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EDITORIAL

Beyond caring: COVID-19 and compassion fatigue

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This weekend, *The Dalai Lama Global Vision Summit: The Power of Compassion,* provided some much-needed reminders that there is joy in cherishing the well-being of others. My fortuitous attendance at this event was perfectly timed to coincide with an increasingly urgent desire to find equanimity and perhaps solace while riding the rollercoaster of a brutal pandemic. The COVID-19 trip holds no allure. There is nothing appealing about a journey that is brimming with often unrecognised fears (of dying?), post-traumatic stress and grief from losing one's health and mind, patients, colleagues and loved ones, information overload, excessive demands of an increasingly competitive professional environment, isolation, feelings of invisibility rather than invincibility, and perhaps a vague notion of having failed to keep it all together. Oh, the shame of imperfection! Although our usual perfectionism, conscientiousness and emotional investment may compel us to be over-committed and unable to switch off,[1] the additional unique demands of caring for patients in a COVID-19 pandemic have been excessive and cruel, leaving little time or capacity to restock inner resources or balance work commitments and life dreams. And this is not over. While severe COVID-19 is traumatic, the disease, even in its mildest forms, may lead to long COVID,[2] obliging us to witness prolonged suffering and provide ongoing care to patients who, by virtue of being unwell, serve to remind us of our impotence and inability to ease their misery. And those intrusive thoughts lurk in the background: Despite being vaccinated against this potentially deadly disease, we know somewhere deep inside us that we are not impervious to this nasty little virus in all its shapes and forms, and that we will need to continue to be (hyper)vigilant, wear masks, sanitise, maintain our physical distance, protect our families, receive booster shots, and face break-through infections and a fourth wave. It is all too much. As many can attest, there may come a time when we are drained and exhausted, and quite simply tired of caring, about anything, or indeed, anyone.

Compassion fatigue, a by-product of catastrophe, is a form of burnout.[3] Similar to burnout which is a psychological defence or subconscious ploy to protect our psyche by emotionally distancing us from the stressful cold reality of our occupation, compassion fatigue or the loss of compassion is, by definition, also associated with psychological trauma, typically by proxy. Compassion fatigue is therefore also called vicarious traumatisation, secondary traumatisation, or secondary traumatic stress, and is the emotional fallout from caring for the traumatised.[4] It has been described as the "caregiver's reduced capacity or interest in being empathic which results from knowing about a traumatising event experienced or suffered by a person".[3] Although it was first used in 1992 by Joinson to describe nurses who had disconnected from their patients,[5] in the ensuing years, compassion fatigue has been reported in frontline healthcare workers, first responders to traumatic events, humanitarian workers, counsellors and psychotherapists, social workers, fire-fighters, educators and funeral directors. A common thread in these especially vulnerable groups is their exposure to the immense emotional strain of caring for or about someone who is experiencing a traumatic life event.

Compassion fatigue shares many symptoms with PTSD – the difference is that the trauma is indirect. Besides exhaustion, disconnection, emotional numbness and the reduced ability to feel empathy, other signs of compassion fatigue include anger and irritability (our good old fashioned messenger emotions that tell us that something is up), animosity towards patients, dread of working with certain patients, oversensitivity or insensitivity to emotional material, feelings of vulnerability, heightened anxiety or irrational fears, increased alcohol and drug consumption, intrusive imagery or dissociation, impaired ability to make decisions and care for patients, diminished sense of career enjoyment, difficulty separating work from personal life, problems with intimacy and in personal relationships, sleep problems and cynicism.[6,7] Compassion fatigue may manifest in different ways. For instance, our colleagues who refuse to see unvaccinated COVID-19 patients have lamented that they are exhausted by the enormous strain of trying to save lives, particularly when severe illness may have been prevented. The emphasis here is on "trying", which implies that failing to do so is at the crux of the matter. We may question if healthcare providers may ethically decline to treat unvaccinated patients differently to those who have received their jabs, but this is possibly missing the point. Compassion fatigue, or the cost of caring for others, erodes our empathy and compassion, the signature traits that brought us into our profession in the first place.[6] Losing compassion may affect all healthcare workers, but especially those who work in high pressure environments where they come face to face with their patients', and therefore their own, mortality. Despite the gains of dexamethasone, tocilizumab, and more recently, the oral antiviral, molnupiravir, survival is really not guaranteed and attending to victims of severe COVID-19 who require hospitalisation, ICU admission or ventilation is therefore deeply distressing.[8] Emotional depletion coupled with maladaptive detachment may make it difficult to recognise when the burden of caring for others becomes too much. Rating scales may help us to predict psychological distress. For instance, the Compassion Fatigue Self-Test, which is based on data obtained from New York City social workers following the 9/11 attacks on the World Trade Centre two decades ago, measures

not only compassion satisfaction,[9] but crucially, also the two key dimensions of compassion fatigue, namely secondary trauma and burnout.[4]

It is almost impossible to be emotionally neutral when dealing with significant human suffering, and the nervous system can hold onto trauma long after danger – whether real or perceived – has passed. Resilience strategies include dedicating time to extramural activities such as holidays, hobbies and exercise, connecting with friends and loved ones, and limiting alcohol and drug use.[1] Reigniting compassion for others though, must surely start with self-compassion, a practice that involves the three pillars of self-kindness (providing tenderness and care to yourself), common humanity (knowing that your experience is a piece of the broader human experience), and mindfulness (being aware of your thoughts and emotions without judging or getting caught up in them).[10] In the words of Kristin Neff, "Self-compassion is a practice of goodwill, not good feelings… With self-compassion we mindfully accept that the moment is painful, and embrace ourselves with kindness and care in response, remembering that imperfection is part of the shared human experience."[11]

This basic human quality is always there, although sometimes hidden by layers of defence. Accessing our inherent compassion may be like restoring the Mona Lisa to her original beauty. Varnish coatings and grime may be carefully stripped away to reveal a flush to her cheeks and a brilliant sky. And compassion begets compassion. When confronted with great suffering, be it our own, our loved ones', our patients or even strangers, we may wish to respect our raw emotions and choose to nurture our best antidote: Compassion.

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