

P55 **CLINICAL COMPASSION**

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Sometimes, people coming into specialist palliative care units unexpectedly improve with simple, compassionate care. Is this

a mystery? Or does compassion directly affect human biology in ways we are only just beginning to understand?

There is a widespread belief that kindness and compassion matter. They are what we would want for ourselves, or our loved ones; central, across religions and across cultures; taken as “given” by patients and families; and required by NHS constitution. Yet they are often absent, education and policy documents, and from clinical care settings. Educating for compassion remains an uncertain art.

A Masters thesis, (awarded a distinction by the University of Oxford, 2010) explores the biological impact of compassion on the brain and the body, including its effects on the μ -opioid receptor system and the autonomic nervous system, as well as its observable effects on distress. Compassion switches on the μ -opioid receptor system. Compassion directly affects the human body in ways that are conducive to healing and well-being. Moreover, the neural circuits of compassion are contagious via the mirror neuron system and they can be trained and developed using the brains inherent capacity to remodel its neural circuits with practice (neuroplasticity).

A simple model of the neural basis of the primary compassion pathway, and its positive and negative modulators gives a starting point for developing more effective educational and organisational strategies for compassion. One promising approach to developing compassion is by using mindfulness training, such as mindfulness based cognitive therapy (MBCT). A small pilot study of MBCT training for Hospice at Home nurses shows acceptability, and measurable impact on wellbeing, self compassion and clinical empathy. Could this be one way of re-prioritising compassion in healthcare systems?