

Empathy, sympathy, and compassion have long formed the core principles of our medical profession. The Royal College of General Practitioners (RCGP) curriculum states that a competent GP recognises that every person has a unique set of values and experience of health and illness.

The GP also acknowledges the impact of the problem on the patient in their daily functioning, and while doing that, they ensure that they are aware of patients' feelings, values, and preferences, as well as personal values, attitudes, and feelings.¹ Therefore, 'empathetic' consultations are a measure of our competency as GPs, and vital for a better outcome for our patients.

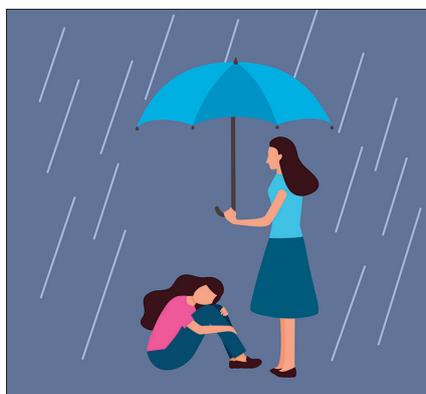
IN THEIR SHOES

Empathy is defined as an ability to understand and accurately acknowledge the feelings of another person, leading to an attuned response from the observer. Sympathy, in contrast, is almost an emotional reaction of pity. Then there is 'compassion', which is a way to develop the kindness, support, and encouragement that leads to actions promoting wellbeing of ourselves and others.²

During training, we learn that a doctor either 'has' or 'lacks' empathy. Although the dilemma made sense at that time, I now realise that we *all* have empathy in various forms and dimensions, obvious or not so obvious.

Empathy was demonstrated by stating something along the lines of *'I am sorry to hear that'* or *'I can see you are upset'* during my Clinical Skills Assessment (CSA) preparation. I felt compelled to make empathy evident in a consultation to secure marks. Sometimes, this led to seemingly artificial-sounding statements that did not quite fit with the flow of the consultation. On reflection, I am sure the superficial nature of such statements was also felt by the pseudo-patients (actors for CSA preparation).

Genuine empathy is quite simply putting yourself in someone else's shoes;



imagining how you would feel if you were in that situation and relaying that to the person in question. It cannot be taught as a simple formula. It is within us all, and not every doctor exhibits empathy in the same way. Indeed, some struggle to display any at all. We can, however, learn to use it appropriately and skilfully in order to have meaningful consultations.

EMPATHETIC CONSULTATIONS

How can we learn to effectively have empathetic consultations and what works for me? I reflect on the recent health experiences of 'my' loved ones in an attempt to understand what 'my' patients endure.

Recently, a relative of ours was given a very unexpected diagnosis of an osteosarcoma. She had always been fit and well and was merely experiencing acute sciatica-like pains. I was able to quietly hear and observe the shocking news of the diagnosis, the impact on her young family, the uncertainty regarding her future, the huge psychological trauma, and, of course, the ongoing side-effects from chemotherapy.

Similarly, I witnessed a loved one, going through severe toothache affecting their bite. I noticed that something seemingly as trivial as a bite or dental issue can have a significant impact on mental health and thus quality of life. Being a mum, I naturally

think if, for example, my child is unwell, how must it be for parents who have poorly children?

Such observations in my personal life have helped unveil the 'enigma' of my empathy. I try to reflect my feelings from these real-life experiences in my consultations. The minuscule artificial element of my consultations continues to be replaced with warmth and a true sense of acknowledgment of my patients' feelings and compassion.

I have felt the positive repercussions when I exercise genuine empathy in my day-to-day consultations and I hope that this continues.

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Addendum received from author:

'At the time of submitting the above piece of writing, our beloved relative mentioned in the article, had just undergone her first course of chemotherapy, and was experiencing some side effects. Sadly, we have learnt that she suddenly passed away. This is shocking as she was reassured of a good prognosis given the localised nature of her osteosarcoma and relatively young age. Yesterday was "another" day of reflection for me. Consultations where patients are seeking sick notes due to bereavement will no longer be seen as "quick" or "easy" encounters. May she rest in peace.'

The *BJGP* offers our condolences and our thoughts to the author and her family.

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REFERENCES

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2. Sinclair S, Beamer K, Hack TF, *et al*. Sympathy, empathy, and compassion: a grounded theory study of palliative care patients' understandings, experiences, and preferences. *Palliat Med* 2017, **31(5)**: 437-447.

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