

SLIDE:EMPATHY:
THE SHARP COMPASSION OF THE HEALER'S ART
- T.S. Eliot, Four Quartets

SLIDE: Chagall "Le Fils Prodigue" (Prodigal Son)

I. WHAT IS EMPATHY? (SLIDE)

A. Empathy considered by many a key ingredient in the doctor-patient relationship, but it's hard to figure out what it is: "... the elusive part of medicine that goes beyond expertise" – Andrew Wallace, former dean of Johns Hopkins School of Medicine

B. Nevertheless, many of us sense intuitively that empathy is an essential part of good doctoring: In these touching words: "We can't be the sort of person in whom tenderness is going to die out..." – Colin, 4th year medical student, University of Melbourne (SLIDE: doctor taking pulse; Andrew Miles "The Doctor" 1860)

C. Definitions: (SLIDE)

1. Process by which one perceives and understands the subjective experience of another person (Webster's)
2. "To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some sense it means that you lay aside your self" – Carl Rogers
3. "A bold swinging... into the life of another..." Martin Buber
4. The ability to "go out of our own natures" and identify ourselves with the thoughts, actions, and troubles of others – Percy Bysshe Shelley

D. History

1. German *Einfühlung*, word coined by Theodor Lipps, a 19th c. Art critic, in his discussion of the aesthetic experience
2. Means something like "feeling into," as in being transported into a piece of music
3. Empathy as a term was originally associated with the humanities, whose primary purpose is to arouse sympathy and compassionate interest

E. More than an intellectual identification, analysis, cold intelligence, mere observation; not simply a cognitive process

F. Rather, a personal relatedness, an ability to enter feelingly into the patient's life, the sensation that "I might be you"; physician must actually feel something about the patient's situation (Jody Halprin, UCLA psychiatrist and medical ethicist)

G. Emotional resonance: Basho poem

II. CLINICAL EMPATHY

A. Clinical empathy starts with subjective involvement (empathy as an emotion) but leads to purposive action (empathy as a motive)

B. In clinical practice, empathy consists of genuine attention to the individual patient's concerns, attention to the personhood of the patient, and the ability to place disease in the context of the patient's life, based on knowledge of who the patient is

C. Clinical empathy requires a certain emotional resilience, comprised of what internist, epidemiologist, and ethicist Jack Coulehan calls "steadiness and tenderness"

1. Steadiness – reason, courage so not to be paralysed or overwhelmed by patient’s experience
2. Tenderness – humanity, compassion, fellow-feeling, sympathy, so you allow yourself to be moved

III. WHY IS IT IMPORTANT TO TEACH EMPATHY?

A. “I think if you’re too emotional or involved, it is going to drain you” – Gillian, 4th year medical student, University of Melbourne

B. Detachment (sometimes called compassionate detachment) has become the watchword:

1. “No quality takes rank with imperturbability... coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril...” William Osler

2. No one can argue with these sentiments, but equanimitas” of which Osler wrote has been perverted into detachment, distancing, a hardening of the heart”

C. Prevalent belief that deempathization is necessary to enable physicians to make sound, scientifically based medical decisions

1. Concern that empathy will make physicians unable to make objective diagnoses or provide reliable care

2. “Encouraging physicians to cultivate empathy in their relations with patients will undermine their ability to function as wise, understanding doctors...” R. Landau, M.D., 1993

D. Physicians also see emotional involvement with suffering of patients as too burdensome

1. The literary critic Anatole Broyard, who died of prostate cancer in 1991, encouraged physicians to take the risk of moving closer to, rather than farther from, patients:

IV. TEACHING EMPATHY AS A SKILL

A. Empathy operationalized as the patient experiencing being seen, heard, and accepted

B. Seen

C. Heard

1. Listening to patient’s story

2. Using patient language

3. Active listening skills

D. Accepted

1. Judging behavior, not person

2. Normalizing patient emotions

3. Appropriate self-disclosure (closing distance between physician and patient)

V. TEACHING EMPATHY AS AN ATTITUDE

A. One objection to teaching empathy is time constraints in the care setting

1. Research shows that, among experienced physicians, those judged by outside raters to be more empathic did not spend longer in their patient interviews than did those judged to be less empathic

2. Empathy is more a matter of mind than a matter of time

B. Empathy as an attitude involves changing one's stance, to ask ceaselessly: "But just what does this experience of illness, or that intended therapy, mean to the patient?"

