The issue of showing compassion in healthcare was highlighted by the Mid-Staffordshire Reports, and it was given a major boost by the movement started by the late Dr Kate Granger, based on the phrase, “Hello my name is.” I propose an extension to this phrase with the sentence, “How are you coping?” to be used in conversational settings. Applicable to both interactions with patients and with other staff, this simple question should act as a reminder to show compassion in healthcare settings.

The word “compassion” appeared 16 times in the 2013 Mid-Staffordshire Report executive summary. The late Dr Kate Granger pointed out that simple displays of compassion are often lacking in the NHS, such as staff introducing themselves to patients. She therefore started the Hello My Name Is campaign. Introducing oneself is only part of a symbolic act of showing compassion. I outline key components of compassion and how a simple sentence such as How are you coping? may play a further role in conveying compassion.
What are the key components of compassion?

The content and expression of compassion may be determined by religious, educational, ethnic, language, cultural and age factors. Strauss et al\(^3\) have pointed to five key components of compassion—recognizing suffering, understanding the universality of human suffering, feeling for the person suffering, tolerating uncomfortable feelings and motivation to act/acting to alleviate suffering. Either consciously or unconsciously, before any act of compassion individuals will generally have to appraise a situation, make judgments as to whether their knowledge, experience and resources may be of value, and carry out a risk analysis of costs/benefits to themselves and to others. Afterwards, they will evaluate the consequences of their action.

Compassion to patients and their families

In most clinical interactions, there will be instinctive expressions of compassion, especially where suffering is obvious. It is in the more mundane and routine settings where words of compassion may sometimes be forgotten.\(^4\) For example, in an outpatient setting, an element of compassion is conveyed through starting off by asking along the lines of, *Did you manage to get here ok?* For an inpatient, one could ask something like, *How well did you sleep last night, What was your day like today?*

I would propose that, allowing of course for the clinical context and any patient sensitivities, in many of the above interactions the simple question, *How are you coping?*, can readily be interposed amongst the other questions, and that this key question reflects an appreciation that there are challenges for the patient to overcome and that you are concerned as to how well these challenges are being faced. If the patient has a family who may be affected by his/her condition, a follow-up question could be, *How is your husband / wife coping and / or How are your children coping?*
Compassion to staff and their families

Recent studies have highlighted the link between quality of patient care and staff well-being.\(^5\) Sadly, NHS staff such as doctors are particularly likely to suffer from stress at work, which in some cases may contribute to them taking their own life.\(^6,7\) The 2015 Report by Sir Robert Francis into NHS\(^8\) whistleblowing highlighted the terrible suffering endured by some staff who have had the courage to stand up and speak out for patient safety. Staff who undergo disciplinary hearings or referrals to regulatory bodies are particularly susceptible to stress and dangers to their well-being. Some of the phrases outlined above could be used or adapted for use in interactions with staff who are facing challenges in their workplace. Again, asking the simple question, *How are you coping?*, reflects an appreciation that there are challenges for the member of staff to overcome and that you are concerned as to how well these challenges are being faced. As in the case of patients, asking about family members may also show a degree of empathy that would be appreciated by the individual in question.

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**References:**


7 Hawton K. Suicide in doctors while under fitness to practise investigation. *BMJ* 2015;doi: 10.1136/bmj.h813.