

Chaplains engage in curiosity to learn what is meaningful for people in their faith, relationships, emotional and spiritual dimensions.

Chaplains have the skills described by Halpern’s goal, object, aim and function of empathy.

Chaplains can be the model for other health care team members to provide empathetic care that patient’s desire from their healthcare providers.

Chaplains have the skills to cultivate empathy and be the leaders in their healthcare organizations.

Standards of Practice for Professional Chaplains

Preamble:
“Chaplaincy care is grounded in initiating, developing, deepening and closing a spiritual and empathic relationship with those receiving care. The development of a genuine relationship is at the core of chaplaincy care. Relationships underpin, even enable, all the other dimensions of chaplaincy care to occur. It is assumed that all of the standards are addressed within the context of such relationships.”

Section 1: Chaplaincy Care with Care Recipients

- Standard 1: Assessment
- Standard 2: Delivery of Care
- Standard 3: Documentation of Care
- Standard 4: Teamwork and Collaboration
- Standard 5: Ethical Practice
- Standard 6: Confidentiality
- Standard 7: Respect for Diversity
Standards of Practice for Professional Chaplains (continued)

- Section 2: Chaplaincy Care for the Organization
  - Standard 8, Care for Employees and Affiliates
  - Standard 9, Care for the Organization
  - Standard 10, Chaplain as Leader
- Section 3: Maintaining Competent Chaplaincy Care
  - Standard 11, Continuous Quality Improvement
  - Standard 12, Research
  - Standard 13, Knowledge and Continuing Education
  - Standard 14, Technology
  - Standard 15, Business Acumen

EMPATHY

"Physicians (chaplains) who cultivate curiosity about others, sensitivity to their own emotional reactions, and an ongoing capacity to see the patient’s situation, motives, and reactions as distinct from their own are likely to develop increased empathic skills."

Jodi Halpern

Questions?
Bibliography


Bibliography (continued)


