

Compassion in Global Health

A Richard Stanley Production

Study Guide



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What is this film about?

This film is about the role and impact of compassion in global health. Although compassion is a core value and a fundamental source of inspiration and motivation for those working in the field, this is rarely acknowledged or discussed in global health organizations, training programs, or conferences. Consequently, the potential of compassion in global health is limited, especially since the field is influenced by factors other than compassion. These include, among others, commercial, institutional and political interests; the need to justify global health programs in economic terms; the challenge of “seeing the faces” when working to improve health of entire populations; and an assumption that scientific and clinical competency is incompatible with compassionate emotion.

On September 16-17, 2010, several leaders in global health met at The Carter Center in Atlanta to explore this topic. They shared stories about compassion in their own work and discussed challenges to compassion. They affirmed the need to strengthen the role of compassion in global health and developed the concept of “consequential compassion,” or compassion linked to action.

Award-winning British filmmaker, Richard Stanley, produced a 30-minute documentary, *Compassion in Global Health*, based in large part on the Carter Center meeting. This film is intended to stimulate thought and dialogue about the role, importance, and

impact of compassion in global health among students and all those engaged in global health work. The film and study guide are offered in the belief that re-discovery of compassion can reinvigorate global health, provide a sense of meaning and connection for those who work in this field, and empower them to connect more deeply, at an intellectual and emotional level, with those they seek to serve.

Broadly speaking, this sense of meaning and connection, and the experience of compassion, are dimensions of human spirituality, which can provide a foundation for decision-making based on respect for the value of other human beings. As such, spirituality is critically important for the future of global health but is inadequately explored and understood in this context.

How to use this study guide

This study guide for *Compassion in Global Health* is intended for those who will lead and facilitate conversations based on the film. It is hoped that these conversations will help students and global health workers to deepen their understanding of the role of compassion in their work and to nurture the compassionate impulse in themselves and others.

The study guide provides two different models for fostering and facilitating dialogue: the Classroom model, if you have 60-90 minutes with your group, and the Seminar model, if you have several hours or are convening a series of conversations with

the same group. You may design your own model based on your setting.

Classroom Model (60-90 minutes)

If you have one hour with your group, the first half-hour can be devoted to watching the DVD (approximately 30 minutes in length) with the second half-hour focused on questions and discussion.

We recommend that the discussions take place in small groups of four to six people. After watching the film, divide the participants into small groups, present them with a question, and provide five to ten minutes for small group discussion. Invite one person from each small group to share their reflections with the larger group; alternatively, open the floor to all individuals who wish to share their thoughts. Repeat this with as many questions as time allows. At the end of the session, you may wish to leave the participants with a question for further consideration.

For small group discussion, you may choose from among the following questions, or use your own.

- What does compassion mean to you? How do you define compassion?
- In the film, David Satcher, former U.S. Surgeon General says, “I would not be here today if it were not for the

caring and compassion of other people.” What people and experiences most influenced your decision to get involved in global health? How do these memories inspire you and sustain you in your work?

- The film highlights the need for pragmatic action in global health – compassion must be *consequential*. In your global health work, what actions or programs have been most clearly stimulated by compassion?
- The challenge of nurturing and sustaining compassion when working to improve the health of *populations* emerged as one of the main themes of the film. In the opening line, Bill Foege says, “In epidemiology you are oftentimes dealing with graphs or tables or numbers... so it’s important to be grounded and forced to see the faces.” What do you think about this statement? How do you “see the faces” of those you seek to serve?
- In the film, Abhay Bang said, “Global health decisions without compassion become bureaucratic, they become impersonal, they become insensitive. Global health operations without compassion may become autocratic.” How do you respond to Dr. Bang’s comment? Can you think of a situation in global health in which the lack of compassion threatened the integrity of a program or the wellbeing of the people it was trying to help?
- Jeannine Coreil said in the film, “Our whole world is organized compartmentally and bureaucratically, so you have programmes that are funded for a particular disease,

in a particular way and you are confined by the funding parameters of what you can do with that money.” How does one balance the need for organizational efficiency and accountability with compassion? Are efficiency and compassion opposed to each other, or can they be mutually reinforcing?

