Empathy and sympathy in the medical profession : Should we stop the desertion?

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Abstract

"Doctor", one of the most sought after profession of the contemporary world, has begun to lose its glory in terms of the expressions and feelings that once used to make the profession shine. Gone are the days when the physician used to "experience" the discomfort of his patients. We have now come to the era when most of the current day physicians, can just "see" that one is hurt. Although empathy and sympathy are used interchangeably in the context of physician-patient relationships, there are a few differences. Empathy is a much deeper sense of emotion and a sense that you can feel another's feelings and state of being along with feeling sympathetic to their issue. Sympathy is a feeling of understanding the issue and wanting to help the one in need. Unfortunately, many physicians were trained in the world of "Find it and Fix it" medicine, a world where empathetic communication was only an afterthought - if this behavior was considered at all. Clinicians have many reasons for not offering empathy and sympathy to patients. Even though we are uncertain about the nature of empathy and sympathy, we can probably all agree on the desirability of doctors' learning and showing these emotions during encounters with patients. However we may define them, there is always a place for empathy and sympathy in modern medicine and the Health care system should actively take measures to stop its desertion.

Keywords: *Empathy, Sympathy, Emotions, Communication*

Introduction

"Doctor", one of the most sought after profession of the contemporary world, has begun to lose its glory in terms of the expressions and feelings that once used to make the profession shine. Some join the Medical School with the desire to cure and care for those in need and some are fascinated with the revenue earned.

Gone are the days when the physician used to "experience" the discomfort of his patients. We have now come to the era when most of the current day physicians, can just "see" that one is hurt. Although empathy and sympathy are used interchangeably in the context of physician-patient relationships, there are a few differences.

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In the modern era, medical education emphasizes detachment and objective clinical neutrality[1], and places greater emphasis on technologic rather than humanistic aspects of medicine.[2] Lack of role models, educational experiences, and the development of a sense of being part of a privileged group are among the factors that may contribute to a decline in empathy during medical education.[2,3] Increasing number of residents in teaching hospitals at this time of shrinking resources. Focus on research at the expense of teaching and learning, managed care, increased litigation, and defensive medicine is affecting our learning environment.[4]

Discussion

Let us first get closer to the two terms, Empathy and Sympathy.

Merriam-Webster defines *empathy* as "the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts and experience fully communicated in an objectively explicit manner."

Wikipedia defines *empathy* (from the Greek åìðÜèåéá, "to suffer with") as "one's ability to recognize, perceive and directly experientially feel the emotion of another." As the states of mind, beliefs and desires of others are intertwined with their emotions, one with empathy for another may often be able to more effectively define another's modes of thought and mood. Empathy is often characterized as the ability to experience the outlook or emotions of another being within oneself, a sort of emotional resonance.

Merriam-Webster defines *sympathy* as "the act or capacity of entering into or sharing the feelings or interests of another being the feeling or mental state brought about by such sensitivity."

Wikipedia defines *sympathy* as "an emotional affinity in which whatever affects one correspondingly affects the other and its synonym is pity." *Sympathy* comes from the Latin sympatha, from Greek: óõìðÜèåéá transliterated as *sympatheia*, from óõí + ðÜó÷ù = óõìðÜó÷ù literally: *to suffer together* also: affected by like feelings or emotion. Thus the essence of sympathy is that a person's feelings reflect or are like those of another or that a person *suffers* as a response to, or because of, another person's *suffering*.

Empathy is a much deeper sense of emotion and a sense that you can feel another's feelings and state of being along with feeling sympathetic to their issue. (Sometimes you can be empathetic and not sympathetic but this isn't as common, e.g., an abuser may understand the feeling of being abused, but still abuses.) Sympathy is a feeling of understanding the issue and wanting to help the one in need. Most of the time empathy and sympathy are used in a sense of sharing unhappy feelings, but the sharing of happy feelings is also possible.

Let us see an example: If a friend of mine is suffering from a loss, saying to him that "I am sorry for your loss. What can I do to help you during this difficult time?" would be sympathy. On the other hand, if I would have said "I feel and understand your pain" would be empathy.

A doctor may feel sympathy and understands a patient's illness and try to alleviate the pain, but she may not feel his/her distress and pain. A cancer support group can empathize with the radiation therapy of a member and understand his/her fear because they have experienced the procedure as well.

Studies report that empathy declines among medical students[5] as well as residents.[6] Hojat and coworkers[5] examined changes in empathy in a class of third-year medical students. Using a validated questionnaire, the Jefferson Scale of Physician Empathy (JSPE), they demonstrated a small, but clinically significant reduction in total empathy score over the course of that year.[5] Similarly, Bellini and Shea[6] used a different measure of empathy, the Interpersonal Reactivity Index (IRI) of 60 residents at 6 time points during their internal medicine residency training. The IRI scores showed a decline in empathic concern that persisted through residency.[6]

The positive role of empathy in doctor-patient relationships and patient outcomes is well known. Empathic trainees emphasize the contribution of psychosocial factors in health and illness.[7,8] They may be more receptive to the bio-psychosocial rather than the biomedical model of disease.[8] Empathy is also relevant to clinical performance because empathy scores were positively associated with ratings of clinical competence in core clinical clerkships.[9]

Unfortunately, many physicians were trained in the world of "Find it and Fix it" medicine, a world where empathetic communication was only an afterthought - if this behavior was considered at all. Empathy was known as "bedside manner," a quality considered innate and impossible to acquire-either you were born with it or you weren't. More recently, greater emphasis has been placed on empathy as a communication tool of substantial importance in the medical interview, and many experts now agree that empathy and empathetic communication are teachable, learnable skills.[10,11] As we might therefore expect, empathy is the cornerstone of several communication models, including "The Four Habits" model (Invest in the Beginning, Elicit the Patient's Perspective, Demonstrate Empathy, Invest in the End) developed by The Permanente Medical Group's Terry Stein with Richard Frankel;[12] "The 4 E's" (Engage, Empathize, Educate and Enlist) model used by the Bayer Institute for Health Care Communication;[13] the "PEARLS" (Partnership, Empathy, Apology, Respect, Legitimization Support) framework adopted by the American Academy on Physician and Patient;[14] and other models.[15,16]

Clinicians have many reasons for not offering empathy and sympathy to patients. Discussion of this aspect with the staff at our health care centre revealed misgivings and misconceptions about empathetic communication and sympathy. Most of the doctors

came up with either of the below mentioned statements:

* "We do not have enough time during our rounds to give empathy and showing sympathy to the patients."
* "It is not relevant and we are too busy dealing with the acute medical problem."
* "Giving empathy is emotionally exhausting, showing sympathy 'kills' time"
* "We have no interest in empathetic communication and sympathizing with someone who is not our 'family'.

Conclusion

Even though we are uncertain about the nature of empathy and sympathy, we can probably all agree on the desirability of doctors' learning and showing these emotions during encounters with patients. Demonstrating such feelings can be especially useful in situations such as giving bad news.[17] In addition, recent research[18] has shown that empathetic behavior toward patients can be practiced and learned as "emotional labor" with personal and healing benefits to the health care workers and also to the patients. To quote this important study, "physicians who display a warm, friendly and reassuring manner with their patients are more effective."[18] However we may define them, there is always a place for empathy and sympathy in modern medicine, and the Health care system should actively take measures to stop its desertion.

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