
--, I really appreciated your thoughts about the relationship between empathy and compassion. You make an excellent point that what allows us to *approximate* understanding of another's situation (and you're also right that we can never *perfectly* understand the other) is imagination. I think it is not only how accurate we are in our understanding, but also that the patient apprehends our efforts to "see" and "recognize" him/her. I also agree with your observation that although emotional commitment exacts a price, emotional detachment may be even more costly. I would even go so far as to suggest that when we learn how not to be overcome by the patient's suffering, we discover that emotional connection with patients, even in dire circumstances, can be uplifting and inspiring.

You describe a very good method for stimulating compassion, and perhaps empathy as well. Drawing on your own experiences, or those of people you know, will help you develop *emotional hypotheses* to assist you in truly understanding the experience of your patient. The experiences that you reference, however, can never be used as a *substitute* for the patient's own feelings, which may in fact bear great similarity to your own or someone else's feelings, but also may be entirely different. Imagining that your patient is someone close to you is an excellent way to stimulate greater interest in, caring for, and motivation to understand the patient. Finally, I completely agree with your conclusion that personal knowledge of the patient facilitates both compassion and empathy.

Thanks for a thoughtful, insightful, and valuable essay! Dr. Shapiro

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--, I'm so glad you extended the concepts of empathy and compassion to co-workers as well as patients. It is really important to recognize that empathy and compassion are not restricted to certain categories of "deserving" people. I also really liked the way you first tried to understand (i.e., empathize with) *why* people tend to pursue their own agendas with patients*:* This empathic analysis helps us to feel more compassion toward this behavior, even while we disagree with it. You next point out that with a relatively small investment of time you can honor the patient's agenda as well. It's also an excellent observation that small things, touching, nodding, how you sit also convey concern and caring. Finally, you're right that the more personal knowledge you know about others, whether patients or co-workers, the more likely you will be able to express empathy and compassion toward them. --, as always I'm impressed with your insights and sensitivity.

--, I love your language of patient care as a "collaborative venture." This is beautiful, a wonderful model. I am very much in agreement with you that "each participant has something valuable to share," and this is true even of the most difficult, defiant, obstinate patient. I also agree that, in some respects, the physician "needs" the patient as much as the patient needs the doctor. All your ideas for how to figure out what it is the patient

needs to give you are excellent. And you add an important dimension when you observe that it is not only understanding but respect that is attained; and this is true even if you disagree strongly with the patient's actions and/or behavior. I also like your awareness that simply acknowledging a patient's needs *can be* a valid way of addressing them, or at least beginning to address them. Finally, I am impressed that you actually take the time to overtly "thank" you patients. We associate feelings of gratitude and expressions of appreciation with patients, and rightly so; but in your collaborative model, there is as much reason for physicians to be grateful to their patients.

--, your essay is a lovely example of how understanding, empathy, and caring can be more effective in achieving a desired outcome than pressure and coercion. One aspect of the situation you describe is how easy it is for doctors and patients to end up "on opposite sides" of an issue, even though theoretically both patient and doctor want what is best for the patient. You also demonstrate that empathy can help get patient and doctor back on the same team. As you surmise, teaching by example is probably the most effective way of inspiring positive change in others.

Hi --. How interesting that you chose to write about the very topic that Dr. X mentioned – the intimate relationship between compassion for self and compassion for others. I very much appreciate and respect your honesty, and am impressed by your level of self-awareness. The phenomenon you describe is common – many of us find it easier to forgive others than ourselves. However, I agree with you that our inability to extend compassion toward ourselves often contaminates our interactions with others. Our anger, irritation, and negative judgment toward ourselves may end up leaking into other relationships. They may make us inappropriately judgmental. When we can accept ourselves as fallible human beings, we become naturally more accepting and forgiving of others. You also make a somewhat different, albeit related, point about the value of centering. As a (sometime) meditator myself, I value the importance of finding one's point of equilibrium as a prelude to action. When the dust of emotional agitation settles, we usually can see more clearly the best course of action. Thank you for such a reflective "meditation" on the true nature of compassion.

--, from my perspective, we never need to be embarrassed by (or ashamed of) our emotions. Emotions are just that – emotions. If embarrassment can help you explore why, in a certain situation, you might have a "lack of compassion," then of course it is serving a useful purpose, and that seems to be what happened in your case. For me, those self-judgments sometimes make me want to avoid the whole situation, so I admire your tenacity! I've learned that if I can start from a place of nonjudgmental, compassionate curiosity toward myself ("Wow! Here are all these very sick children, and I'm not feeling an ounce of compassion toward them. What's going on? I wonder what is getting in the

way of compassion?"), I begin to discover reasons that I can then choose to reconsider, just as you did – maybe I'm feeling judgmental (but then gee, it's nobody's fault!); maybe I'm feeling repulsed (and if I focus calmly and carefully, gazing at one individual child for a little while my revulsion may soften and what seemed horrible becomes just – what is); maybe I'm feeling helpless, or angry, or afraid (and all of these feelings also can be worked with). For example, you reflected inward and found fear, which is often the basis for a lot of our other reactions; and as you spent a little time with fear, lo and behold it transformed into empathy for the patient/parents, which you were able to enhance by no longer being afraid to climb into their shoes for a little while as best you could. Your step 4 I think (hope?) is similar to Dr. X's point about compassion toward self. "Knowing my limitations" sounds a little harsh, but in a way you are accepting where you are right now in relation to these kids and acknowledging how you've been able to improve your initial attitude. Finally, I really liked your concluding step of practice. Many people, including me, have a tendency to avoid "uncomfortable" situations. You have a much better attitude, which is noticing how much we can learn from them. If we don't panic when we are challenged, we have a great opportunity to grow as a person and a professional. Very nice! Regards, Dr. Shapiro