- What ideas do you have to advance compassion in global health?
- Is compassion at cross-purposes with the aims of social justice, or can compassion fuel the pursuit of social justice?

Seminar Model (Several hours)

If you have several hours available with your group, or if you are convening a series of conversations with the same group, we recommend designing the dialogue around four major themes in the DVD. During the first session, each participant introduces himself or herself, the group watches the DVD together, and the dialogue follows. Encourage the participants to explore and share their own views about the issues raised in the DVD, rather than the views of those featured in the DVD.

We recommend dividing your large group into small groups of four to six people. Present the small groups with a question from Theme I, allowing five to ten minutes for discussion. Encourage each person in the small group to share his or her insights, and one person to document the contributions of everyone in the small group. After the discussion is complete,

invite one person from each of the small groups to share their thoughts with the larger group. Begin again with a new question and follow this process, repeating with additional questions as time allows. Please remember that it is more important to hear everyone's insights than it is to get through all of the questions on a given theme. Once you have completed the discussion for Theme I, move on to the questions for the other themes. If four weeks are available, you might focus on one theme each week. Suggested questions for each theme are given below.

Continuing the Dialogue

This conversation is a beginning. We invite you to encourage all those who participated in this conversation to consider what they will take from this experience and how they might share it with others.

Theme I: Compassion

- What does compassion mean to you? How do you define compassion?
- In the film, David Satcher, former U.S. Surgeon General says, "I care about global health and it matters deeply to me because I care about people. And I care about people because I know people have cared about me. I would not be here today if it were not for the caring and compassion of other people." What people and experiences most influenced your decision to get involved in global health?

How do these memories inspire you and sustain you in your work?

- What was the last compassionate act that you witnessed?
- When were you last in a situation that called for compassion? How did you respond? What might you have done differently?
- Which leaders or colleagues in global health have you experienced as compassionate? How have they influenced you?
- Where do you find inspiration and vision for a better world? How does this inspiration sustain you in your work?
- Compassion often arises from a sense of connectedness with those who are suffering. In the film, Sir George Alleyne says, “Pity stems from a feeling of superiority - you are above looking down on another person. Compassion means “passion with” - having to do something *with* someone, not for someone.” In your work in global health, have you experienced situations in which pity, rather than compassion, seemed to be a dominant motivation? How can you distinguish between the two?
- Psychologists also point to the difference between empathy, an emotional connection with one who suffers, and compassion, which includes a desire to relieve that suffering. The film highlights the need for pragmatic action in global health – *consequential compassion*. Paul Farmer says that global health “is not just about acknowledging the suffering of others but it is about saying, ‘Well, how much of

this suffering is premature or even unnecessary, and what might we do collectively to lessen it?” In your global health work, what actions or programs have been stimulated by compassion?

- If compassion is a response to suffering, to what extent can compassion motivate and animate programs to *prevent* disease and disability, as well as treat or cure them?

Theme II: Challenges to Compassion

- The challenge of nurturing and sustaining compassion when working to improve the health of *populations* emerged as one of the main themes of the Carter Center meeting. Most of us are familiar with compassion in the setting of delivering one-on-one care to sick patients. What does compassion mean, or how is it experienced, in relation to a population or a group of people, rather than an individual?
- In the opening line of the film, Bill Foege says, “In epidemiology you are oftentimes dealing with graphs or tables or numbers... so it’s important to be grounded and forced to see the faces.” What do you think about this statement? How do you “see the faces” of those you seek to serve?
- David Satcher says in the film, “When you work for large agencies, you have a major responsibility to keep the trains running on time, to be efficient, to be effective. Sometimes that machinery can get in the way of acting on our caring

and our compassion. Individuals [in global health] make decisions based on the policies that govern how they perform. And that's always a struggle I think for all of us." Can you think of a time when complying with a policy of your organization was in conflict with the principle of compassion? How did you handle this? How might you have acted differently?

