

Rebuttal: Should family physicians be empathetic?

NO

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Lussier and Richard argue that the medical world should clarify the definition of empathy in order to clear up the confusion over the meaning of this concept. They propose a definition of empathy limited to its cognitive and behavioural dimensions, arguing that the emotional dimension of empathy falls under the heading of sympathy, for which many cautionary notes are offered.

In short, in order to be able to respond affirmatively to the debate question, they have simply changed the definition of empathy.

I believe that, instead of devoting precious time to redefining empathy and sympathy, physicians would do better to work with the existing definitions of these terms. We can argue semantics forever, but what it really boils down to is this: how much, or how little, emotional proximity should there be between physician and patient?

I completely agree with Lussier and Richard that too much emotional proximity can be harmful to both patient and physician. But that's where I stop agreeing with them. In my opinion, when we include the essentially emotional dimension of empathy and do not limit its definition to cognition and behaviour, there is a risk of too much proximity.

Nor should we redefine concepts to make them fit particular situations. Once again, sympathy generally implies feeling an emotion that is different from the emotion of another person; empathy implies feeling the same emotions as another person.

As for our ability to understand the emotions and experiences of another person and to communicate our understanding of them, I do not think that this necessarily involves associating it with a particular emotional disposition. If this ability is, in fact, essential to clinical practice, we need to determine whether the best means of cultivating it in physicians is by teaching them that they must be empathetic.

In order to keep an appropriate distance, we first need to understand that each of us is necessarily in a different position from the other person—which is, let's face it, the work of a lifetime. 

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Competing interests
None declared

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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]).