A week in the Intensive Care Unit: A life lesson in empathy

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Empathy is the sharing of emotion with another sentient being. It comes from the Greek words *em* (meaning "to put into") and *pathos* (meaning "suffering") and is believed to be the essential humanistic foundation of effective health care. [1]

Empathy and the medical student – Practice makes perfect?

The observation of another person in a particular emotional state has been shown to activate a similar autonomic and somatic response in the observer without the activation of the entire pain matrix, not requiring conscious processing, but able to be controlled or inhibited nonetheless. [2] This effectively means that when we see someone in physical or emotional distress, we too experience at least some aspect of that suffering without it even needing to be in the forefront of our consciousness. As medical students we are constantly told to "practice" being empathetic to patients and family members. What we are really practicing is consciously processing this suffering we unknowingly share with these people in order to develop rapport with them (if not just to impress medical school examiners).

We are taught an almost automated response to this distress, including a myriad of body language and particular phrases, such as "I imagine this must be very difficult for you," to indicate to a patient that we are aware of the pain they are in. Surveys amongst critical care nurses have shown that gender, position, level of education and years of nursing experience have no significant relationship with the ability of a person to show empathy. [1] Thus it could be said that empathy is less of a skill which can be practiced until perfect, and more of a mindset that makes us as human as the people we treat.

Some argue that medical student cynicism increases through medical school which can then contribute to a decrease in empathy over time. [3] A particular study involving 650 students of the Boston Medical School used the Jefferson Scale of Physician Empathy (JSPE) to quantify the empathy of the students. [4] Alarmingly, the first year class had the highest empathy score while the fourth year class had the lowest and all JSPE scores were higher in females. [4] Students with an intention to pursue a people-oriented specialty (for example, general practice or emergency medicine) were found to have significantly higher empathy scores than those wishing to pursue a more technology-oriented specialty.

The decline in empathy over the years spent at medical school could possibly be attributed to stress, fatigue or an increase in workload while undertaking clinical placement. Students with an intention on following a patient-centred speciality may have a greater awareness of their need to validate the concerns of their patient. Students in a more technological-based specialty may have less demand on them professionally to show empathy. However, these students will still have to pass their clinical years in medical school and complete their internship, neither of which can be solely spent in their desired technological-based field. This is cause for great concern as while these students seem to have less empathy, they will still have to deal with emergency and critical care, general medicine and surgery much like their more empathetic counterparts, all of which have their fair share of distressing circumstances and thus a need to show empathy.

Empathy and the physician – All in a day's labour

It has been noted by Hochschild in the book "The Managed Heart" that empathy is considered to be "emotional labour" in the work of a physician. [5] The way that the physician performs such labour can

be through either faking their external emotional appearance (that is, facial expression, voice and posture) to give the impression of empathy, or through acting on emotions that they physically feel at the time. [5] The main difference is through acting on emotions, a physician focuses on changing their internal emotion state by changing their perception of the situation. In faking or using rehearsed empathy, a physician is merely changing their expression rather than their perception of the patient's experience. While using the more superficial approach has its benefits when time does not permit a more involved response, it has been contended that physicians are more satisfied professionally and are more effective as healers when they engage in a deeper level of empathetic processing. [5] Efficiency as a healer does not mean saving every patient. For those in particularly grave circumstances where little can be done, this has more to do with making the patient as comfortable as possible while also validating the emotions experienced by those around them.

My experience with empathy – Rudy's story

I lost my dear grandfather Rudy in July 2010. After an unexpected accident at home, he was taken to hospital, where 48 hours later he lay fighting for life in the Intensive Care Unit (ICU) after complications on the operating table. I had lost track of the number of times I had been lectured on empathy by the University. It was only when the tables were turned and when I played the role of the concerned family member that I truly understood the powerful effect a genuinely empathetic doctor has.

While it felt like much longer, my family spent a week in the ICU waiting room. The poorly coordinated blue walls and carpet encompassed two very old and worn sofas on which families spent any number of anxious hours waiting for news on their loved ones. During my grandfather's stay, we befriended half a dozen other families within those blue walls, united in our efforts to do whatever we could to bring our loved ones out of the ICU. In the most sterile of environments, I witnessed the rawest of emotions. I saw the anger in the parents whose daughter had overdosed and the desperation in the wife whose husband lay critically ill from an easily preventable accident. I saw the hopelessness in the children of a father who lay debilitated by long term illness and the overwhelming joy in those very few lucky families able to move their loved ones onto the wards. However, the most universal emotion was one of disbelief – not one of the families had thought these circumstances could ever happen to them.

As the week progressed, one by one each of the families disappeared. Many were lucky enough to see their loved ones reach the wards. Many

were also faced with the traumatic realisation that they would be going home without them. On the fifth day of our stay, we were told that the ventilator had to be removed, and that it was up to Rudy to fight what seemed like the impossible fight. No words can truly describe the pain, anguish and sheer terror experienced by a patient's family when their loved one has to fend for themselves. It was here that the nursing staff truly excelled. When various doctors told us (some more harshly than others) to be more realistic and less optimistic, the nursing staff took a different approach. While the circumstances were grim, these fine men and women did a remarkable thing – they put themselves in our shoes. They realised that there was little we could do as a family, but instead promised that as a healthcare team they would do everything in their power to help us and Rudy get through this. This meant the absolute world to my family, especially my grandmother, who feels forever indebted to these nurses for providing her with the one thing she really needed in the situation – empathy.

Around midnight two days later, we were summoned to the ICU for Rudy had taken a turn for the worst. We sombrely sat together for nearly six hours, holding his hand and stroking his hair, frantically saying everything and anything that we thought he would want to hear before he passed away. While excruciatingly sad, there was an air of calm about the situation and it was not until the moment that Rudy took his last breath that I realised why. As a family member, you hold onto a tiny glimmer of hope until that final heart beat, after which nothing but utter disbelief remains. When this calm was broken by the uncontrollable sobbing of my family, it suddenly felt as if my whole world had imploded. I will forever remember this moment as one of incredible heartache, including the very startling realisation that I did not want anyone to tell me they were sorry or that I was going to be okay, but that this gut-wrenching pain was not disproportionate to the circumstances and that I was not invisible to those around me in experiencing it. We found this in the doctor on duty at the time. He offered a warm handshake or a hug to anyone who needed it. He even sat with my grandmother and cried with her, sharing her pain as the doctor himself had only recently lost his mother in similar circumstances. While no amount of empathy or tears could bring my grandfather back, the fact that someone took the time to truly appreciate my family's anguish did an insurmountable help.

My grandfather was someone who took everything as a learning experience, and I believe this to be the greatest, albeit saddest, one of my life so far. One of the very last things my grandfather said to me was that I was going to make a good doctor one day. He was an amazingly compassionate man and I can think of no better way to honour him than to strive to become the best empathetic doctor that I can be.

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Conflict of interest

None declared.

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