- Abhay Bang, from Gadchiroli, India says in the film, "Global health decisions without compassion become bureaucratic, they become impersonal, they become insensitive. Global health operations without compassion may become autocratic." How would you respond to Dr. Bang's comment? Can you think of a situation in global health in which compassion was absent, or in which the health of someone was threatened by action without compassion?
- In the film, Jeannine Coreil says, "Our whole world is organized compartmentally and bureaucratically, so you have programmes that are funded for a particular disease, in a particular way and you are confined by the funding parameters of what you can do with that money." How does one balance the need for organizational efficiency and accountability with compassion? Are efficiency and compassion opposed to each other?
- What areas within global health are in most need of compassion?

Theme III: Impact of compassion

Despite many challenges, the participants at the Carter Center meeting highlighted the extraordinary, if often unmeasured, impact of compassion in global health.

- Gloria Esegbona is a Nigerian physician who is motivated by compassion to work with women who suffer from obstetric fistula. Based on what you saw in the film, how has compassion helped her overcome the obstacles she has faced in her work?
- In the film, Bill Foege says of Jim Grant, the late Director of UNICEF, that he brought to that organization “a feeling of compassion that one didn’t see before or see after [him].” What characteristics and skills do you think enabled Jim Grant to influence such a large organization in this way?
- The research project in Kibera, one of the world’s largest slums, shows how compassion and science can work together to improve health. Under what conditions can science be enhanced by compassion, and where might they come into conflict?
- Christina Puchalski says in the film that there are “data from a variety of different sources that show that compassion makes a difference. It makes a difference in the lives of patients and it makes a difference in the lives of the people that provide that care.” As a global health worker, what scientific studies are you familiar with that demonstrate the impact of compassion? What difference would it make to

you and your organization if the scientific findings were even more robust?

Theme IV: Compassion, health equity, and the future of global health

- What aspects of global health best exemplify compassion?
- What ideas do you have for advancing compassion in global health?
- How might we create more opportunities and space for compassion to be discussed in global health settings?
- In reflecting on the influence of Jim Grant, the former director of UNICEF, Bill Foege asks, “how do you get institutional compassion?” What are the features of a compassionate organization? How might existing global health organizations become more compassionate, and how might this affect global health?
- In the film, David Satcher says, “We are moving toward the kind of policies that really attack what we now call the social determinants of health, policies that... can get rid of poverty in the world. Hopefully, at the base of those systems is caring and compassion.” How does compassion fuel the pursuit of social justice? What is your response to the claim that compassion is too soft, that it is at cross-purposes with the aims of social justice?
- Religious and wisdom traditions teach that compassion arises when one experiences a deep connection, a sense of

shared humanity, with someone who is suffering. The awareness that we are “all in the same boat” also is fundamental to global health. Sir George Alleyne said in the film, “Once upon a time the idea was, let us protect ourselves from the unwashed. Let us quarantine, let us keep the unwashed out there, don’t let them come in to our part of the world... I think the next phase we are going into is a genuine belief that there is really no difference between them and ourselves.” What do you think of this assessment? What nurtures your sense of connection with other people, and what creates a sense of separateness? How do these influence your work in global health?

- How can compassion for an individual, in a one-on-one encounter, translate into compassion that works to improve the health of an entire population? How can these two expressions of compassion reinforce each other?
- Global health programs and interventions are most often assessed on measures such as efficacy, efficiency, and cost-effectiveness. Rarely are interpersonal qualities such as compassion or respect, which philosopher Martin Buber would characterize as necessary for “I-Thou” relationships, considered. Yet, such relationships are critical for weathering crises and overcoming obstacles in global health partnerships. How might greater attention to the humanitarian and spiritual values of “I-Thou” relationships benefit global health programs and outcomes?

Resources

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