

Bringing respect,
dignity and
compassion into
our care practically
every day from the
cradle to the grave

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Dr Raksha Balbadhur

- Palliative medicine specialist, practising privately, offering home based care
- Master's degree on understanding the dignity experience of patients with advanced disease - a SA'n perspective
- Board Member PALPRAC
- Founder and Chairperson of VIHASA (the Values in Healthcare Assoc of SA), she has run 100's of experiential workshops across Southern Africa to support healthcare practitioners
- A student and teacher of meditation, she brings meaning and peace to her patients at the most challenging time of their lives

Dignity of the untouchable spirit

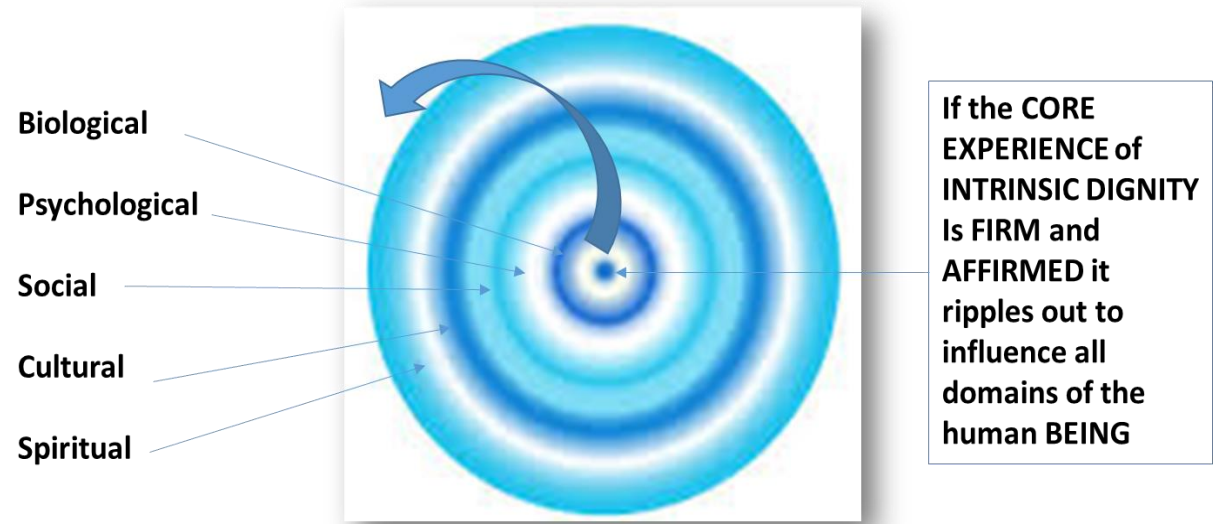
Remind patients of their innate worth
See and acknowledge patients as more than their disease

Compassion for the eternal human spirit:

the importance of a compassionate environment, empathetic communication/dialogue and active compassionate listening and emotional support

Respect for the unique human *being*:

kind professional attitude and behaviour, “seeing the person”, respecting patient autonomy/preferences/privacy boundaries/cultural values.



