

[Knowledge Library](#)

Empathy Benefits Both Physicians and Patients: Case Studies and Best Practices

October 2, 2018

[Tweet](#)

[Share](#)

“People will forget what you said, people will forget what you did, but people will never forget how you made them feel.” (Maya Angelou)

Defining empathy can be complicated. In medicine, it is thought of as a communication competence, but it also describes the experience between physician and patient, during which the physician becomes attuned to the patient to understand what the patient is feeling. Patients also use empathy to describe a physician’s ability to understand their feelings and opinions and express compassion and concern for their well-being.¹ Although physician empathy may seem to be a low priority in comparison to technical acumen, research indicates that physician empathy has wide-ranging benefits for both physicians and patients.

Topics

Please select

Specialties

Please select

Recently Added

[Communication Failures a Major Issue in Medical Liability Claims \[INFOGRAPHIC\]](#)

[3 Strategies to Ensure Timely Test Results Communication](#)

[Healthcare Communication: Case Studies and Best Practices for Communicating Critical Findings](#)

[Inadequate Follow Up on Abnormal Labs Leads to Permanent Injuries](#)

[Pre-Surgery Delay in Processing Abnormal Results Leads to Patient](#)

Better Patient Outcomes

Physician empathy is associated with various improved



health outcomes.^{1,2,3} Research indicates that an empathic relationship between physicians and their patients can increase immune function, shorten post-surgery hospital stays, control blood sugar, decrease asthma attacks and even shorten the duration of colds.^{4,5} Why empathy increases health outcomes appears to be the result of patients' emotional responses to their physicians. For example, physician empathy increases patient trust⁶ and reduces patient anxiety, which increases patients' willingness to disclose accurate and relevant information about themselves,⁵ and also increases compliance and engagement in treatment.¹

Greater Patient Satisfaction

Currently, high patient satisfaction scores are important for a variety of reasons. Several studies report patients are more satisfied with physicians they perceive as empathic (i.e., physicians who are good listeners, trustworthy, caring, warm, friendly, reassuring, etc.).^{7,8}

Lower Malpractice Risk

A patient's decision to file a lawsuit is affected by many issues. Various studies indicate that a physician's ability to establish rapport, meet patient expectations and communicate effectively factor into a patient's decision not to file a lawsuit.^{9,10,11,12}

Less Stress and Burnout

Evidence suggests that physicians with higher empathy levels experience lower burnout rates, although physician burnout can be exacerbated by unfettered emotional involvement with patients.^{13,14} Learning how to regulate

Death

Interested in NORCAL Group?

Contact Your Agent/Broker or call 844.4NORCAL today

empathic responses to patients can improve physician satisfaction while controlling stress, emotional exhaustion and detachment.¹⁵

The case studies linked here are based on healthcare encounters reported to the NORCAL Claims Department. The first case resulted in litigation, despite experts believing no malpractice occurred. The second case was resolved without a lawsuit, despite findings of negligent patient injury. One physician's empathy and the other physician's lack of it most likely explains why the cases resolved in the manner they did.

Dispelling Empathy Myths

More Information About Physician Empathy

- Case Studies: [Physician Empathy Can Decrease Liability Risk](#)
- Best Practices: [Improving Physician Empathy: Techniques and Training Resources](#)

Physicians may avoid empathy due to the mistaken belief that it will negatively affect their practice of medicine. The assumptions and fears cited by physicians about treating patients empathically fall into four general categories:¹⁶

Empathy Myth #1: Empathy Takes Too Much Time

Empathic communication and behavior is not inherently time consuming. For example, consider the amount of time it takes to smile, introduce yourself, notice the patient's emotional state, sit at eye level with the patient and maintain eye contact while listening to the patient's complaint. Empathy can actually save time during clinical encounters by prompting more accurate and efficient patient reporting of history and symptoms.

Furthermore, patients with empathic physicians are often satisfied with shorter visits.^{16,17} Empathy can change a patient's perception of appointment duration.¹⁸

Empathy Myth #2: Empathy Opens a "Pandora's Box" of Patient Emotions

There are two main issues that seem to drive the Pandora's box misconception. One is the fear that a patient's emotional

outpouring will consume too much time; the other is discomfort with being exposed to unpleasant patient emotions like anger, fear and sadness. Research indicates that patients' emotional health affects their ability to heal,^{16,19} which indicates that accessing patient emotions is important. Additionally, some patients will open the floodgates of emotion, whether it is in response to empathy or something else. Consequently, being prepared to effectively communicate with and relate to a patient in the context of strong emotions while effectively managing your own response to an emotionally charged encounter is a more productive strategy than avoiding empathy all together.