C. Modeling as teaching

1. Disclose emotional engagement – not just intellectual knowledge or understanding of patients, but also feelings about patients within a framework of steadiness and tenderness

2. Express compassionate curiosity about patients

a. Don't distance from your patients by making them a curiosity

b. Instead, be interested in and appreciate the foibles and idiosyncrasies of patients

c. Show students how curiosity can decenter the physician from his/her own negative emotions

3. Be fully present with patients

a. Discuss with students issues of time urgency, mind wandering, strategies for focusing completely)

b. Pay close attention to patients (query student about her observations about patient appearance, language)

4. Understand the patient point of view

a. Encourage student to see things from patient perspective

b. Encourage student to see family perspective

5. Stimulate whole person understanding

a. Disclose information that puts patient in context of her life

6. Encourage student reflection on patients

a. Discussion

b. Reflection

c. Reading (fiction)

d. Writing (journalling; imaginative writing from patient pov)

It is an honor & privilege to speak here tonight and I would like to thank Dr. Pristin & the rest of the pre doc team for inviting me.
My topic for this evening is Empathy

SLIDE: EMPATHY: THE SHARP COMPASSION OF THE HEALER'S ART

- T.S. Eliot, Four Quartets

SLIDE: Chagall "Le Fils Prodigue" (Prodigal Son)

Perhaps empathy, a deep understanding of the other, is what allowed the biblical patriarch to welcome home his **prodigal son**, as shown in this painting by Marc Chagall

I. WHAT IS EMPATHY? (SLIDE)

A. Empathy is considered by many to be a **key ingredient** in the doctor-patient relationship, but it's hard to figure out exactly what it is or how it happens: "... The elusive part of medicine that goes beyond expertise" – Andrew Wallace, former dean of Johns Hopkins School of Medicine

B. Despite this elusive quality, many of us have an intuitive sense that empathy is an **essential part of good doctoring**. ~~In the touching words of this 4th year medical student~~ ^{As ~ touching words of this 4th year medical student} "We can't be the sort of person in whom tenderness is going to die out..." – Colin, 4th year medical student, University of Melbourne

SLIDE: ANDREW Miles "The Doctor" 1860 (doctor taking pulse)

C. To understand empathy, it might help to start with a few **definitions: (SLIDE)**

1. Webster's: The capacity for **participation in another's feelings or ideas**
defines empathy as:

2. The ability to **"go out of our own natures"** and identify ourselves with the thoughts, actions, and troubles of others – Percy Bysshe Shelley, 19th c. Romantic poet

3. **"A bold swinging...into the life of another..."** Martin Buber, the renowned 20th century theologian

4. "To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to **enter another's world without prejudice**. In some sense it means that you **lay aside your self**" – Carl Rogers, founder of a school of psychotherapy in the 70s based on unconditional acceptance and positive regard

SLIDE: Botticelli "Mother and Child" 15th c.

5. In art, empathy is often associated with **the relationship between mother and child**, in which an intuitive and often wordless sympathy seems to exist between the two

D. History

1. The actual word "empathy" comes from the German *Einfühlung*, an expression first coined by the psychologist Theodor Lipps in 1903, in his discussion of **why art evokes an emotional response in the viewer (SLIDE)**

2. Means something like **"feeling into,"** as in being transported into a piece of music; or feeling your way into a dark cave

E. Empathy is **more than intellectual identification**, skillful analysis, ~~cold intelligence~~, or mere observation: it is not simply a cognitive process

F. Rather, it **involves a personal relatedness**, an ability to enter feelingly into another person's life

1. The emotional awareness that **"I might be you"**

SLIDE: Perhaps portrayed in this painting by Chagall "Dimanche" (Sunday)

2. For empathy to occur, **the physician must actually feel something**, not just cognitively grasp something, about the patient's situation (Jody Halpern, UCLA psychiatrist and medical ethicist)

G. Emotional resonance: Basho poem (**SLIDE**)

Into the ancient pond
A frog jumps
A deep resonance

H. Former surgeon and Yale professor Richard Selzer, in his essay "The Exact Location of the Soul" also expresses the ~~thought~~ ^{idea} that the **doctor must resonate with the patient's suffering**

II. CLINICAL EMPATHY (SLIDE) - This thought brings us to the concept of "clinical empathy," the specific empathy that occurs between doctor and patient

A. Clinical empathy

1. Starts with **subjective feeling** (empathy ~~as an emotion~~ ^{the emotion of})
2. But leads to **purposive action** (empathy as a motive)
3. **Its goal is to render more meaningful assistance to the patient**

SLIDE: Van Gogh "The Good Samaritan" (after Delacroix)

B. In clinical practice, empathy consists of (SLIDE)

1. **Genuine attention** to the individual patient's concerns,
2. **Concern for the personhood** of the patient, and
3. The ability to **place disease in the context of the patient's life**, based on intimate knowledge of who the patient is

SLIDE: Edvard Munch; Norwegian painter; ^{in this portrayal of the} death of beloved sister Sophie in 1877 from tuberculosis; conveys a deep sense of the person of the patient

