

# Teaching learning moments: A discussion with fourth year medical students on empathy

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A fourth year medical student described an occasion when he had been unable to connect with and develop a good doctor patient relationship with a patient allocated to him during a clinical rotation in medicine. The patient had been labelled as a difficult patient by colleagues and other patients in the ward because of her aggressive behaviour. The student explained how he had ignored the patient for the rest of the rotation as he felt he could not do much good for the patient anyway... until one day he walked into the ward and heard that the patient had died the previous night. He subsequently heard about the patient's young daughter who had been promised that her mother would soon be home and about the difficult life this woman had lead. He had then felt that perhaps he could have helped the patient by trying harder to empathise with the patient and truly caring enough to listen to her.

Empathy has been defined as the ability to understand the patient's situation, perspective, and feelings and to communicate that understanding to the patient<sup>1</sup>.

Much has been written on how medical student empathy declines over time<sup>2</sup>. However many studies

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have recently questioned this widespread assumption. The genuine anguish of the student in the above scenario and further discussion with fourth year students from two clinical groups during their fourth year family medicine clinical rotations suggested to me that perhaps we need to take a deeper look at the topic of medical student empathy.

Some students explained how the burden of the medical school curriculum necessitated disengagement from friends and family and extracurricular activities with a blinkered focus on the development of knowledge and skills necessary for providing medical care . With little time for nurturing their own personal human connections students discussed the difficulty of being empathetic towards their patients. This is a worldwide challenge in medical education<sup>3</sup>.

However, students related how, over time history taking had turned from a lesson in filling the blanks to a genuinely interested conversation between two human beings. They attributed this to the development of communication skills and empathy over the years through interaction with patients.

Some students described how with increasing maturity and experience they had a better understanding

and acceptance of the course of diseases. This led to a calmer approach when faced with poor patient outcomes which did not mean they had become indifferent or that their empathy had declined but was due to their increasing level of immersion in and understanding of the nature of the profession they had invested in. One student talked about the impermanence of all things highlighting the impact of religion and culture on the shaping of professional behaviours. It appears that students develop coping strategies to avoid personal distress related to their medical careers over time.

Studies conducted among medical students in Sri Lanka report that emotional intelligence is higher among female medical students<sup>4,5</sup>. Worldwide it is also reported that empathy is higher among female medical students<sup>6</sup>. Interestingly, the male medical students in these two groups disputed this stating that while female students expressed their empathy more overtly this sometimes led to “emotional” reactions. They declared that while they were empathic towards patients they preferred to limit their interactions with patients to the medical aspects while the girls were insistent that while they were careful to maintain professional boundaries the doctor patient relationship was an inherently human relationship and should therefore embrace and acknowledge the affective aspects of the relationship. It is debatable whether empathy can exist in a state of “detached concern” and it is believed that if objective reasoning is maintained empathy can enhance diagnosis, therapeutic effect and build trust within the doctor patient relationship<sup>7</sup>

It is now widely accepted that empathy can be enhanced through training interventions. Training in reflective writing<sup>8</sup>, role modelling<sup>9</sup> and learning about professionalism and ethics have been found to be some useful strategies<sup>10</sup>.

Assessment drives learning and students described how the message conveyed through the hidden curriculum was that assessment of empathy was not high on the priority list. However it is important to highlight the importance of empathy to undergraduates and perhaps workplace based assessments may be more suitable for gauging empathy compared to the use of questionnaires and clinical examinations.

This discussion with students taught me a lot about empathy. It appears that more contextual studies are necessary to understand this topic in depth. However, this discussion highlights the need to take care to prevent burn out of students, provide opportunities for students to develop holistically, allow early interaction with patients, develop good communication skills as well as emphasise the biopsychosocial approach to illness.

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