

## Empathy heals: Learn to walk a mile in their shoes...

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Every year thousands of health care education students around the globe embark on the journey to become health professionals with idealism and enthusiasm for curing disease and disability and improving their patients' quality of life. Despite the intention of the faculty to nurture these qualities, it is ironic that some studies have reported a decline in humanitarianism, enthusiasm and idealism among students<sup>1</sup>. In recent times this predominant assumption has led to a belief that empathy must be taught to health profession education students. Yet it is not clear precisely what empathy is, from a philosophical or sociological point of view, or whether it can be taught.

An evolving paradigm views empathy as the backbone of patient care and natural human emotion<sup>2</sup> in the context of the doctor-patient relationship. Patients' experiences in a qualitative study showed that empathy is fundamental to the quality of personal care in general practice<sup>3</sup>. Evidence-based studies also showed that effective empathetic patient care is associated with improved health care outcomes. Empathy appears to have its origin in the German word '*Einführung*'<sup>4</sup> which literally means 'feeling within'. Tichener<sup>5</sup> coined the term 'empathy' from two Greek roots, *em* and *pathos* (feeling into).

Generally, some scholars have labelled empathy as a cognitive trait<sup>5,6</sup>, which means it primarily involves understanding another person's anxieties. Others have described empathy as an affective or emotional characteristic<sup>7,8</sup>, which implies that it predominantly involves feeling another person's pain and suffering. Yet, there is a third group that views empathy as both affective and cognitive<sup>9,10</sup>. Empathy in the health care setting can best be noticed as a cognitive and behavioural attribute that involves the ability to understand how a patient's experiences and feelings influence and are influenced by their symptoms and illness and the capability to communicate this understanding to the patient<sup>11,12</sup>. It has been referred to as objective compassion and is distinguished from sympathy, a more affective response to a patient's misfortune that could interfere with objectivity in diagnosis and care<sup>13</sup>.

Empathy has been shown to play numerous important roles in the physician-patient association. For example, physicians high in empathy are more competent in history-taking and physical examination<sup>10</sup>, have higher physician and patient satisfaction<sup>14</sup>, and experience lower malpractice lawsuit than physicians low in empathy<sup>15-18</sup>. Additionally, empathy is described as being a significant aspect in motivating patients to actively take part in treatment and is a key component in successful treatment outcome<sup>19</sup>.

The most current research, published in the August 2011 issue of *Academic Medicine*<sup>20</sup>, found that "empathy declines significantly during the course of medical school and residency." The erosion of empathy among health care profession students is, justifiably so, an important issue to educators. In order to train future health care professionals to be more compassionate and sensitive in their dealings with patients. The focus should not be only on the core curriculum required for a degree, universities/schools may accentuate on humanities in health care education, which will allow students to develop the skill to observe and express their own feelings in a perspective not usually available in the health care setting. The inclusion of the humanities in health care education may offer important benefits to future health care professionals and to the community at large. While most of the empathy studies are done in west future research is needed to confirm levels of erosion in empathy in Asian health profession students.

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