C. From the patient perspective, clinical empathy is fundamentally about being recognized by the physician -

1. ^{It's what happens} When the patient is seen compassionately but clearly with all his/her flaws, imperfections and vulnerabilities by the physician (**SLIDE**)
2. **Doctor functions as a mirror** in which patient can see a reflection of him or herself - and know that he or she is *known*

SLIDE: Norman Rockwell; doctor examines child; early 1900s; despite generational and status differences, the doctor in this painting in many ways is "mirroring" his little patient

3. The former literary critic and editor of the NY Times Book Review Anatole Broyard, who died of prostate cancer in 1991, observed that what patients want even more than love from their physicians is to be ^{recognized} ~~truly seen and accepted~~. love may be blind, but compassionate recognition is ^{truly seen and accepted by another} ~~true seeing of the other~~

D. From the physician perspective, clinical empathy requires a certain emotional resilience (SLIDE)

1. What internist, epidemiologist, ethicist and poet Jack Coulehan refers to as the twin properties "steadiness and tenderness" ^{of}

2. **Steadiness** – the reason and courage not to be paralyzed or overwhelmed by patient’s experience
3. **Tenderness** – humanity, compassion, fellow-feeling, sympathy, so that we allow ourselves to be moved by the plight of the patient
4. The combination of these qualities produces the **steady, but compassionate gaze** that the physician directs toward his or her patient to truly see and recognize them

SLIDE: Thomas Eakins "The Gross Clinic" - surgeon Samuel Gross, Jefferson University Medical College, Philadelphia, 1875

III. WHY IS IT IMPORTANT TO TEACH EMPATHY? (SLIDE)

A. Most of us have at least some **reservations about the value of empathy** in the clinical relationship

B. **Three main concerns** about empathy:

1. Concern that empathy will make physicians **unable to make objective diagnoses or provide reliable care**

a. “No quality takes rank with imperturbability... coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril...” the great William Osler, 1932

b. “Encouraging physicians to cultivate empathy in their relations with patients will undermine their ability to function as wise, understanding doctors...” R. Landau, M.D., 1993

weighted in on this side of the equation when he wrote:

2. **Emotional involvement with patients is too burdensome**, injurious to the physician:

Going back to the student perspective

a. “I think if you’re too emotional or involved, it is going to drain you” – Gillian, 4th year medical student, University of Melbourne

3. **Empathy is unscientific, unprofessional**

a. “I hear young doctors in the hospitals all the time talking like that... they’re saying a doctor is a very busy fellow and he does hard work, and he can’t get ‘soft’ or he’ll fall into a kind of incompetent sentimentality. Even pediatricians and psychiatrists talk like that – how you have to be ‘cool’ and ‘keep your distance’” William Carlos Williams

C. Because students, and many physicians, are **afraid of emotional connection** with patients, they make a virtue of avoiding it

1. It has been observed by the psychiatrist and anthropologist Arthur Kleinman among others that medical students **start out with empathy and love for patients - and learn detachment and distance from patients.**

2. **This fear of empathy is often perceived by patients as indifference:**

caption reads: wife to seriously ill husband

SLIDE: Spectator cartoon, 1990: "The doctor doesn't visit anymore. He says, why don't you drop in when you're feeling better?"

D. In fact, true clinical empathy does not justify any of the above concerns

1. There is **no reason to believe that empathy impairs judgment or impedes care** (this may be true of unfettered, undisciplined emotion, but, as I have tried to show, this is not empathy)

2. **Empathy, properly practiced, is not burdensome** for the physician

3. And while empathy draws on narrative knowledge of patients rather than strict biomedical knowledge, it is by no means unprofessional
- D. So teaching students about empathy is an extremely important function of the preceptor's pedagogical role

IV. TEACHING EMPATHY AS A SKILL (SLIDE)

- A. In the teaching of empathy, it might be useful to make an analogy to what we all learned about light in our high school physics class: Light is both particle and wave
- B. Similarly, empathy is both skill and attitude, and both must be taught
- C. As a skill, empathy can be operationalized as the patient experience of being seen, heard, and accepted
- D. In this approach, empathy is analogized to a procedure in that is conceived of as consisting of a set of discrete behaviors that can be analyzed and learned
- E. What are some techniques for helping students to truly see patients? (SLIDE)
1. Encourage students to maintain appropriate eye contact
 2. See new patients fully clothed
 3. Pay attention to what they observe in patients
 - a. Encourage students to comment on facial and bodily expressions of patients
 - b. To take note of patients' mode of dress and physical presentation
 4. We can help students see patients directly by reminding them to eliminate physical barriers that stand between them and the patient (desk, chart)
- F. What are some techniques to help students ensure they are really hearing their patients? (SLIDE)
1. We must encourage students to listen to patient's story
 - a. Remind students not to interrupt patients for precious first 2-3 minutes of narrative
 1. Tell me more about that.
 - b. Remind students to express interest in the patient's experience
 2. Help students become familiar with and use active listening skills (paraphrasing, clarifying, reflecting) (SLIDE)
 3. Encourage students to make a habit of incorporating patient language when they "return" the story to the patient in the form of diagnosis and prognosis
 4. Finally, we can help students make sure their nonverbal behavior communicates attention - no gap between verbal and nonverbal listening
- G. Finally, what are techniques for getting students to communicate acceptance to patients? (SLIDE)
1. Remind students to judge problematic behavior (smoking, drinking), not the person
 2. Help students to remember to normalize patient emotions of frustration, fear, anger, confusion as they make their way through the medical system
 3. Encourage students to take the risk of making appropriate self-disclosures to patients
 - a. Conveys respect for patient
 - b. Closes distance between student-physician and patient
- H. Empirical research has shown an association between these kinds of empathic skills and improved patient and physician outcomes

