

Should family physicians be empathetic?

NO

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There seems to be a consensus that physicians should be empathetic. In the medical literature, empathy is being presented as the foundation of humanistic medicine and, as its significance in medical training decreases, there are those who want to find better ways to teach it. A recent issue of *Academic Medicine* contains no fewer than 5 articles on this topic.¹⁻⁵ I don't want to be a party pooper, but it's one or the other. Either those who promote empathy in medicine have reworked the concept to a point where it is unrecognizable or they have a wrong-headed vision not only of morality, but also of medicine.

Empathy and morality

Admittedly, empathy has meant different things at different times throughout history. Generally, when we say that someone is empathetic, we mean that he or she is able to feel another person's emotions. Basically, empathy is an emotional aptitude more familiar to psychologists than to physicians or philosophers. While sympathy has been written about widely in philosophical writing, the subject of empathy has rarely been raised. To follow the development of this concept and to understand how it is currently used, particularly in moral psychology, I found Karsten Stueber's article on empathy in the *Stanford Encyclopedia of Philosophy* particularly useful.⁶

It is easy to understand that an empathetic person can more easily communicate and understand another's point of view. But it is a bit of a stretch to say that empathy is the only way to enter into a relationship and must therefore be a moral requirement. And yet some do just that, maintaining that empathy is the basis of all moral behaviour because it allows us to feel our "common humanity." However, even proponents of this view would have to admit that feeling the same emotions as another person does not necessarily mean that we want to help them or that we are able to help them. On an emotional level, sympathy, or the act of feeling a different emotion, is what makes us want to help another person. In either case, the motivation to take action does not come from emotion alone.

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Empathy and medicine

To think that a physician can and should put himself or herself in a patient's shoes is to have a wrong-headed vision not only of morality but also of the physician-patient relationship and the clinical setting. My opinions regarding medicine and the physician-patient relationship are primarily based on my own experience in medical practice.

Psychologists and psychiatrists learn to use the physician-patient relationship as a therapeutic tool; they understand that helping someone involves much more than putting oneself in their place. In a clinical setting, interactions go back and forth and operate on several levels at once, including the subconscious level. Because of this, it is not always easy to maintain an appropriate distance, even when all of the actors stay in their roles.

Physicians are well aware of this complexity, even when they have had to learn it intuitively, often at their own expense. For a physician, clinical practice is not simply a relationship and a series of communications. Clinical practice requires the physician to make decisions and implement them. Each actor remains a moral agent responsible for his or her actions.

Those who are in favour of empathy in medicine see it as a way to develop physicians' relationship skills and communications skills. While this is well intentioned, they seem to be forgetting that the relationship aspect is only one aspect of the medical act, particularly for family physicians. They enter into the therapeutic relationship as though playing with fire. These proponents also forget that the patient-physician relationship is just one of many relationships, for both the physician and the patient, within a broader network of relationships. No one can take the patient's place, but, hopefully, the patient can count on a few people, including natural caregivers, for support. No matter how empathetic or humane he or she might be, a physician can never replace these people. Finally, these proponents seem to forget that the duty to behave morally is a duty shared by every member of society and that physicians have a very specific role to play in this regard.

Instead of trying to show physicians how to put themselves in someone else's shoes, the goal should

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be to ensure that physicians are more comfortable with themselves so that they can be more open to others. Once we get to know them, we find that unpleasant physicians and patients are basically people who are unhappy. To suggest that the solution is for them to put themselves in someone else's shoes seems wrong-headed. This only clouds the issue in my opinion and future physicians have every reason to not want to be dragged into this movement. Physicians understand the value of helping yourself first in order to help others. I also find it strange that we are surprised by the prevalence of physician burnout and wonder where the aptly named "compassion fatigue" comes from.

Bottom line

Empathy, sympathy, and compassion are emotions that are always seen in a positive light; however, I don't think that family physicians should be any more empathetic than the average firefighter. I support a more sober approach. I think that physicians should develop a clearer notion of their social responsibility and the role of emotions in a life lived as a moral person. Physicians in general and family physicians in particular already have many duties. Should empathy be one of them? I say no! 

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Competing interests

None declared

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CLOSING ARGUMENTS

- A physician might not be empathetic; there are other ways of understanding than putting oneself in the patient's shoes.
- A physician might be empathetic, but he or she must understand that it is not necessarily easy to help a patient when experiencing the same emotions as the patient.
- Family physicians are not specialists in the therapeutic relationship. They must be particularly mindful of empathy because burnout is a completely predictable consequence of this emotional disposition.