Dialogue

Compassion

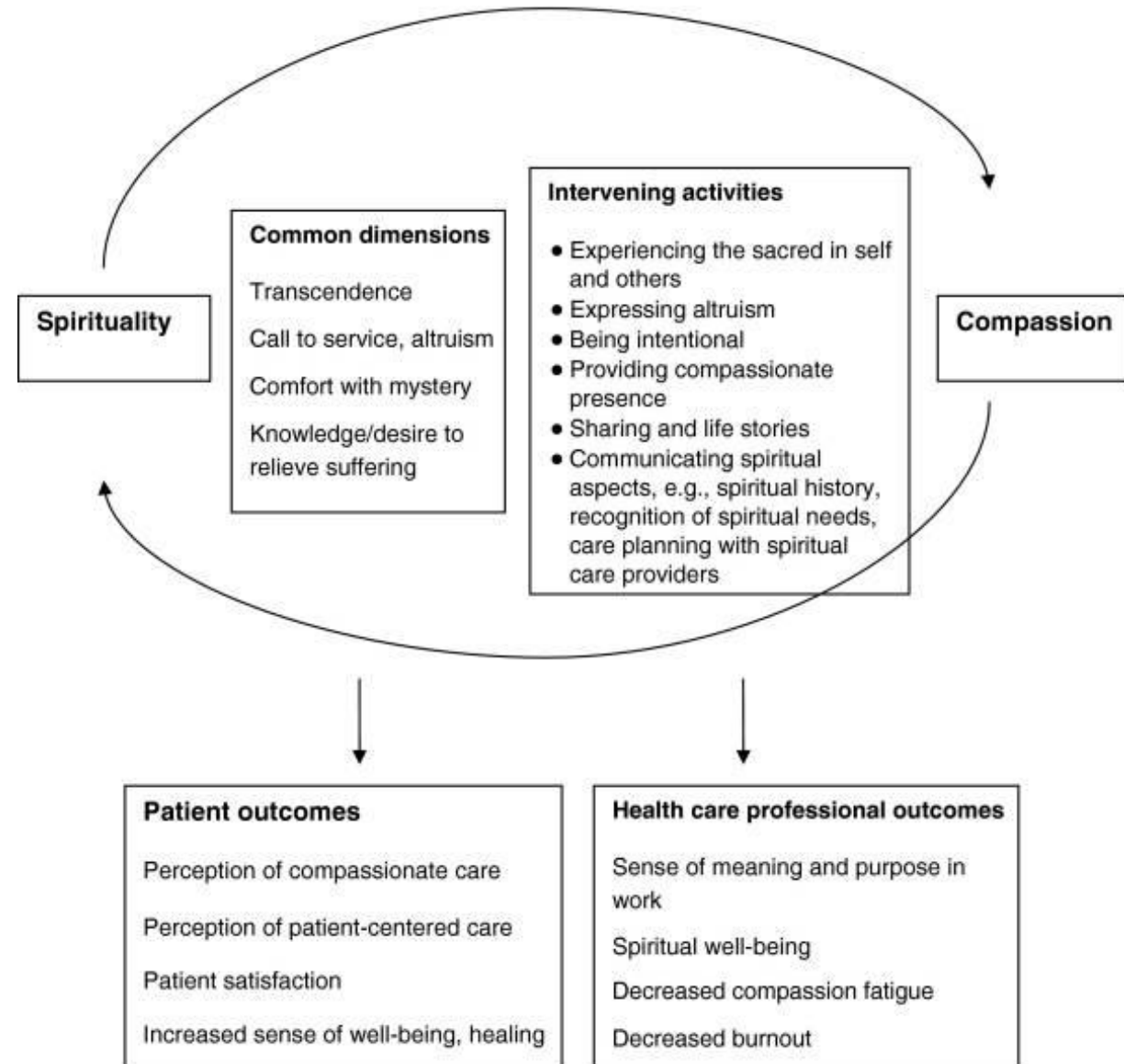
Behaviour

Attitude



Impact on the HCP

Compassion is a spiritual practice, a way of being and service to others, and an act of love. Thus, spirituality is intrinsically linked to compassion. By being aware of our own spirituality (transcendence, meaning and purpose, call to service, connectedness to others), HCPs are more able to be compassionate with their patients... **thus the importance of total HCP wellbeing**



Model of Spirituality and Compassion by
Pulchalski, C and Landsford, B

But how do I sustain this every day?

This requires an attitudinal shift
and starts with me!

Who am I ?