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You know, --, the truth is that being a compassionate, empathic person is at once really simple and really hard. You're right in that "little" obvious things are the vehicles through which we express compassion and empathy – acknowledgment of the other, awareness of feelings, listening, nonjudgmentalness. Simple, right? These seem like basic interpersonal courtesies, yet look around, and notice how often they are absent from social interactions. If you can actually put these skills into practice, you will, as you say, develop "meaning relationships" with patients – and others. Thanks for your insights. Dr. Shapiro

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--, thank you for your honest acknowledgment that you can sometimes be "abrupt" and judgmental with patients. This is probably true of 99% of doctors (and human beings) but most people are not willing to look at these patterns. I really admire both your awareness, and then your effort to shift your interactions in a different direction. Both of your strategies – listening for longer without interrupting and withholding judgmental remarks – are excellent. Your example of the potentially suicidal woman shows clearly just how much is at stake. I'm impressed that you are tackling one of the hardest, but also most worthwhile, challenges in life – to look at ourselves, with compassion as Dr. X mentioned, but also with clarity, and to try to become the people we want to be. --, I know you are very bright and competent. Add this dimension of personal awareness, and you will make an outstanding physician. Regards, Dr. Shapiro

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--, your essay demonstrates a clear understanding of the relationship between abstract concepts such as compassion and empathy and specific ways of acting and being with patients. Your example of spending time with your hospice patient is an excellent illustration of how such meaningful relationships can be built. However, I would like to challenge you a little on the issue of time constraints. You are completely right that the hectic pace and constant pressures of the physician's life make relationship building very hard. But sometimes "time constraints" becomes an excuse for not making the effort. Compassion and empathy can be expressed through time, but they are also conveyed through "presence," when the physician is completely attentive, focused on, and available for the patient, even with limited time. With practice, the physician can learn to make limited time meaningful to both him/herself and to the patient. Thank you for these thoughts. Dr. Shapiro

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You provided a provocative perspective in your essay (as I suspect you know ☺)."Indifference" seems, on the surface, to be antithetical to compassion and empathic. Yet what you're really talking about, if you will allow me to reframe your language, is not really indifference but a certain "baseline" receptivity, interest, and caring that is part of your professional obligation to extend to *all* patients regardless of personal preference. I also agree that the more personal knowledge you acquire about the patient, the more you will naturally feel empathy and compassion toward the patient (which is not the same as agreeing with their choices or liking them). As you rightly point out, it comes down to not being afraid to engage in a "human" relationship as well as a professional one. Thank you for always being interesting! Dr. Shapiro

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I like your choice of quotes, --. If doctors could see every patient as a person to be served, rather than a problem to be solved, I think, like you, that we would have happier patients and physicians both. Your examples are excellent. You've discovered that a meaningful emotional connection can be made with a patient in a relatively short amount of time. Learning about the concerns, beliefs, and priorities of the patient has great benefit when it comes to discussing diagnosis, considering treatment options, and explaining prognoses, as you also astutely note. What you achieved through your compassionate interest in your patients was trust, and that is an invaluable asset in patient care. --, I've known since PD how bright and capable you are. It is very gratifying for me to see you evolving into a "complete" physician who is simultaneously knowledgeable and emotionally engaged. Regards, Dr. Shapiro

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--, thank you for the openness with which you disclosed your experience of serious illness. Many patients believe, and I might agree, that physicians who have personally undergone a significant medical episode are more compassionate and caring. It helps the physician realize that the line between "doctor" and "patient" is really not that firm. Once

we are able to see that, in many respects, “we” are “them” and “they” are “us,” it becomes easier to adopt the patient’s perspective. You have literally walked for a time in your patients’ shoes, and you have the courage to draw on those experiences to help you understand and empathize with your patients. I was also glad to see your acknowledgment that each patient’s experience is always unique. Our own experiences, no matter how much insight they might provide, should be applied only with great caution to others. Ultimately, it is the patient who reveals his or her own experience. Thank you for a most interesting essay. Dr. Shapiro

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--, after our in-class discussion, I think we might have done well to bring a dictionary to our session! What a cool response you provided to my rather prosaic prompt. From Webster’s to Lincoln via the internet! Your analysis of Honest Abe’s deservedly famous letter is not only creative, but sheds valuable light on our definitional struggles. I particularly liked the emphasis you (and Webster’s) placed on the desire to “alleviate” as well as understand the suffering of another. As we discussed, *clinical* empathy is not just an act of imaginative understanding, it also leads to attitudes and actions that attempt to reduce distress. You know --, I think your editing of your last sentence reveals your ambivalent views about the proper role of the physician in relation to his/her patient. In my opinion, that final sentence might best read: “To bring the patient through the struggle, when possible; and to join the patient in the struggle, always.” Those are both statements of compassion and commitment. Thanks, --, for your creativity and insights. Dr. Shapiro

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--, I really like your five Ps. In a way they seem self-evident (as do all great truths!), yet they are routinely ignored. Like all good medical educators, you’ve devised a clever way of reminding yourself of all the important elements. At your initiative, we did touch on the “fake it till you make it” approach in class, and as we concluded, it can be effective if it helps reconnect us with our core values and aspirations (which all too easily can slip away from us, especially in situations of extreme stress and difficulty). I’m glad that the timing of this assignment worked well for you. “Getting lost” in the drama and frustrations of a particular situation or patient is *so easy* to do. I know for me, that is the time that **Perspective** and **Peaceful Place** (even locating that peaceful place within myself) really come in handy! --, I know all the jokes about psychiatrists, but personally I don’t necessarily find psychiatry to be an especially sensitive or humane specialty, and in my opinion it needs people with your self-awareness and caring just as much as surgery ☺. Regards, Dr. Shapiro