Time management techniques during patient appointments can keep the patient from hijacking it and causing a time overrun. For example, setting an agenda for the appointment can be helpful. Eliciting patients' emotional issues early in the visit can help with planning the visit agenda. [The BATHE technique](#) provides a structured, time-sensitive way to address emotional or psychosocial issues.

Objectively and actively listening to patients express their emotions does not mean you must become their therapist.²⁰ If you or your patient believes an emotional issue warrants more time than the agreed-upon agenda allows, or that emotional issues warrant a referral, the appointment agenda can be renegotiated, a follow-up can be scheduled or the patient can be referred.^{18,21}

Empathy Myth #3: Empathy Leads to Burnout

There is a historic belief in medicine that detachment and objectivity protects physicians from burnout, but research indicates that too much detachment and objectivity can cause it.¹⁵ A certain amount of detachment is necessary due to distressing aspects of practicing medicine (e.g., cutting into a person's body, observing injuries and suffering, etc.)¹⁵ However, empathy can benefit physicians.⁵ Research indicates that avoiding emotional connections can become exhausting and removes the satisfaction of being a healer.²² One of the keys to avoiding burnout is balancing detachment and empathy.^{16,22} In other words, it is important to stand in the patient's shoes, but you also must know when and how to extract yourself before you become trapped in them.^{23,24}

Empathy Myth #4: Empathy Can't Be Learned

Some physicians are naturally better at being empathic. However, research indicates that empathic communication is a teachable, learnable skill,¹⁶ even by physicians who contend they are naturally not empathetic or that they have irretrievably lost their capacity for empathy.²⁵ Research involving resident physicians who received empathy training concluded that they became more empathic. They interrupted their patients less, maintained better eye contact and were better able to stay calm when patients became angry, frustrated or upset. They were also better at understanding their patients and making them comfortable.²⁶ It also appears that empathy training makes physicians more resistant to compassion fatigue and burnout.^{25,26}

Empathy plays an important role in medical practice and has a positive impact on both the patient and physician. When patients consider their physicians to be empathic, their outcomes are better, they are more likely to be satisfied and are less likely to file lawsuits. Empathy is not inherently time consuming, it can increase efficiency and make the practice of medicine rewarding again for physicians who are stressed or burnt out. With training, physicians can learn to respond to patients in an empathic manner, even when they are not feeling empathic or believe they are not naturally empathic. Empathy might not be the magic bullet to cure all that ails the healthcare system, but it can make things better.

This content originally appeared in the NORCAL Group Risk Management publication, *Claims Rx*. Many releases of *Claims Rx* are available in the [Claims Rx Directory](#) for download. Policyholders will also find instructions for obtaining CME credit for select releases.

References

1. Decety J, Fotopoulou A. "Why Empathy Has a Beneficial Impact on Others in Medicine: Unifying Theories." *Front. Behav. Neurosci.* 2005; 8:457. (accessed 9/24/2018)

2. Derksen F, Bensing J, Lagro-Janssen A. “[Effectiveness of Empathy in General Practice: A Systematic Review.](#)” *British Journal of General Practice*. 2013 Jan; e76-e84. (accessed 9/24/2018)
3. Decety J, Smith KE, Norman GJ, Halpern, J. “[A Social Neuroscience Perspective on Clinical Empathy.](#)” *World Psychiatry*. 2014; 13:233–237. (accessed 9/24/2018)
4. Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C, Gonnella JS. “[Physicians’ Empathy and Clinical Outcomes for Diabetic Patients.](#)” *Acad. Med.* 2011; 86:359–364. (accessed 9/24/2018)
5. Halpern J. “Clinical Empathy in Medical Care.” In: J. Decety, ed. *Empathy: From Bench to Bedside*. Cambridge, MA: MIT Press; 2012:229–244. (resource not available online)
6. Tulsky J, et al. “[Enhancing Communication Between Oncologists and Patients With a Computer-Based Training Program: A Randomized Trial.](#)” *Ann Intern Med.* 2011; 155(9):593-601. (accessed 9/24/2018)
7. Pollak K, et al. “[Physician Empathy and Listening: Associations with Patient Satisfaction and Autonomy.](#)” *J Am Board Fam Med.* 2011; 24(6):665-72. (accessed 9/24/2018)
8. Blatt B, et al. “[Does Perspective-Taking Increase Patient Satisfaction in Medical Encounters?](#)” *Acad. Med.* 2010; 85, 1445–1452. (accessed 9/24/2018)
9. Hickson GB, et al. “[Patient Complaints and Malpractice Risk.](#)” *JAMA*. 2002; 287(22):2951-7. (accessed 9/24/2018)
10. Huntington B, Kuhn N. “[Communication Gaffes: A Root Cause of Malpractice Claims.](#)” *Proc (Bayl Univ Med Cent)*. 2003 Apr; 16(2): 157–161. (accessed 9/24/2018)
11. Stelfox HT, Gandhi TK, Orav EJ, Gustafson ML. “[The Relation of Patient Satisfaction with Complaints Against Physicians and Malpractice Lawsuits.](#)” *Am J Med.* 2005; 118(10):1126–1133.
12. Moore PJ, Adler NE, Robertson PA. “[Medical Malpractice: The Effect of Doctor-Patient Relations on Medical Patient Perceptions and Malpractice Intentions.](#)” *Western Journal of*