Perhaps the best version of empathy as a skill was done by the work of Dr. [unclear] a communication foundation which I will summarize briefly

You must have been very concerned when your son's fever was so high

talk about [unclear] not at this meeting

My father had a heart attack a few years ago & it was very hard for him too to change his whole lifestyle

1. Improved adherence and compliance
2. Improved patient satisfaction
3. Reduced patient anxiety
4. Improved clinician satisfaction and reduced frustration

I. This model, while of great value, is essentially reductionistic and behavioral in nature - **emphasizes behaviors and not attitudes**

J. To ensure that clinical **empathy is a process of the heart as well as the mind**, we must also teach empathy as an attitude.

V. TEACHING EMPATHY AS AN ATTITUDE (SLIDE)

A. One objection to teaching empathy is **time constraints** in the practice setting

1. Research shows that, among **experienced physicians**, those judged by outside raters to be **more empathic did not spend longer in their patient interviews than did those judged to be less empathic**

2. Another study concluded that **physicians can be trained to demonstrate empathy without increasing the length of patient visit**

B. Empathy is more *a matter of mind* than a matter of time

C. Empathy as an attitude involves changing one's stance

1. To continually ask the question: "**Just what does this experience of illness, or that intended therapy, mean to this particular patient?**"

2. To understand the patient's point of view not to convince them of the superiority of the physician's interpretation, but to cultivate **openness to the truths of the patient's narrative**

Empathy as attitude involves developing something of the **attitude of a family member**, what families hope to tap into when they ask their physician: "What would you do if it were your daughter... your father?"

I understand you think you got sick because you're so stressed, but it's just about that's going around everybody's getting it. The truth may not be either/or.

(SLIDE): Something of this aspect of attitudinal empathy may be

captured in this German poster printed in 1903 entitled "Housewife as Family Doctor" (~~SLIDE~~)

D. There are **six ways** that we can go about teaching the attitude of empathy to students (SLIDES)

1. We need to **use the language of emotion** as well as the language of science in talking to students about our patients

a. Reveal to students **our emotional engagement** with patients –

b. Let them see we have not only intellectual knowledge or understanding of patients, but

c. Feelings of caring, concern, compassion toward patients

d. Taking this concept one step further, we must discuss with students how we **work with negative feelings** of irritation and frustration toward some patients to develop a more empathic stance

2. We also need to overtly express **compassionate curiosity** about patients

in the presence of our students

a. This means expressing interest in, appreciation for the foibles, idiosyncrasies of even the most difficult patients

You know, it's actually impressive how Mrs. Jones has a new and completely different reason why she can't stick to her diabetic regimen every time I see her

b. In a related thought, we can demonstrate to students how **curiosity can decenter physicians from their negative emotions toward greater understanding of patients** - Example

Third 3. We can show students how to be **fully present** with patients (JAMA article - mindful presence in the clinical encounter)

- a. Discuss with students how we manage issues of time urgency, mind wandering, or multitasking with patients
- b. Share our own **strategies for focusing completely** on a patient, even if only for a brief time
- c. Help students pay close attention to patients (query students regarding their observations about patient appearance, language, mood, nonverbal behavior)

Fourth, 4. Encourage students to understand/**enter into the patient point of view**
a. First, by demonstrating to students that we ourselves have a deep grasp of how the world looks from the patient's perspective

b. Have student practice articulating patient/family perspective

Fifth 5. Stimulate **whole person understanding** of patients on part of students
a. Disclose information to students that puts patients in the context of their lived lives and values . Ever since I've known her, Mrs. Brown has wanted to avoid toxic therapies when her cancer entered a terminal phase. It's because she witnessed her own mother's futile suffering with the same disease

b. Help student think longitudinally as well as cross-sectionally about patients seen in practice

