From the Editor

On Empathy

Research suggests that empathy has benefits for patients — and doctors.

When I was 22 years old, the most intense part of my day was trying to remember the Krebs cycle long enough to take a biochem exam. For my 22-year-old daughter, her workdays are filled with a level of intensity well beyond that. Since graduating from college last year, she has been working as a mental health specialist in the Psychiatric Crisis Department at a children's hospital. The level of psychiatric pathology in this high-acuity setting is just what you'd imagine — suicidal and self-harm behaviors; substance use; physical, sexual, and emotional abuse; personality and mood disorders; and the like. These are children and teens whose lives have unfortunately been the definition of ACEs: adverse childhood experiences.[1] She was understandably overwhelmed when she started working there and would talk to me about her day. I offered up the standard advice given to me early in my medical training: compartmentalize and detach emotionally, while maintaining a distant professionalism.

"I don't know, Dad, these kids have had a hard life. I feel bad for them," she replied.

Empathy. That's what my daughter was demonstrating.

WHAT IS EMPATHY?

Empathy is commonly described as the ability to put yourself in someone else's shoes, but more formally it's the ability to accurately understand and appropriately respond to others' thoughts and emotions.[2] It can be further divided into *cognitive empathy* (understanding others' thoughts and perspectives) and *affective/emotional empathy* (understanding others' emotions).[3]

For those of us trained to be emotionally detached in the clinical setting, empathy can seem risky. But empathy and boundaries are not mutually exclusive.

WHY DOES IT MATTER?

Clinically, we know that empathy improves outcomes. In a study of adult patients with chronic pain, physician empathy was associated with better outcomes.[4] What's more interesting is that patients treated by "very empathic physicians" showed greater improvement in pain, function, and quality of life than those treated by "slightly empathic physicians," even after adjusting for other variables. The association was strong enough that empathy out-predicted nonpharmacological therapy, opioids, and surgery, none of which were associated with improvement in this cohort. The authors stopped short of claiming causation but concluded that efforts to cultivate physician empathy are warranted.

Another benefit of empathy relates to burnout. I've written before about ways to avoid burnout,[5] and empathy is yet another tool in the toolbox to protect against it. Actually, it's probably better described as a shield. A study last year showed a negative correlation between empathy and burnout.[6] The authors concluded that "empathy serves as a protective factor against burnout," but with a big caution: It's a bi-directional flow. Burnout erodes empathy, which begins a vicious cycle of decreased empathy leading to increased burnout leading to decreased empathy.

IS IT TEACHABLE?

Here's the good news: We can work on empathy. It is teachable. Short, didactic training or observational interventions produce modest improvements.[3] And as an introvert, I appreciate this next finding: Role-play as a method of teaching empathy is associated with worse affective/emotional empathy![3]

But while we can learn empathy, the gains are moderate at best, and how well those gains translate to the bedside and for how long are not known. It's much better to start with empathy than to try to learn it later. That's why I was so proud of my daughter. She already has it. FPM

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