

Doctors need to develop broader skill of empathy

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Developing a broader skill of empathy is a more realistic goal for medical students and doctors than urging them to be more compassionate. Writing in the *Journal of the Royal Society of Medicine*, Dr David Jeffrey, an honorary lecturer in palliative medicine at the Centre for Population Health Sciences in Edinburgh, says that doctors

are at risk not only of personal distress but eventually burnout if their feelings of sympathy and compassion for patients override the more nuanced stance of empathy.

Dr Jeffrey writes that empathy is generally regarded an essential component of the doctor-patient relationship but [doctors](#) have always struggled to achieve a balance between empathy and clinical distance. "The central question seems to be how to empathise without becoming overwhelmed and burning out?"

Current concern about a deficit of empathy in clinical practice is mirrored in medical undergraduate education, where there is some evidence of a decline in empathy as students move through their training.

Dr Jeffrey suggests a broad model of [empathy](#), which could replace the vaguer concepts of sympathy and compassion. This, he says, would enable improvements in patient care, psycho-social research and medical education.

"Empathy starts with curiosity and imagination", writes Dr Jeffrey. "Doctors need to imagine being the patient undergoing the patient's experience, rather than imagining themselves undergoing the patient's experience. This more sophisticated approach requires mental flexibility, an ability to regulate one's emotions and to suppress one's own perspective in the patient's interests."

More information: Empathy, sympathy and compassion in healthcare: Is there a problem? Is there a difference? Does it matter? [DOI: 10.1177/0141076816680120](https://doi.org/10.1177/0141076816680120)

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