I too am a spiritual being having a human experience as a HCP

Why am I here? What is my
purpose as the HCP?

to care for (connect to my humanness) and
maintain, restore, or promote complete
physical, mental, or emotional well-being to
others

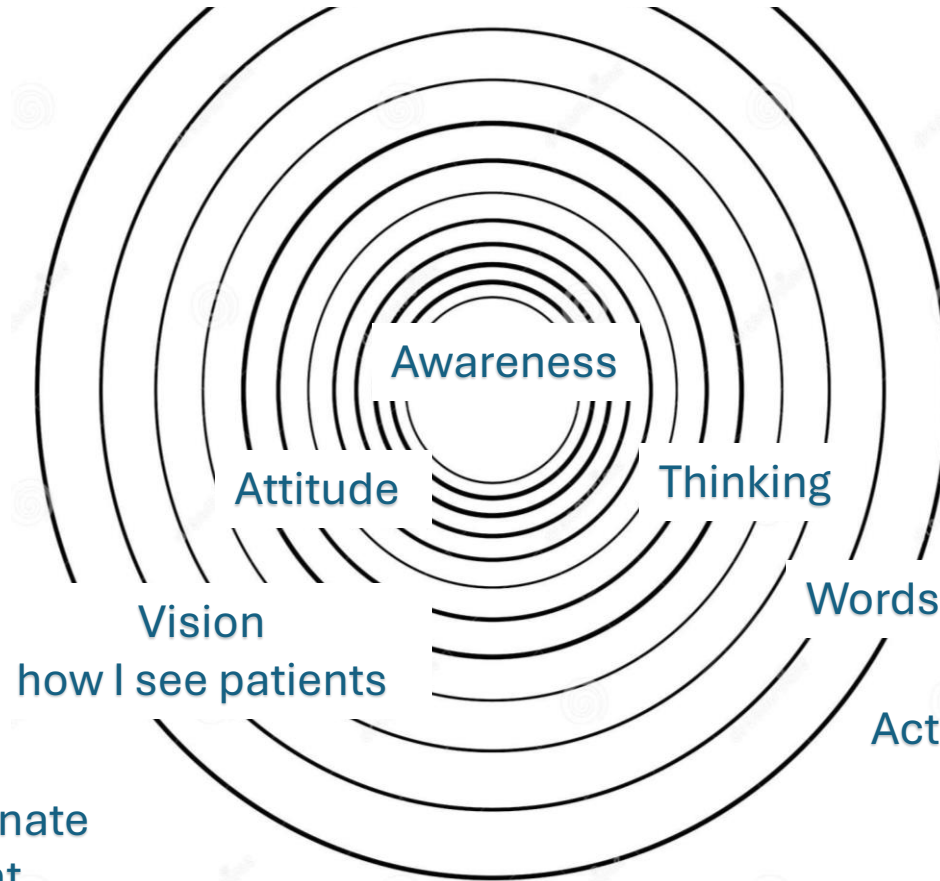
I cannot give what I don't have myself

Attitudes are caught by patients and cannot be hidden and thus have to be authentic

Reduction in Medicolegal case burden

Compassionate Environment

Behaviours and Personality



Vision
how I see patients

Words

Actions

Awareness

Attitude

Thinking

If I want to make a sustainable change in my practice to incorporate respect, dignity and compassion, I need to adopt an **inside out approach**, where I experience and **become aware of my innate worth, respect and compassion**, and then naturally share this with others.

Practical Application in Care then follows Naturally

- **Seeing the human being and communicating** effectively with patients and families by practicing active listening, validating emotions, & listening to non-verbal cues.
- Creating a **compassionate environment and compassionate presence** that promotes dignity and respect. Allowing the person the conditions to tell their story and feel understood, paying attention to their concerns with kind understanding, including respecting their wishes, privacy and comfort.
- Interdisciplinary **team** approach supports comprehensive care
- Understanding **different cultural perspectives**

Support Programs for Medical Practitioners

- Support programs for HCPs, **as part of CPD**. If HCPs are supported, they will offer better compassionate care... the reflective practitioner
- **Medical curricula should include PC and spiritual care**
- **MPhil in MP Ed (Stellenbosch)** conducted with 3rd year MBCHB students at **SMU** showed improvement in WEMWBS in a proactive mental health programme (**VIHASA**). It showed both **character and team development, improved self awareness, greater happiness and improved mental well-being, reducing burnout and improved patient care.**

When I
change, my
care will
change, it
starts with
me... self
care first

I cannot give, what
I do not have
myself....