6. Finally, we can encourage students to **think about patients**

Why is it that anti-depressants kick in? Does Mrs. Gorkin's son really have ADHD?
a. Let students know we sometimes **"take our patients home"**
b. Suggest students engage in **reading fiction** about doctors and patients to stimulate deeper and broader reflection about the nature of the patient experience

c. Encourage students to **write about** patients (journaling; imaginative writing from patient point of view)

SLIDE: If we teach the attitude of empathy, perhaps we can help students achieve something of the spirit captured in this painting by Sir John Lavery "Sister Juliet" WWI nursing scene

VI. THE POWER OF EMPATHY (SLIDE)

A. Empathy can be a **powerful tool** in the hands of a skilful physician

1. "...Empathy became my... chief tool, so intangible and yet so indispensable, more incisive than [my] sharpest scalpel, more telling than [my] most advanced CT scanner." Rafael Campo

2. "If [a physician] has the power... to bring his mind into such affinity with his patients that this last shall unawares have spoken what he imagines himself only to have thought; is such revelations be received without tumult, and acknowledged not so often by an uttered sympathy as by silence, an inarticulate breath, and here and there a word, to indicate that all is understood... then, *at some inevitable moment will the soul of the sufferer be dissolved and flow forth in a dark but transparent stream, bringing all its mysteries into the daylight*" - Nathaniel Hawthorne, *The Scarlet Letter* (SLIDE)

3. More than 100 years ago, Hawthorne recognized that the physician can become so attuned to his (or her) patient as to **elicit the latter's very soul**, and that in the

If you were Mr. Jones, what would you tell me about this blood pressure medication?

presence of such empathy something very powerful can occur

SLIDE: 19th c. physicians, who often had little medicine at their disposal *except* empathy, knew that at times simply their **vigilance**, their presence could help precipitate a cure: Van Gogh: "Evening: The Watch;" after Millet

C. Even in our highly advanced technological era, as clinicians we still acknowledge **the healing power of empathy for the patient (SLIDE)**

1. What has been called the "**quiet catharsis of comprehension**" refers to the healing of the patient that comes from being understood and heard

2. The family physician and medical ethicist has called this **symbolic healing**

Howard Brody

3. The psychoanalyst Kohut developed an entire school of psychotherapy based on the premise that by accepting a patient's need to be seen accurately and benignly empathy can be reparative of the deepest psychic wounds

4. The famed Cornell physician Eric Cassell talks about the "**therapeutic advantage**" physicians gain from becoming close to their patients –

a. By which he means that when physicians understand their patients better, they are able to generate more effective interactions and interventions

b. So that empathy may also promote actual healing in patients

SLIDE: Van Gogh "Pieta;" after Delacroix

D. Perhaps of equal importance in the education of medical students, it has been asserted that **empathy can heal not only patients, but physicians as well**

1. Anatole Broyard encouraged physicians to take the risk of moving closer to, rather than farther from, patients and wrote: "...the emotional burden of avoiding the patient may be much harder on the doctor than he imagines... A doctor's job would be so much more interesting and satisfying if he simply let himself plunge into the patient, if he could lose his own fear of falling." **(SLIDE)**

2. And William Carlos Williams wrote in this manner of the value to the physician of becoming "lost," albeit only temporarily, in the stories of his/her patients:

(SLIDE): "How many times I've gotten up and felt lousy; I've felt lousy driving over there, and then I'll knock on the door, and someone opens it, and it's a mother or a father, and they want me to go right to their kid, or they have 'pains' themselves, and you know what, the next thing with me is that I've forgotten myself – isn't that an achievement! – because I'm all tied up with someone else. Most of my patients – they want to gab away, but they're not sure how to get going. They're in trouble; and that's when *you're eager to look into things deep, real deep*. I wouldn't walk away from those kinds of talks for anything; I come away from them so damn stirred myself... it just envelopes you."

3. Here is a picture of a physician who, rather than stepping away from the stories and feelings of his patients, rushes towards them, welcomes and embraces them

SLIDE: F van Loo; 19th century lithograph of elderly doctor treating poor immigrant patients (after Edouard de Jans) conveys this sense of William Carlos Williams' profound empathy for a similar patient population

4. **(SLIDE)** Rita Charon, an internist at NYU School of Medicine writes that **empathic interaction**

a. Allows physicians to feel **satisfied, at peace** with their clinical interactions

b. And reduces their feelings of irritation and anxiety

3. She concludes that when physicians are able to empathically “enter into the patient’s suffering world, ...offer comfort,... and accompany the patient through the illness experience,” they are ~~also~~ **able to find meaning, and at times transcendence** for themselves *as well*

SLIDE: Eakin "The Agnew Clinic" University of Pennsylvania 1889

VII. CONCLUSION

A. When Broyard was dying of prostate cancer, he wrote movingly of the value of empathy in the doctor-patient relationship for both patient and doctor (**SLIDE**): “Not every patient can be saved, but his illness may be eased by the way the doctor responds to him – and in responding to him, the doctor may save himself...He has little to lose and everything to gain by letting the sick man into his heart. If he does, they can share, as few others can, the wonder, terror, and exaltation of being on the edge of being, between the natural and the supernatural.”

