

Authors' Response to “The Growing Divide Between Teaching Empathy and Being Empathetic”

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TO THE EDITOR:

We are appreciative of the letter to the editor in response to our publication on empathy, noticing, and third-year medical students.¹ The author encapsulated the challenges of measuring empathy as well as the tensions we as authors experienced in working to intervene on empathy decline for third-year medical students. As our report indicates, promoting empathy—or at least deterring its decline—in the third year of medical school may also add more stress to the very ones for whom the intervention is designed. On a more personal note, after data collection, we reflected on whether we were creating annoyance, even harm, by asking medical students to do one more thing during an incredibly busy period of their learning. Thus, we became more aware of how we neglected to fully appreciate the focus of our study of empathy and incorporate an empathetic ethos into our own research process.² Ultimately, our findings aided us to ask deeper questions, like those the author also brought to attention: Why should learning and measuring empathy be placed squarely on the performance of a medical student or physician? Likewise, how might we reconsider observing moments of empathy “as a presentation of opportunities” rather than an indicator of content transmission and the application of knowledge?

There is evidence that role modeling is an important component in encouraging empathic communication and interactions during clerkship.³ However, as Halpern⁴ has noted, a physician's attunement to their own emotions may support

better understanding of how empathy shapes not only their patient's well-being, but also their patient's experiences. We might also suggest that this attunement supports connections to medical students as well, enabling an ability to demonstrate empathic communication in practice. Bifurcating outcomes limits more humanistic and community-oriented innovations to addressing large structural problems—ones such as empathy decline. Perhaps a paradigm shift is needed to look at linkages between individuals and to focus the zone of interventions on relationships rather than on individual performance.

We are encouraged that beyond a tool to support learning a skill of noticing, the author brought greater attention to the dynamics and networks of relationships that are tantamount to teaching and learning in medical school. We continue to pursue further work on empathy, particularly through qualitative, even humanizing,⁵ lenses. Few studies have employed the kind of longitudinal and qualitative approach we used. Our aim is to advance conversations about empathy in medical training and practice, and promote the value of relationships in medical education.

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