

# Empathy is the Remedy

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## INTRODUCTION

The primary goal of healthcare practitioners is the health and well-being of their patients, and the face-to-face interaction between physicians and patients is crucial for proper diagnosis of illness and for the improved health of the patients. In this dynamic, it is not only the job of the patient to accurately describe their symptoms, but it is also the doctor's responsibility to do whatever they can to alleviate any stress or discomfort his or her patient may be feeling, as well as making an appropriate diagnosis. Herein lies the role of empathy in the field of healthcare. Empathy, which is defined as "The ability to identify with and understand the feelings and emotions of another person," is an integral part of healthcare. If nurses and doctors are better able to understand the feelings of their patients, they will better be able to care for their patients on a physiological level as well as an emotional level. Because many Americans suffer from fear about going to the doctor, as physicians learn to employ empathy in their practice they can more easily lessen any stress or anxiety that their patients are feeling. Over time, decreased stress and anxiety can lead to improvement in one's health and immune function. Due to the benefits empathy provides in a health setting, it is necessary for empathy to be taught in medical and nursing schools as another tool to help future doctors and nurses fulfill their primary objective of improving the health and well-being of those individuals in their care. This article will show how empathy can be used to alleviate the stress and anxiety many people feel when going to the doctor, as well as argue why empathy should be taught in medical and nursing school to counteract the diminished levels of empathy many students face and, by extension, improve the quality of care these students will be able to provide as they transition into the medical field.

## BACKGROUND

Trips to the doctors are common whether it is for a current ailment, or even an annual check-up. According to statistics by the Center for Disease Control, 83% of adults and 92% of children in America went to visit a healthcare professional during 2014 ("Summary Health Statistics Tables in the US," 2014). It has been studied that 20% of the population in America suffers from iatrophobia, which is a fear of going to see the doctor, also more commonly known as 'white coat syndrome' (Wallace & Fahey, 2011). For many people, a trip to the doctor can be a terrifying experience; there are numerous factors from which this fear stems. For many people this fear comes from associating the doctor's office with traumatic past experiences, whether it was a painful vaccination, a broken bone, or the loss of a loved one. For others, a trip to the doctor causes anxiety about what their diagnosis will be and whether it will be worse than anticipated.

These reasons can lead to increased stress in the body, which internally causes increased levels of cortisol. Cortisol, which is called the 'stress hormone,' is an endocrine response to physical or emotional stressors that lead to increased heart rate and blood pressure, as well as a suppressed the immune system (Segerstrom & Gregory, 2004). Prolonged stress has also been linked to chronic hypertension and negative neurological development. Therefore, this fear and stress from going to the doctor, which millions of Americans suffer from, can lead to worse symptoms and increased susceptibility to disease, which is what many individual go to the doctor to prevent.

### **Empathy can act as the remedy for 'white coat syndrome.'**

Seeing as the primary goal of physicians is to improve the health and well-being of their patients, it is the doctor's responsibility to try and alleviate the stress and anxiety that so many Americans experience in anticipation of their visits to the hospital. Part of empathy requires one person to reflect upon another person's feelings and emotions. In the hospital setting, if a physician can see that a patient is anxious or distressed, the physician can then empathize with that person by recalling a time that they were once anxious or distressed too. This shared emotional state can help the physician better communicate with and calm his or her patient. Doing this constantly would be emotionally tolling on the physician, who would have to try and feel the pain and suffering of all his or her patients. Therefore, there is an argument against the use of empathy in healthcare. This argument stems from studies showing that many nurses and doctors suppress their empathy towards patients as a coping mechanism. In a psychological study of nurses and physicians who dealt with dying patients, dehumanizing their patients was one of the most common techniques implemented to reduce stress. (Schulman-Green, 2003). In another study dealing with stress induced 'burnout' of nurses and doctors, when the nurses or doctors were overcome with stress from the human suffering they experience regularly, then the quality of patient care which they provided was negatively affected (Jennings et al. 2008).

However, further research shows that a physician does not need to fully empathize on a deep emotional level to still express an empathetic response to their patients. In a psychological experiment of physicians, whom the study deemed as being empathetic caregivers, it was shown that acted out responses that are consistent with deep level empathetic responses was an effective method to improve physician-patient interactions. The study also concluded that "Physicians are more effective healers--and enjoy more professional satisfaction--when they engage in the process of empathy" (Larson, 2005). Although the physician might not be experiencing a deep emotional connection, the patient is still experiencing the physician's empathy. This role-playing method has been shown to decrease the levels of stress the physician faces from handling the suffering of his or her patients, and therefore there is no negative impact on quality of patient care provided. Concurrently, the patient feels more connected to their physician because of the physician's empathetic responsiveness, and is more likely to have a positive interaction with their physician, which will lead to lower levels of stress and anxiety for the patient. Overall, the ability of physicians to practice empathetic responsiveness leads to improved physician-patient interaction and enhanced quality of patient care.