B. SLIDE: Sir Luke Fildes "The Doctor" 1891

1. Would like to conclude with this famous painting

2. I think it sums up eloquently what the presence of empathy can give to both patient and doctor over the course of their encounters

3. To better understand this painting, **an historical note** may be helpful: Fildes painted this tribute in 1891 as a tribute to the physician who cared for his seriously ill young son a few years earlier

4. But, although the painting is supposed to depict the child at the point of recovery, in fact, in real life, Fildes' son did not recover, but died of his illness

5. Yet Fildes did not sue the physician, did not register a complaint, did **not become resentful or embittered**: Instead he painted this picture. Why?

6. Of course, there are many factors, but I would like to suggest that one of the reasons might be **the power of empathy in the doctor-patient relationship**: Even in a situation with a ^{tragic} outcome, such as the death of Fildes' child, the physician's empathy and ^{compassion} can create a tremendous potential for gratitude and transcendence ^{for} patients, family members, and physicians

7. This is the lesson I hope we can teach our students.

10 - 15 To go

SLIDES – EMPATHY PRESENTATION

1. WHAT IS EMPATHY?

“...**The elusive part of medicine that goes beyond expertise**”
- Andrew Wallace, former Dean, Johns Hopkins School of Medicine

“**We can't be the sort of person in whom tenderness is going to die out**”
- Colin, 4th year medical student, University of Melbourne

2. DEFINITIONS OF EMPATHY

The capacity for participation in another's feelings or ideas – Webster's

The ability to “**go out of our own natures**” to identify ourselves with the thoughts, actions, and troubles of others – Percy Bysshe Shelley, 19th c. ~~Romantic~~ poet
ok need to check spelling

“**A bold swinging...into the life of another...**” – Martin Buber, 20th c. theologian

“**To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some sense it means that you lay aside your self**” – Carl Rogers, founder of Rogerian school of psychotherapy

3. *EINFUHLUNG* - feeling into

4. **Into the ancient pond
A frog jumps
A deep resonance**

- Basho, 17th c. Japanese haiku poet
need to check date

5. CLINICAL EMPATHY

* Starts with subjective feeling (**empathy as emotion**)

- * Leads to purposive action (**empathy as motive**)

6. In clinical practice, empathy consists of:

- * Genuine attention to the individual patient's concerns
- * Concern for the personhood of the patient
- * Ability to place disease in the context of the patient's life

7. PATIENT PERSPECTIVE – *Empathy is fundamentally about being recognized*

- * Doctor as mirror
- * Recognition better than love

PHYSICIAN PERSPECTIVE – *Empathy requires emotional resilience*

- * Steadiness
- * Tenderness

8. WHY IS IT IMPORTANT TO TEACH EMPATHY?

“No quality takes rank with imperturbability... coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril...” – William Osler, 1932

“Encouraging physicians to cultivate empathy in their relations with patients will undermine their ability to function as wise, understanding doctors...” R. Landau, M.D., 1993

“I think if you're too emotional or involved, it is going to drain you” – Gillian, 4th year medical student, University of Melbourne

“I hear young doctors in the hospitals all the time talking like that... they're saying a doctor is a very busy fellow and he does hard work, and he can't get 'soft' or he'll fall into a kind of incompetent sentimentality. Even pediatricians and psychiatrists talk like that – how you have to be 'cool' and 'keep your distance' and not become 'overwhelmed' by all the emotions that come your way” – William Carlos Williams, physician-poet

9. ***“How many times I've gotten up and felt lousy; I've felt lousy driving over there, and then I'll knock on the door, and someone opens it, and it's a mother or a***

father, and they want me to go right to their kid, or they have 'pains' themselves, and you know what, the next thing with me is that I've forgotten myself – isn't that an achievement! – because I'm all tied up with someone else. Most of my patients – they want to gab away, but they're not sure how to get going. They're in trouble; and that's when you're eager to look into things deep, real deep. I wouldn't walk away from those kinds of talks for anything; I come away from them so damn stirred myself... it just envelopes you." – William Carlos Williams

→ 10. *"The emotional burden of avoiding the patient may be much harder on the doctor than he imagines... A doctor's job would be so much more interesting and satisfying if he simply let himself plunge into the patient, if he could lose his own fear of falling."* – Anatole Broyard, *New York Times* literary critic and book review editor, died in 1990 of prostate cancer

11. TEACHING EMPATHY AS AN ATTITUDE

- * Empathy is more a matter of mind than a matter of time
- * Empathy involves changing one's stance

