

Compassion: The essence of palliative and end-of-life care

Philip J Larkin

Oxford: Oxford University Press, 2015

ISBN: 9780198703310

In *Compassion: The essence of palliative and end-of-life care*, Philip J. Larkin uses the reflections and experiences of a range of healthcare professionals and academics to explore the meaning and therapeutic usefulness of compassion as a clinical tool. As presented in the foreword, the book can be read in a number of different ways, as:

- narratives of the interesting lives of some leaders in the development of the palliative-care field
- a way to engage with reflective practice
- an academic analysis of the concept of compassion.

Overall, the value of the book for the majority of general practitioners (GPs) will be in encouraging their reflective practice as they read about the clinical challenges of other health professionals that mirror their own experiences with patients.

On a first reading, I thought the book overtly intellectual, delving considerably into the philosophical, theological and ethical aspects of compassion, as well as nuances of definitions. The discussions of

whether compassionate care is limited to the field of palliative care, and whether compassion is innate or able to be taught to undergraduates were, for me, interesting academically but not gripping. Those sections may nevertheless be relevant for those involved in education or the establishment of services.

The book comes alive when the contributors reveal their humanity in authentic ways. Many contributors discuss the personal pain they experience when caring for patients while keeping their hearts open. Most emphasise the interconnectedness between people, and point out that it takes some practice to feel safe and grounded enough to practice compassionately rather than recoiling from another's pain. Some allude to the compassionate practitioner as one who experiences blurred boundaries when managing the suffering of others, in contradistinction to what is frequently taught in medical schools. They stress the importance of practitioners sustaining themselves, in deeply personal and replenishing ways, in order to maintain



their empathy and compassion. Many contributors admit to struggling with a meaningful definition of compassionate care. My impression was that compassionate care is intangible, immeasurable and deeply personal. I particularly liked the repeated message that feeling compassion towards someone who is suffering is

not enough; it needs to be associated with action to relieve the suffering – a concept referred to as active compassion.

On a second reading of the book, I think it can be of value to any clinical GP seeking the elusive balance between caring for patients and maintaining their own professional sustainability. This is a book that can be re-read and will likely provide insight, on many levels, for GPs caring for particular palliative patients.

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