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Teaching and learning empathy

John W Griffin

I am a medical student and a trainee in neurology. It is true that I have been training for quite a while—more than 40 years—and it is equally true that my drawers are littered with certificates implying that I have completed certain stages of training. But I know more clearly now than when any of those certificates were awarded how much more there is to learn. I am that horror of parents and most spouses, a professional student. Happily, my wife Diane is as much a student as I am, and seems content with the fact that we will never truly graduate.

Last year was my fastest learning year since the stage when 'right brain–left body' provoked astonishment. I had the opportunity to be ill for most of the year, and to see medicine from several sides simultaneously. It was like living through a Pirandello play or a Pamuk novel. I went from physician in a morning clinic to patient in the afternoon. It was an invaluable, once-in-a-lifetime learning opportunity. I came away concerned, however, that our younger trainees are, by and large, denied the educational advantages of illness, and of seeing the world as a patient. They are, for example, rarely given the chance to be tossed a white square of cloth with protruding strings and be told, "it ties in the back" (even more rarely are they challenged, as I once was, to don such garb with an intravenous line in one arm—after considerable experimentation I can tell you that an off-the-shoulder gown is the best fashion statement you can achieve in that situation). Condemned to robust good health, they are forced to learn medicine as observers of disease and imitators of their mentors.

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The year gave a medical cast to the golden rule, and it stimulated goals for my care of my patients. I wish I could call these pledges, but I know I will fall short regularly. Still, I aspire to be able to tell my patients the following:

1. When I am with you, I will give you my full attention. I will not be distracted by phones, by PDAs, or by staff asking, for example, what diagnosis or billing code I intended for the previous patient.
2. I will sit down, meet you on eye level, and relax. The fact that I am behind schedule is not your doing and it won't be your problem.
3. You will be clear about what I know I know about your status, what I think I know, and what I know I don't know.
4. We will laugh together about the absurdities that neither of us can change. These may include the food that arrives on a tray for you as we are talking.
5. I will listen for and acknowledge your good wishes for me in the same way that you receive mine. I learned last year how much patients care about their doctors.

Many of these goals revolve around the central point of empathy. In this issue, Lara Cooke initiates the 'Training Matters' series by asking whether students must go through illness to learn empathy, or whether it can be taught. This is an important issue for all of us who are training, including those of us in the slowest group.