

Clinical empathy – a construct every doctor should nurture

Empathy is defined as the understanding of and identification with another person's emotional state. It is the reflection of emotional understanding as against sympathy which is a statement of emotional concern^[1].

Emotions can be viewed both as intrapersonal and interpersonal states, and the construct of empathy incorporates both such dimensions, and reflects an intersubjective induction process by which positive and negative emotions are shared^[2].

Research considers empathy as a natural competency that has evolved with the mammalian brain to form and maintain social bonds, necessary for surviving, reproducing and maintaining well being^[3]. Different components of empathy include^[3,4]:

1. Affective sharing, the first element of empathy to appear during ontogeny. It reflects the capacity to become affectively aroused by the valence and intensity of others' emotions.
2. Empathic understanding, which entails the conscious awareness of the emotional state of another person.
3. Empathic concern, which refers to the motivation to care for someone's welfare.
4. Cognitive empathy, similar to the construct of perspective taking or theory of mind is the ability to put oneself into the mind of another individual and imagine what that person is thinking or feeling.

Clinical empathy is an important element of quality health care in medicine. It is commonly emphasized that empathy should be the basis of attitude towards patient care.

Clinical empathy – Benefits to the doctors

There is ample evidence that patients value affective domain equal to a doctor's competence when choosing to see a doctor. The one quality that is always being mentioned as necessary for being a good doctor is to be a good listener. Each patient wants to be treated as a person and not as an illness, and wants to be reassured that the doctor understands the nonmedical aspects of his or her condition. A doctor may be listening carefully to a patient, but the only way for the patient to know that the doctor understands the patient's concerns, is

to respond empathically. The doctor who understands each patient on a personal level stands a far better chance of experiencing and conveying empathy and treating the patient and illness effectively than the doctor who does not have that level of understanding. It is also equally important that the doctor has good communication skills with the patient to convey the feelings experienced. Empathy is a necessary clinical skill to treat the patient and alleviate suffering and not simply cure the disease, so as to attain the complete definition of health^[1].

Empathic communication is associated with fewer doctor malpractice complaints, as well as doctor's good health, well-being, and professional satisfaction^[5].

And, finally, it has been demonstrated that doctors who are more attuned to the psychosocial needs of their patients are less likely to experience burnout^[6].

Clinical Empathy – Benefits to the patients

Empathy is found to be directly therapeutic by reducing anxiety in patients^[7]. When a patient feels that a doctor understands his condition and apprehensions, he may feel more comfortable confiding in the doctor. This process of telling one's story can be therapeutic^[8] and may also help facilitate the healing process.

A doctor's caring touch as opposed to a diagnostic touch is perceived as conveying clinical empathy and promotes healing. Empathic communication is associated with improved patient satisfaction, increased adherence to treatment^[9].

The beneficial impact of empathy on others can be explained by neurocognitive theories that emphasize the importance of social interactions, support, relations, and cognitions in health, as well as by neurocomputational theories which conceptualize the brain as an inferential, self-organizing machine which constantly makes predictions about the world and then optimizes them based on what it senses^[5].

Teaching and learning empathy

Although there is no single best method of teaching and learning empathy, it is important to consider that empathic responses result from the interaction between behavioral and emotional factors. Thus, it is possible that increasing one's sensitivity to either of these factors will improve one's capacity for empathic

response. For example, enhancing observation skills should make it easier to detect a patient's emotional state, while improving communication skills should help a doctor convey his feelings to the patient. Course methods may include lessons in cultural awareness, ethics discussions and role-playing. The actual emotional process of empathy may be aided by exercises such as self-reflective writing, which helps an observer become more aware of his/her own emotions and subsequently improves his/ her ability to be empathetic towards another^[10].

The empathic component of medicine is what makes a doctor special; without it we are, in essence, highly trained computers – and this is never accepted by another human being, be it our patient or our colleague in the field of medicine. So, let us try to teach, learn and practice empathy and prove ourselves to be more evolved and humane.

References

1. Hirsch EM. *The role of empathy in medicine: a medical student's perspective*. *Virtual Mentor. Am Med Assoc J Ethics* 2007;9:423–427.
2. Decety J, Skelly L. *The neural underpinnings of the experience of empathy: lessons for psychopathy*. In: *The Oxford Handbook of Cognitive Neuroscience*. Volume 2. K. N. Ochsner and S. M. Kosslyn. eds. New York: Oxford University Press; 2014. p. 228–243.
3. Decety J, Svetlova M. *Putting together phylogenetic and ontogenetic perspectives on empathy*. *Dev Cogn Neurosci* 2012;2: 1–24.
4. Decety J, Norman GJ, Berntson GG, Cacioppo JT. *A neurobehavioral evolutionary perspective on the mechanisms underlying empathy*. *Prog. Neurobiol.* 2012;98:38–48.
5. Decety J, Fotopoulou A. *Why empathy has a beneficial impact on others in medicine: unifying theories*. *Front Behav Neurosci* 2015;8:457.
6. Anfossi M, Numico G. *Empathy in the doctor-patient relationship*. *J Clin Oncol.* 2004;22(11):2258-9.
7. Halpern J. *What is clinical empathy?* *J Gen Intern Med.* 2003;18(8):670-674.
8. Adler HM. *The history of the present illness as treatment: who's listening, and why does it matter?* *J Am Board Fam Pract.* 1997;10(1):28-35.
9. Montague E, Chen P, Xu J, Chewning BA, Barrett B. *Nonverbal interpersonal interactions in clinical encounters and patient perceptions of empathy*. *J. Particip. Med* 2013;5:e33.
10. DasGupta S, Charon R. *Personal illness narratives: using reflective writing to teach empathy*. *Acad Med.* 2004;79(4):351-356.

Dr. Anita Herur

Professor of Physiology,
S. Nijalingappa Medical College,
Bagalkot, Karnataka, India
E-mail: dranitaherur@yahoo.co.in