### **Empathy, despite its value, is decreasing in medical students.**

A common trend amongst medical students is the sudden drop in empathy when medical students reach the later years of medical school and into their early career when they are directly caring for patients. For many students, they decide to enter the medical field based on an altruistic ideal to help others. Many are optimistic that their actions will be beneficial and potentially save lives. However, when medical students first enter a clinical setting, they often find patients who are rude or fellow doctors who are quick to point out their lack of knowledge, and this has a taxing effect on their once positive outlook on the medical field. Also, many students who try and emphasize with the plight of every patient, are quickly overcome with the burden of the hundreds of patients they see every day who are all struggling or suffering in some way, and so they believe that distancing themselves from their patients will protect them. Lastly, because of the difficulty of the job, and the desire not to make mistakes, students are often too worried about themselves to invest themselves empathetically with their patients. It is because of all these factors why there is a rapid decline in empathy among medical students.

At the Boston University School of Medicine, Dr. Daniel Chen who is a professor at the school has noticed that student's empathy scores are significantly lower at graduation than when students first enter medical school. Dr. Chen states that, "The most significant drop occurred in the third year, just as students started caring for their first patients" (Greene, 2013). Further research is consistent with Dr. Chen's statement, where in a study of 550 medical students from first year to fourth year, there was a significant drop in empathy scores according to the Balanced Emotional Empathy Scale from first year to fourth year of medical school (Newton et al. 2000).

The trend of declining empathy is a dangerous trend to express, because empathy is one of the most important traits that a future doctor or nurse can express. There is significant empirical data to suggest that patients of empathetic doctors are healthier. It was proven that patients who were treated with compassion were 30% less likely to require return visits for future symptoms (Redelmeier et al. 1995). In a study of diabetics, those with doctors who had high empathy scores were better able to keep their blood sugar and cholesterol under control when compared to doctors with low empathy scores. (Hojat et al. 2011) Another experiment, performed by Dr. Robin Youngson, provides an explanation for these results. In a study of physicians from the US, UK, Australia, and New Zealand, he showed that patients who showed the most improvement in reducing the risk of heart attacks had more trust in their doctor (Youngson, 2014). Dr. Youngson explains that when a patient trusts his or her doctor, they are much more inclined to follow the instruction of their doctor, which leads to better treatment. Therefore, as physicians learn to employ empathy in their practice, they can strengthen the emotional bonds they share with their patients leading to elevated levels of trust. This elevated trust will lead to patients who are more likely to follow the advice and suggestions of their doctor, leading to improved health.

### **Empathy should be taught to medical and nursing students.**

One of the most important aspects of the argument for why Empathy should be taught to future health care professionals, is whether Empathy can be learned by an individual, or whether it is an innate characteristic of a person. In this regard, empathy is used to describe a physician's ability recognize and understand the feelings and emotions of their patients, and respond in a manner that conveys care and concern.

There are some arguments that empathy can't be taught. According to Carol Davis, a physical therapist and doctor of education, "when empathy occurs, we find ourselves experiencing it, rather than directly causing it to happen. This is the characteristic that makes the act of empathy unteachable" (Davis, 1990). The argument of Davis, is that be-

cause empathy is an unconscious judgement, it is something that can't be learned. However, with regards to healthcare, the main aspect of empathy is the ability to display an empathetic response so that a patient is comforted. Therefore, a physician can still learn to express empathy despite their initial unconscious predispositions.

There are two methods of teaching empathy that would prove useful to medical and nursing students. The first method is that physicians can be trained to express more empathetic responses. This method treats empathy as a skill that is learned and that through role-taking exercises of multiple scenarios, students can learn the proper way to react in various situations. In this case, students are learning surface level acting which will then carry over into genuine care. Therefore, if a student practices how to express care and concern before entering the medical field, when they do eventually enter the clinical setting, they will be better equipped take care of patients who will benefit from this expression of care and concern. Although this method can lead to increased empathy in students, it can seem disingenuous and requires a high level of communication skills by the student.

Therefore, the second method would be the most advantageous to future medical students. This method, which is taught by Dr. Youngson (the physician who linked trust in a physician to decreased risk in heart attack), uses workshops to remind physicians of the importance of connecting with their patients. In these workshops, physicians are tasked with reminding themselves why they entered the medical field, and to motivate the physicians to act upon their underlying motives of compassion and care-giving. These workshops would be especially helpful to those medical students who have decreased empathy as they enter clinical settings, and serve to remind students of the importance of relating to patients as human beings. While this may suggest a return to the idea that too much empathy would act as an emotional burden, the purpose of these workshops is to teach physicians that because they are caring for fellow human beings, they should remember their positive past experiences with patients, and respond empathetically based on a sense of altruism. This method focuses on the positive benefits of engaging in empathy and not so much on the physician carrying the emotional burden of his or her patients.

## CONCLUSION

Today millions of Americans are afraid of going to visit their doctors; in the long-term, this can be detrimental to their health. Healthcare professionals, whether they be physicians or nurses, are responsible for comforting their patients and providing the highest quality of care possible, especially to those patients who are constantly anxious and stressed about their health. One of the most effective ways for physicians to provide a higher quality of care, is to employ empathy as a tool to build trust and connection with their patients. Empathy, when used in healthcare, has been proven to increase quality of care, and by extension the health of the patients who are exposed to higher levels of kindness and compassion. It is therefore imperative that medical students—who will become the future care-givers in society—be taught to employ empathy so that they can fulfill their role as healers to the best of their abilities. One technique that should be employed in medical schools is the use of workshops to reaffirm the underlying altruistic ideals that are the reason most students enter the medical field in the first place.

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