

# Physicians often miss opportunities to show empathy

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In consultations with patients with lung cancer, physicians rarely responded empathically to the concerns of the patients about mortality, symptoms or treatment options, according to a study led by a University of Rochester Medical Center researcher.

The study, published in the *Archives of Internal Medicine* and based on 20 recorded and transcribed consultations, found that physicians missed many opportunities to recognize and possibly ease the concerns of their patients and routinely provided little emotional support.

"When patients are struggling and bring up important issues, doctors don't have to take a lot of time to address them, but they do need to respond. Showing that they understand and giving their patients more of what they need is not that difficult," said Diane Morse, M.D., assistant professor of psychiatry and of medicine at the Medical Center.

The study sheds light on the types of situations and remarks that physicians should recognize as opportunities to express understanding and support, she said. The research also showed that empathic responses can be brief and do not make consultations longer.

Morse and her researchers examined 20 representative transcripts from recordings of 137 consultations between physicians at a Veterans Affairs hospital in the southern United States and patients with lung cancer or a pulmonary mass requiring surgical diagnosis.

Empathy — the identification with and understanding of another person's situation and feelings — is considered an important element of communication between patients and physicians and is associated with improved patient satisfaction and compliance with recommended treatment.

In the transcribed consultations, the researchers identified 384 moments or "empathic opportunities" when patients stated or alluded to concerns, emotions or stressors. These included statements about the impact of cancer, diagnosis, treatment or health care system barriers to care. They found that physicians responded empathically to 39, or just 10 percent of the opportunities.

The article reports several typical conversations where empathic opportunities were missed when a physician did not respond to a patient's clue to important concerns or simply changed the subject. In one, a patient mentions the amount of time he can expect to live.

Patient: I don't know what the average person does in just two year, three years, a year?

Physician: I think that . . . you certainly could live two or three years. I think it would be very unlikely . . . But I would say that an average figure would be several months to a year to a little bit more.

Another patient discusses smoking, perhaps wanting to discuss his regret for the role of smoking in his cancer.

Patient: No, sir, I've never had a heart attack, Supposedly, I worked very hard when I was a young man, a young boy. I was doing a man's labor and I was always told I had a good strong heart and lungs. But the lungs couldn't withstand all that cigarettes . . .

Physician: Yeah.

Patient: Asbestos and pollution and second-hand smoke and all these other things, I guess.

Physician: Do you have glaucoma?

Morse and her co-authors suggest that physicians who have patients with a life-threatening illness should consider providing empathy early in the encounter and throughout treatment to validate patient needs and explore ways to build understanding. The connection can begin with a simple phrase, such as: "It sounds like you are very concerned about that."

The research is consistent with several studies that reported primary care physicians, oncologists and surgeons infrequently make empathic responses. Morse suggests physicians, while busy with many tasks, might avoid empathic opportunities, especially those about mortality, because they are difficult to address.

"This difficulty may be related to limited cure potential that results in a sense of failure and/or identification with the patient that is difficult for the physician to acknowledge or express and may raise within the physician awareness of his or her own vulnerability to illness and mortality," the researchers state.

Source: University of Rochester

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