Empathy and Role modeling. Is it missing?

Editorial

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Let me start by congratulating the dedicated team of Pakistan Journal of Surgery and Medicine (PJSM) whose untiring effort brought this journal of international standard. I have the honor to be part of this professional and enthusiastic galaxy of highly intellectual writers. Insha’Allah you will witness the glory of this journal very soon.

We were never taught “empathy”. In fact, let me admit my ignorance, I did not know what it meant before starting my clinical practice. Late in my clinical practice, I became conversant with emotional intelligence. Yet I feel that I accomplished those skills from my teachers presumably as part of the hidden curriculum. They were my role models and they manifest most compassionate and empathetic attitude toward their patients and doctors alike. Empathy is regarded as an essential quality for being “a good” doctor and most desired attribute by the patients. Being compassionate is the biggest virtue that a physician should possess yet it is considered least important for being promoted in medical school.

Let me admit with sorrow that we see empathy decline among doctors to an alarming extent. This is not just my “gut feeling” but national and international data support this finding. A study done in Lahore showed very low scores in both emotional intelligence and empathy than the average person.[2] In a recent work American doctors themselves have acknowledged empathy erosion in their clinical experiences. One such study performed at the University of Arkansas, validated empathy decline among students in medical schools as the years progressed.[3] Similar results were witnessed among students of Boston School of medicine where empathy scores of students studying in preclinical years were higher than in clinical years.[4] The students attributed stressful working environments, more focus on physical recovery rather than psychological well-being and stressful attitudes of senior colleagues as main reasons.

Today when I have fitted in the shoes of my seniors, I feel that we are not as good role models as our seniors once were. This is affirmed by evidence from all quarters of doctors. The young clinicians are facing mistreatment by superiors, harassment, belittlement, humiliation, gender-specific discrimination, or sexual harassment during training.

Another alarming fact was that empathy tends to depreciate as the years progress. Senior physicians tend to become less sensitive and receptive to patient sufferings. This empathetic decline tends to make them rude and insulting towards their juniors and bad role models.

Role models tend to play a crucial role in teaching empathy to medical students. All students and Young physician-in-training are positively influenced by their humanistic mentors. Let us talk about some solutions to this bewilder.

1. I think the time has come when we should question ourselves and search our souls. “Are we empathetic and good role models? “ Obviously, over the years we have retrogressed and must rejuvenate ourselves by reflection. We need to explicitly “role model” for students what we value as important and send a clear message that expressing empathy is good for the patient, the clinician, and the community.

2. Empathy can be improved and successfully taught at medical school especially if it is embedded in the student’s actual experiences with patients. Proper empathy education at both cognitive and attitude levels will greatly influence students’ ability to master this skill and practice it.

3. Good social support and less stress will help students sustain their empathetic attitudes towards their patients.[13] Senior teachers and doctors should feel their responsibility to keep students and young doctors relaxed and well supported during their training.
I wish that we would be able to bring about a positive change in our attitude and prove to be an exemplary role model like our seniors.

Thank you.

REFERENCES


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