

Editorial

Intelligent Kindness

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The studies done on behaviour of primates can be echoed to the current healthcare system of the country. Some primates like baboons tend to be hierarchical but chimpanzees are more equal. Chimpanzee groups will spend a great time grooming, playing and cuddling each other. They trigger the bonding and feel compassionate in the process. Studies led by Jane Goodall in the 1960s changed culture by introducing bananas as a reward for interacting with them. The chimpanzees started to compete for bananas, disrupting the usual nurturing behaviours and instead creating a hierarchy like the baboons, it created aggressive behaviour towards each other. This is a good example for loss of humanity. (1,2)

The word kindness is linked to the words “kin” and “kinship”. The word reflects both a sense of duty towards others and feelings, which derive from a sense of connectedness, towards fellow human beings as members of their family. Kindness is an essential basis of effective healthcare to help the patients’ inner feeling towards the path of recovery. Intelligent kindness is not a soft and a sentimental idea but a binding to create a problem-solving force that inspires good will towards building to treat others well.

In the past the noble and beneficent profession received the privileges that most others did not get. This era has disappeared and currently society believes in accountability, scrutiny, measurement, incentives, and market. The collision of norms between professional autonomy on the one hand, and the various tools of external accountability on the other. This has led to discomfort and self-protective reactions. Clinicians feel angry, they are misunderstood, and overcontrolled. They experience emotional exhaustion, depersonalization or feeling negative about one’s career leading to reduced professional efficacy and productivity and thereby causing burnout. Healthcare workers are vulnerable as they are conditioned to be workaholics, be perfectionists, behave like superheroes, feel that patients always come first, driven by altruism and having more moral distress. Public too feels suspicious and helpless in the hands of these vulnerable healthcare workers. (3)

We need to move towards a more compassionate committed and collaborative system where the leadership also takes a more altruistic approach to cross boundaries. Healthcare needs to recognize it as a psycho-social process involving human relationships and emotions. This cannot be achieved through external reforms but an inner change recognizing

ourselves participating in a courageous, humane, and kind endeavor.

Donald M. Berwick (2020) describes nine steps in moving forward. The first step is to reduce mandatory measurements only to those that are essential for change. The second step is to reduce complex individual incentives to simply, salaried practice in patient-focused setup. Shifting the business strategy from revenue to quality is the third step.

Although most clinicians deserve respect and gratitude, misusing power and privilege and creating the image of the totally self-sufficient physician no longer serves professionals or patients well. Hence the fourth step is to give up professional prerogatives. Using improvement science, ensure complete transparency and protective civility are the other steps. The next step is to hear the voice of the people served, includes paying special attention to the needs of the poor, the disadvantaged, and the marginalized, and defending health care as a universal human right. The last step is to reject greed through volunteerism when possible. The greed to squeeze out more profit hurt patients and impairs trust. (4)

The spirit of Ubuntu- the African sense that we are human only through the humanity of other human beings. Without a new moral ethos of a conscious focus on kindness and leadership there will be no winners.

References

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