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# Empathy as a Praxis

by Marco A. Carvalho-Filho



**Case 1.** The man enters the emergency department with chest pain, and we can see the death in his eyes. He cannot fix the gaze, and the deep black of his pupils is open to the final act of human life. The despair of the father is mirrored by the endless movement of the mother and grownup children in the waiting room. We do not know anything about him; only that death is coming. Without hesitation, the orchestra of medicine takes over, and the different professionals, with complementary expertise, refill the coronary arteries with blood like the ballerinas fill the music with beauty. The father will come back home.

During the process, this coordinated team was not able to explain to the patient what was going on, and the patient and family were in a kind of wormhole, where space and time were indissociable. We can excuse the team by believing that the time was scarce, and immediate action was needed. OK, but and if the patient had died? Would his last words had been listened to? Would his family have had the opportunity to digest the process? How would the mourning process have been?

**Case 2.** The woman enters the office at 5 P.M. Her cancer colonized her body, but her mind is still free to be reborn from the sadness and misery. She is feeling the wisdom pouring from the pain and wants to share this knowledge about life - a knowledge that comes from intimacy with death. Her family cannot benefit from her new wisdom, because they still believe death is avoidable, and every time she starts talking about it, they change the subject. For her, sharing this wisdom would be the last act of love, and she chooses you to make it concrete. But you are running out of time, still have a patient to see in the hospital, and end the consultation after the clinical stuff is done. She leaves the office to die in the next week.

We all believe that empathy is essential to achieve patient-centered care and guarantee shared-decision making. We are all terrified of the possibility that medical schools are failing to preserve and nurture the empathy of medical students and residents. Maybe it is time to understand that empathy is not only a concept and a value but also a virtue and a praxis. Understanding empathy as a concept is vital for developing empathy as a praxis.

**Compassion, pity or empathy?** Compassion is a unique type of solidarity that is born from love. We see; we feel; we act. Compassion is not always conscious. The urge to help takes control of our mind, and suddenly we know the right thing to do. Because compassion is born from love, it is not always possible. I believe that interacting with a compassionate doctor is a blessing, but what should we do when the love is not there?

And my other concern is: to help can be challenging, because often the way we want to help is not the way the patient wants to be helped, and we need to make a conscious effort to adapt our action to the needs as perceived by the patient. This conscious effort is not clearly related to the concept of compassion.

Pity is also a manifestation of love, but a love that comes from a higher position. Thus, pity seems to be a paternalistic feeling that, when perceived by the patient, can increase the sense of impotence and solitude. Pity can also put the patient in a passive position. Although I believe that there is space for pity in specific circumstances, particularly when approaching patients in extremely vulnerable situations, when being active is not an immediate option, I still find it challenging to combine pity with giving equal voice to patients.

The concept of empathy encompasses the cognitive, emotional and volitional aspects of understanding the suffering of another human being. This wholeness clarifies that being empathic is to understand, feel and act aligned with patients' perceived needs. Although it is challenging to be wholly and always empathetic, the concept of empathy offers health professionals guidance and purpose when interacting with patients.

Thus, I advocate for health professionals to have compassion when possible and pity when necessary, but, above all, health professionals should always aim for empathy. But what does it mean to aim for empathy?

**Empathy as a praxis.** Aiming for empathy implies that it is an effort to act empathetically. If it is an effort, it demands energy, focus and benefits from the supportive elements of the context. So, to act empathetically, we need to accept and embrace the concept, develop a repertoire of cognitive strategies to communicate with and understand patients and mobilize psychological resources to regulate and align our emotional responses with patients' needs. However, this internal arousal is not enough; our working environment should provide us with structural assets to facilitate empathetic attitudes. I believe that the discussion about empathy should enlarge its focus by looking beyond the individual to enlighten the relevance of the structure of the healthcare system to nurture empathetic relationships between health professionals and patients.

One of the most valuable assets is time. The clinical encounter should not be narrowed down to reaching a diagnosis and choosing a drug or procedure. We need time to listen to patients and construct a shared understanding of the problem. We need time to build trust, acknowledge patients' emotions and their legitimacy. We need time to recognize how patients are influencing our perception of the world and react to it positively. We need time to be empathetic and feel happy about it.

Another valuable asset is team support. Resilience is not only an individual trait but also a characteristic of social groups. Social groups can modulate resilience in different ways. Group members can emotionally support each other when one of the members is facing a challenge. In Brazil, we say that a "shared blue is already half of the joy." Groups can also adopt strategies of resistance to take advantage of the characteristics of its members. In the healthcare setting, members who are good communicators can actively create communication channels that function as thermometers of the group dynamic. For instance, if one knows that one of the members is in a difficult moment, tasks can be reorganized to protect this individual. If one member feels that the group is taking care of her, she will feel compelled to take care of the others. Kindness generates kindness, a cycle that culminates in a culture of caring — a culture with empathy in its core. Functional teams that embrace empathy as a need and a duty can change the way we provide care.

Coming back to case 1, what would be the effect of designating a health professional to share all the procedural steps in real-time with the family? A health professional who could be part of the decision process without necessarily being part of the execution of the plan. A health professional who could go in and out of the operational theater but whose primary responsibility would be to guarantee that patients and families actively engage in the caring process. A professional with support of the team, a specific place on the process of care and the backing of the institution committed to using empathy to advocate for the patient.

In case 2, what would be the effect of giving time to the doctor? Different patients with different needs demand different consultations with different durations. In several healthcare systems, consultations are being scheduled every 10 to 15 minutes. Twenty minutes is considered a luxury. Do we believe that it is enough time? What if we developed a system where consultations will have the time they need to guarantee empathetic encounters? What would this system look like? Are we brave enough to ask these questions and deal with the consequences?

I hope we are.

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## The Professionalism in Suing Patients

By Rebekah Apple

As the cost of healthcare in the United States perches at nearly 18 percent of the GDP and continues to climb, physicians are encouraged to consider resource stewardship at the bedside (Centers for Medicaid and Medicare Services, 2018). The Choosing Wisely initiative