Importance of empathy in patient care

ASSIGN BUSTER

Introduction

Carl Rogers defines empathy (as cited in Patterson, 1977) as the ability to accurately perceive the internal frame of reference of another person, as if one were with the other person. That is to say that if you could actually feel the emotions of another, without going through the physical experience. This definition however, has been challenged.

“ What another person experiences at a certain moment is not directly given. However, the presence of the other is directly given and so is the awareness that the other is experiencing self. This cannot be compared with other modes…of experience. The experience of another is unique. This means that the other modes of experiencing only are of partial help in explaining how the subjective becomes intersubjective. It also means that there is no doubt about who is experiencing primarily, and who is sharing or experiencing the experience of another.” (Stein, E. 1989). These two definitions however different, are both used today in managing of patient care in the medical profession. This paper will briefly explore both definitions and will attempt to show sides of this complex subject. The research done for this paper will deal mostly with physician-patient and nurse/care provider-patient interactions. The goal of this paper is to show the importance of the role of empathy in providing quality patient care.

Causes

Those physicians and medical educators who advocate empathy in the physician-patient encounters, suggest that physicians who engage empathetically with patients increase not only the patients sense of “

satisfaction” but also patient compliance with therapeutic regimens and increased physiological well-being. (Kim, Kaplowitz and Johnston, 2004).

The persistent objection to empathy in the medical community comes from concern that empathy interferes with scientific and medical objectivity. “ What practitioners need are the skills to use their emotional responses for therapeutic impact. In the “ interpersonal realm, emotions are crucial of understanding reality. An awareness of one’s associations and emotional resonances as cues to understanding the particular meanings’ that a symptom or diagnosis has for an individual.” (New York: Oxford Univ. Press, 2001). Both of there outlooks are important to good patient care. You can put yourself in the patients “ shoes” and somewhat “ imagine” what they are going through, while at the same time being straight forward and “ real” about the diagnosis. The question for many medical educators’ remains whether empathy, no matter how valuable or carefully reconfigured, can be taught.

The problem of empathy begins with the preoccupation with self that obscures the other. Jerome Lowenstein (Can You Teach Compassion? P16) sees case presentations as the opportunity for clinicians to teach nurses empathy by encouraging them to describe patients more fully as persons with intersecting social, psychological and medical histories, rather than reductively and disparagingly in terms of disorders, addictions and disease. “ Training in continuing care will be of little value without doctors who know something of the life of the people whom they serve; who can empathize with immigrants from Asia and Mexico, with southern or ghetto experience; and who knew of the Holocaust and of communist oppression.” (Spiro, 1992).

Empathy depends on the experiences and imagination of the person who is empathizing and this dependency have the potential to exclude the patient’s suffering and the meaning the patient makes of suffering.

Application

The following story is a true-life experience that I encountered while working for Gambro Health Care in Jackson, Michigan as a patient care technician. Gambro Health Care (Now DaVita) is an outpatient dialysis unit. Dialysis is the treatment for patients who suffer from end stage renal failure (kidney failure).

While checking a patients vital signs and asking him how he was feeling, the patient told me how much he hated coming to dialysis and how “ draining” the process was. He talked to me about the constant observation of his fluid intake, taking all the medications that were required for his condition and the cramping he experienced while on the dialysis machine. I could only empathize with this young man, who was my age, putting myself mentally in his shoes. Because of the experience I had with dialysis patients, I learned how to listen to each patient story. Many of these patients had no one else to listen to them. I saw these patients for four hours, three days a week. I spent a lot of time with them over the years that they received their treatments.

While I was talking with the patient, the nephrologist (kidney doctor) came by on his rounds of the patients. The patient proceeded to tell the doctor, his eyes full of tears, that he was thinking of terminating his dialysis treatments. The doctor proceeded to tell the patient, rather loudly, they if he terminated treatment he would be dead in a few days. Without even taking the time to

sit down with the patient, the doctor left and went on to another patient. Needless to say, I was outraged. After a few moments, I asked our unit director why the doctor was so tactless and arrogant.

So many patients each day that he is only giving proper diagnosis and alternatives if treatment is not followed. At that particular time, I figured out that I must take time to listen to those patients, every one of them because I could be the difference between a decision for life or death.

Impressions

Even those4 health care practitioners who consciously privilege their patient’s experiences find themselves caught in a knot of power relations. The physician is always in power in the medical context, and such power subsumes even deliberate attempts to displace authority by acknowledging the patients subjectivity (The Doctor, 1991). To be ethical, clinical empathy must involve action, beginning with recognizing the broader social context of the patient’s health and well-being. With appropriate cautions, theories of clinical empathy should extend beyond the individual relation to socially determined inequities in health care.

Conclusion

Empathy is a necessary ingredient for both doctor and nurse in the application of good patient care. Good communication between a doctor and patient whether good news or bad, should always be given in an empathetic manner. The ability to not only give good scientific reasoning or diagnosis to a patient. However, to give it in a manner that just does not give the facts,

but also a feeling of “ I care about what you’re going through and I will do all I can to help.” As for nurses, our hands-on approach to the patient in need, gives us a chance to some what feel what they are going through and to be empathetic about their situation.