

Rebuttal: Should family physicians be empathetic?

YES


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Thank you for this opportunity to respond to Dr Marchand's side of the debate. Our 2 sides represent the various positions that are taken on the role of empathy in medicine, with an emphasis on either its emotional dimensions or its cognitive and behavioural dimensions. Many authors attribute 4 dimensions to empathy: emotional, moral, cognitive, and behavioural.¹⁻³ We focus on the last 2 aspects of empathy because this seems appropriate to our clinical work, which requires an understanding of the patient's problem and a search for a solution appropriate to the patient's circumstances. We also recognize that the care setting and the nature of the patient's problem have a strong bearing on the need for empathy.⁴

When empathy is defined as "the ability to feel another person's emotions," physicians come up against major emotional difficulties. We believe that it is impossible to feel another person's emotions. The other is the other; the other never becomes the self. And it is precisely when the distinction between the self and the other is blurred that problems arise. If a physician is unable to keep this distance, he or she is courting problems.

In our view, the important thing is to imagine what the patient is experiencing from his or her own perspective, not to actually experience it oneself. Once the physician believes that he or she can imagine the patient's experience, the next step is to communicate this clearly to the patient. Doing so will give the patient the feeling of being understood and it will increase the likelihood that the solutions the physician offers will be perceived as relevant by the patient.

As a professional, a physician must be able to listen, understand, and put forward solutions to the

problems the patient is experiencing. However, Dr Marchand concludes from this that physicians "should be more comfortable with themselves so that they can be more open to others"—a state that requires personal work to become psychologically balanced. Only then can a physician provide adequate care. This is diametrically opposed to our position, which is that, however imperfect, a physician can provide adequate professional services. This is because there is behaviour that can be learned and it is effective. For example, an anxious physician can learn to listen to his or her patients, hear what they have to say, and act accordingly. Will this physician be less anxious? No. Effective? Yes. Should he or she seek help for the anxiety? Probably! But that is a subject that he or she should discuss with a psychologist. 

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Competing interests

None declared

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Cet article se trouve aussi en français à la page e288.

These rebuttals are responses from the authors of the debates in the August issue (*Can Fam Physician* 2010;56:740-3 [Eng], 744-7[Fr]).