Medicine. 2000; 173(4):244-250. (accessed 9/24/2018)

13. Gleichgerrcht E, Decety J. “[Empathy in Clinical Practice: How Individual Dispositions, Gender, and Experience Moderate Empathic Concern, Burnout, and Emotional Distress in Physicians.](#)” *PLoS One*. 2013; 8(4): e61526. (accessed 9/24/2018)

14. Suttie J. “[Should We Train Doctors for Empathy?](#)” *Greater Good*. July 8, 2015. (accessed 9/24/2018)

15. Gleichgerrcht E, Decety J. “The Costs of Empathy Among Health Professionals.” In: J. Decety, ed. *Empathy: From Bench to Bedside*. Cambridge, MA: MIT Press; 2012:245-261. (resource not available online)

16- Hardee JT, Platt FW. “[Exploring and Overcoming Barriers to Clinical Empathic Communication.](#)” *Journal of Communication in Healthcare*. 2010; 3(1):17-23. (accessed 9/24/2018)

17. Tallman K, et al. “[Communication Practices of Physicians with High Patient-Satisfaction Ratings.](#)” *Perm J*. 2007; 11(1): 19-29. (accessed 9/24/2018)

18. Bernard R. “How To Be a Rock Star Doctor.” 2015 Publisher: Author. (resource not available online)

19. Kronemyer B. “[Patients’ Emotional Health Plays an Important Role in Functional Results.](#)” *Orthopedics Today*. June 2011. (accessed 9/24/2018)

20. McClain, GR. “[Healthcare Professionals: Acknowledging Emotional Reactions in Newly-Diagnosed Patients.](#)” (accessed 9/24/2018)

21. Lutton ME. “[Sticking the Landing: How to Create a Clean End to a Medical Visit.](#)” *Fam Pract Manag*. 2004;11(7):51-53. (accessed 9/24/2018)

22. Halpern J. “[What is Clinical Empathy?](#)” *J Gen Intern Med*. 2003 Aug;18(8):670-674. (accessed 9/24/2018)

23. Hardee J. “[An Overview of Empathy.](#)” *The Permanente Journal*. Fall 2003;7(4):51-54. (accessed 9/24/2018)

24. Stern R, Divecha D. “[How to Avoid the Empathy Trap.](#)” *Greater Good*. 2015 July 7. (accessed 9/24/2018)

25. Chen PW. “[Can Doctors Learn Empathy?](#)” *New York Times Well*. June 21, 2012. (accessed 9/24/2018)

26. Riess H, et al. “[Empathy Training for Resident Physicians: A Randomized Controlled Trial of a Neuroscience-Informed Curriculum.](#)” *J Gen Intern Med*. 2012 Oct; 27(10):1280-1286. (accessed 9/24/2018)

Filed under: [Article](#), [Physician](#), [Patient Care](#)

* NORCAL Group, now part of ProAssurance, includes NORCAL Insurance Company and its affiliated companies.
Learn more about the NORCAL Group of companies.

FOLLOW US ON:  LINKEDIN  TWITTER

 FACEBOOK

ABOUT

Companies
Financials
History
Careers
Contact

COVERAGES

Choose State
Coverage Overview
Admin Defense
Info/Net Security
General Liability

RISK

CME
MyNORCAL App

RESOURCES

News
MyACCOUNT
MyBOOK
MyNORCAL App
HIPAA

CLAIMS

Overview
What to Report
Report a Claim