Sympathy and Empathy- Can Those be Learnt?

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Sympathy

- Sympathy, according to the *American Heritage Dictionary*, is "*a relationship or an affinity between a person in which whatever affects one correspondingly affects the other*."

EMPATHY

- Derived from the Greek (em-into, pathos-feeling), empathy in the context of healthcare is "*a cognitive attribute, which involves an understanding of the inner experiences and perspectives of the patient as a separate individual, combined with a capability to communicate this understanding to the patient*"

EMPATHY VS SYMPATHY

- Empathy is the process of developing rapport through the ability to intuit another person's feelings and read nonverbal cues.
- Thus, empathy is "feeling with," whereas sympathy is "feeling into.“
- Indeed, many patients respond negatively to sympathy and being "pitied."
- However, empathy does not imply feeling sorry for our patients.

Empathy in medical profession

- “A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights”
- The field of medicine is not only committed to producing and upholding the most knowledgeable and skillful physicians possible, but also the most caring and empathic one.

Four components of the empathy construct:

- 1) Emotive- The ability to imagine and share a patient's psychological state or feelings.
- 2) Moral- The physician's internal motivation to express empathy.
- 3) Cognitive- The intellectual ability to identify and understand a patient's perspectives and emotions.
- 4) Behavioral- The ability to communicate this understanding of the patient's perspectives and emotions .

Does Empathy Really Matter?

- There is wide consensus that physician empathy significantly affects patients in a variety of ways.
  - Empathy has been associated with higher levels of patient satisfaction , adherence to medical recommendations and improved clinical outcomes.
  - Positively influence physicians themselves, as it has been linked to lower burnout , higher well-being , higher ratings of clinical competence , and less medical-legal risk.

- Physician empathy may even reduce health care costs, as patient centered communication styles have been associated with lower diagnostic test expenditures .

Where are we?

- Different studies have proved that empathy is gradually declining in medical profession.

Why?

- There are several reasons for this decline in empathy.

  - Current medical education emphasizes detachment and objective clinical neutrality, and places greater emphasis on technologic rather than humanistic aspects of medicine.
  - A lack of role models, educational experiences, and the development of a sense of being part of a privileged group (elitism) are among the factors that may contribute to a decline in empathy during medical education.

- Increased student and resident numbers at a time of shrinking resources, focus on research at the expense of teaching and learning, managed care, all affect the learning environment.
- Formal (e.g. lack of formal empathy training), informal (e.g. inadequate mentors, shorter hospital stays, and inappropriate learning environments),

Can Empathy Be Learned?

- One should not assume that empathic skills are acquired automatically during clinical training.
- An understanding of the determinants of empathy, however, is necessary in order to design “targeted” and evidence-based interventions for its promotion .

INTERVENTION

- Medical education should aim to develop clinical empathy and professionalism by systematic training of humanistic qualities in medical education and residency programs, communication and attentiveness training, medical ethics, and training inpsychology/psychiatry/psychotherapy.

- There is a need to teach interpersonal communication skills, including the ability to grasp both verbal and nonverbal cues from patients.
- Reflective practice seems to be lacking in current medical curricula and could be incorporated.
- If medical students are to graduate with their original empathy intact, follow-up courses are warranted.

- Raising physicians' awareness of the psycho-social dimension of disease, and of the impact of peer influence and role modeling, seems promising in this regard, too.
- Stress and well-being seem to be closely related to physician empathy, and their modulation must take into account individual, social, and organizational factors.

Conclusion

- In general, medical education does not fully promote the development of empathy
- Interactions with patients in medical practice promote empathy
- Recognizing the psycho-social dimensions of care fosters empathy
- Physicians' active self-development through reflective practice helps the development of empathy

- Interactions with colleagues can both promote and inhibit empathy through their role modeling of empathic and non-empathic behavior
- Stress, time pressure, and adverse working conditions are detrimental to empathy development

These are good starting points for the development of theories, and for the investigation of sound interventions to improve physician and medical student empathy.

The ultimate goal is better quality of care and quality of life for both physicians and patients.

THANK YOU