The Decline of Empathy in Medical Education: Trends, Causes and Potential Remedies

By Mary Guirguis
Scope of the problem

- Empathy is “the ability of a physician to a) understand the patient’s situation, perspective and feelings (and their attached meanings), b) communicate that understanding and check its accuracy, and c) act on that understanding with the patient in a helpful way” (Mercer and Reynolds, 2002).
- Physician empathy is an integral part of the physician-patient relationship.
- Several studies show that empathy in medical students and residents declines as they proceed through the clinical phase of their medical education.
Causes

- Decline in physician empathy has been strongly linked to burnout and student distress.
- Third year students expounded on the difficult nature of their job, explaining that the stress of being a medical student forces them to become less empathetic:

  “I am thinking more about getting through the encounter expeditiously than about making a connection with a patient.” “I am too sleepy to render a sufficient answer.”

  “It is hard to care 100% about some patients’ stories when you are tired and have a ton of people to see.”

  “It is difficult to walk in every patient’s shoes when you see so many patients in such a short time frame.”

Hojat et al., 2009
Decline in physician empathy has also been strongly linked to **patient vulnerability and overidentification with patients**:

“I believe that I could have been a better intern and a better young physician, and that I would have learned more and suffered less, if someone could have told me explicitly, repeatedly, and patiently that the dying at hand was not my own, that the patients whose death I attended was not, in fact, myself, nor was it my wife, nor my child, nor my parents, nor, fortunately, was it often my friend. And most important, I needed to be told and taught that the dying which I was attending did not, in itself, increase my vulnerability, nor the vulnerability of those for whom I cared most deeply. The confusion involved in the sympathetic relationship, wherein identities merge and blur--this is what is intolerable and excruciating and blinding.”

Werner and Korsch, 1976
Possible Remedies

• Positive physician role-models during the student’s course of training are indispensable to the student’s emotional reconciliation. Today’s role-models need to “know how to express vulnerability, share mistakes, incorporate not-knowing, display awareness of and share their emotional reactions to patients, and balance the fine line between intimacy and detachment”.

• Changes to the medical curriculum must incorporate issues such as coping with difficult emotions, fears, anxiety, desires to detach oneself from patients’ vulnerability, and appropriate acknowledgement and management of medical limitations.

• These modifications must be treated as a central part of the curriculum and not remain in the fringes as “nice fillips or annoying wastes of time”.

Shapiro 2008


