

Technology should be used to boost empathy-based medicine

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Existing digital technologies must be exploited to enable a paradigm shift in current healthcare delivery which focuses on tests, treatments and targets rather than the therapeutic benefits of empathy. Writing in the *Journal of the Royal Society of Medicine*, Dr Jeremy Howick and Dr Sian Rees of the Oxford Empathy Programme, say a new paradigm of empathy-based medicine is needed to improve patient outcomes, reduce practitioner burnout and save money.

Empathy-based medicine, they write, re-establishes relationship as the heart of healthcare. "Time pressure, conflicting priorities and bureaucracy can make practitioners less likely to express empathy. By re-establishing the clinical encounter as the heart of healthcare, and exploiting available technologies, this can change", said Dr Howick, a Senior Researcher in Oxford University's Nuffield Department of Primary Care Health Sciences.

Technology is already available that could reduce the burden of practitioner paperwork by gathering basic information prior to consultation, for example via email or a mobile device in the waiting room.

During the consultation, the computer screen could be placed so that both patient and clinician can see it, a help to both if needed, for example, to show infographics on risks and treatment options to aid decision-making and the joint development of a treatment plan.

Dr Howick said: "The spread of alternatives to face-to-face consultations is still in its infancy, as is our understanding of when a machine will do and when a person-to-person relationship is needed." However, he warned, [technology](#) can also get in the way. A computer screen can become a barrier to communication rather than an aid to decision-making. "Patients and carers need to be involved in determining the need for, and designing, new technologies", he said.

More information: Overthrowing barriers to empathy in healthcare: empathy in the age of the Internet, *Journal of the Royal Society of Medicine* (2017). [DOI: 10.1177/0141076817714443](https://doi.org/10.1177/0141076817714443)

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