A CORINTHIAN FRAGMENT

f I speak in the language of physicians or of surgeons, but do not have compassion, I am only a resounding gong or a clanging cymbal. If I have the ability to diagnose and can fathom all symptoms and all pathology and if I have a knowledge of evidence-based medicine that can answer almost any clinical dilemma, but do not have compassion, I am nothing. If I work for a pittance and give all my time to my patients, that I may boast to others of my selflessness, but do not have compassion, I gain nothing.

Compassion is patient, compassion is kind. It does not envy the ability of colleagues, it does not boast of correct diagnoses, it is not proud. It does not belittle patients, it is not self-seeking nor does it just tick boxes, it is not easily angered by lateness, it keeps no record of multiple DNAs. Compassion does not delight in the correct diagnosis but rejoices with the doctor-patient relationship. It always protects the patients' interests, always trusts in the humanity of interaction, always hopes for the best, often expecting the worse, always perseveres beyond the ten minute appointment.

Compassion should never fail. But where there are primary prevention medicines, they will one day cease; where there are explanations, they will be unnecessary; where there is evidence-based medicine, it will be superseded. For we know in part and we hope we are aware of what is unknown; but once the syringe driver is set up, the importance of our knowledge shrivels away.

When I was a student, I consulted like a student, I thought like a student, I reasoned like a student. When I became a doctor, I put the ways of childish student life behind me. For now we mostly diagnose illness based on what we can measure; in the future we should aim to view our patients as whole people. What can be measured is only part; I should aim to know them fully, even as I know myself.

And now these three remain: knowledge, consultation skills and compassion. But the greatest of these is compassion.

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