- To continually hold in one's mind: *"Just what does this experience of illness, or that intended therapy, mean to the patient?"*

- To be open to patient stories whose truths may differ from those of the physician

12. TEACHING EMPATHY TO STUDENTS

- * Reveal your emotional engagement with patients
- * *Express compassionate curiosity about patients*
- * Model being fully present with patients
- * *Encourage understanding of patient point of view*
- * Stimulate whole person understanding
- * *Encourage student reflection on patients*

13. THE POWER OF EMPATHY

"If [a physician] has the power... to bring his mind into such affinity with his patients that this last shall unawares have spoken what he imagines himself only to have thought; if such revelations be received without tumult, and acknowledged not so often by an uttered sympathy as by silence, an inarticulate

breath, and here and there a word, to indicate that all is understood... then, at some inevitable moment will the soul of the sufferer be dissolved and flow forth in a dark but transparent stream, bringing all its mysteries into the daylight” – Nathaniel Hawthorne, *The Scarlet Letter*

14. THE HEALING POWER OF EMPATHY – PATIENT

*”Quiet catharsis of comprehension” – the healing the comes from being heard and understood

* By accepting the patient’s need to be seen accurately and benignly, empathy can be reparative – self-psychology (Kohut)

* “Therapeutic advantage” physicians gain by becoming close to their patients (Eric Cassell)

15. THE HEALING POWER OF EMPATHY – PHYSICIAN

Empathic interaction:

- * Reduces physician irritation and anxiety
- * Allows the physician to feel satisfied, at peace
- * Encourages sense of meaning, even transcendence

16. *“Not every patient can be saved, but his illness may be eased by the way the doctor responds to him – and in responding to him, the doctor may save himself... He has little to lose and everything to gain by letting the sick man into his heart. If he does, they can share, as few others can, the wonder, terror, and exaltation of being on the edge of being, between the natural and the supernatural.”* – Anatole Broyard

TEACHING EMPATHY AS A SKILL

A. As a skill, empathy can be operationalized as the patient experience of being *seen, heard, and accepted*

B. Techniques for *seeing* patients

1. Maintain appropriate eye contact
2. See new patients fully clothed
3. Acknowledge what you observe in patients
 - a. Comment on facial and bodily expression
 - b. Take note of mode of dress and physical presentation
4. See patient directly by eliminating physical barriers (desk, chart)

C. Techniques for *hearing* patients

1. Listen to patient's story
 - a. Don't interrupt for 2-3 minutes
 - b. Express interest in the patient's experience
2. Use *active listening skills* (paraphrasing, clarifying, reflecting)
3. Incorporate patient language in "returning" story to patient
4. Make sure nonverbal behavior communicates attention

D. Techniques for communicating *acceptance*

1. Judge problematic behavior (smoking, drinking), not the person
2. Normalize patient emotions
3. Make appropriate self-disclosures
 - a. Conveys respect for patient
 - b. Closes distance between physician and patient

E. Empirical research has shown an association between these kinds of empathic skills and improved patient outcomes

1. Improved adherence and compliance
2. Improved patient satisfaction
3. Reduced patient anxiety
4. Improved clinician satisfaction and reduced frustration

TEACHING EMPATHY AS AN ATTITUDE

- A. Empathy is more *a matter of mind* than a matter of time
- B. Empathy as an attitude involves changing one's stance
 - 1. To continually ask the question: "***Just what does this experience of illness, or that intended therapy, mean to this particular patient?***"
 - 2. To understand the patient's point of view not to convince them of the superiority of the physician's interpretation, but to cultivate openness to the truths of the patient's narrative
- C. Teaching the attitude of empathy to students
 - 1. ***Use the language of emotion*** as well as of science in talking to students about your patients
 - a. Reveal to students your emotional engagement with patients –
 - b. Let them see you have not only intellectual knowledge or understanding of patients, but
 - c. Feelings of caring, concern, compassion toward patients
 - d. Discuss with students how you work with negative feelings of irritation and frustration toward some patients to develop a more empathic stance
 - 2. Express ***compassionate curiosity*** about patients to your students
 - a. Express interest in, appreciation for the foibles, idiosyncrasies of even the most difficult patients
 - b. Show students how curiosity can decenter the physician from his/her own negative emotions toward greater understanding of patients
 - 3. Show students that you are ***fully present*** with patients
 - a. Discuss with students how you manage issues of time urgency, mind wandering, or multitasking with patients
 - b. Share your own strategies for focusing completely on a patient, even if only for a brief time
 - c. Help students pay close attention to patients (query students regarding their observations about patient appearance, language, mood)
 - 4. Encourage students to understand/***enter into the patient point of view***
 - a. Demonstrate to students that you have a deep grasp of how the world looks from the patient's perspective
 - b. Have student practice articulating patient/family perspective

5. Stimulate *whole person understanding* of patients on part of students
 - a. Disclose information to students that puts patients in the context of their lived lives and values
 - b. Help student think longitudinally as well as cross-sectionally about patients seen in practice

6. Encourage student *reflection* on patients
 - a. Let students know you sometimes "take your patients home"
 - b. Suggest students engage in reading (fiction) to stimulate deeper and broader thinking about patients
 - c. Encourage students to write about patients (journalling; imaginative writing from patient point of view)

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EMPATHY:

*THE SHARP
COMPASSION OF THE
HEALER'S ART*

- T.S. Eliot, *Four Quartets*

IN CLINICAL PRACTICE, EMPATHY CONSISTS OF:

- * Genuine attention to the individual patient's concerns
- * Concern for the personhood of the patient
- * Ability to place disease in the context of the patient's life

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WHAT IS EMPATHY?



“...The elusive part of medicine that goes beyond expertise”

Andrew Wallace, Former Dean
John Hopkins School of Medicine

“We can’t be the sort of person in whom tenderness is going to die out”

Colin, 4th year medical student
University of Melbourne

DEFINITIONS OF EMPATHY



- *The capacity for participation in another's feelings or ideas.*

-Webster's Dictionary

- *The ability to "go out of our own natures" to identify ourselves with the thoughts, actions, and troubles of others.*

- Percy Bysshe Shelly, 19th c. lyric poet

- *"A bold swinging...into the life of another..."*

-Martin Buber, 20th c. theologian

- *"To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some sense it means that you lay aside your self"*


-Carl Rogers, founder of Rogerian School of Psychotherapy



EINFUHLUNG

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FEELING INTO



*Into the ancient pond
A frog jumps
A deep resonance*

– -Basho, 17th c. Japanese haiku
poet

CLINICAL EMPATHY



- *Starts with subjective feeling (**empathy as emotion**)*

- *Leads to purposive action (**empathy as motive**)*

PATIENT PERSPECTIVE



*Empathy is fundamentally
about being recognized*

- *Doctor as mirror*
- *Recognition better than
love*

PHYSICIAN PERSPECTIVE



Empathy requires emotional resilience

■ *Steadiness*

■ *Tenderness*

WHY IS IT IMPORTANT TO TEACH *EMPATHY*?

“No quality takes rank with imperturbability... coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril...” - William Osler, 1932

“Encouraging physicians to cultivate empathy in their relations with patients will undermine their ability to function as wise, understanding doctors...”

-R. Landau, M.D., 1993

“I think if you’re too emotional or involved, it is going to drain you” - -Gillian, 4th year medical student, University of Melbourne

“I hear young doctors in the hospitals all the time talking like that...they’re saying a doctor is a very busy fellow and he does hard work, and he can’t get ‘soft’ or he’ll fall into a kind of incompetent sentimentality. Even pediatricians and psychiatrists talk like that - how you have to be ‘cool’ and ‘keep your distance’ and not become ‘overwhelmed’ by all the emotions that come your way.” - William Carlos Williams, physician-poet

Why Is It Important To Teach *Empathy*? (cont'd.)



“How many times I’ve gotten up and felt lousy; I’ve felt lousy driving there, and then I’ll knock on the door, and someone opens it, and it’s a mother or a father, and they want me to go right to their kid, or they have ‘pains’ themselves, and you know what, the next thing with me is that I’ve forgotten myself - isn’t that an achievement! - because I’m all tied up with someone else. Most of my patients - they want to gab away, but they’re not sure how to get going. They’re in trouble; and that’s when you’re eager to look into things deep, real deep. I wouldn’t walk away from those kinds of talks for anything; I come away from them so damn stirred myself...it just envelopes you.”

- William Carlos Williams

Why Is It Important To Teach *Empathy*? (cont'd.)



“The emotional burden of avoiding the patient may be much harder on the doctor than he imagines...A doctor’s job would be so much more interesting and satisfying if he simply let himself plunge into the patient, if he could lose his own fear of falling.”

Anatole Broyard, *New York Times* literary critic and book review editor, died in 1990 of prostate cancer

TEACHING *EMPATHY* AS AN ATTITUDE



Empathy is more a matter of mind than a matter of time.

Empathy involves changing one's stance. To continually hold in one's mind:

- ◆ *"Just what does this experience of illness, or that intended therapy, mean to the patient?"*
- ◆ *The truth of patient stories may differ from those of the physician*

TEACHING EMPATHY TO STUDENTS



- *Reveal your emotional engagement with patients*
- *Express compassionate curiosity about patients*
- *Model being fully present with patients*
- *Encourage understanding of patient point of view*
- *Stimulate whole person understanding*
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