



CULTURA DELLA RELAZIONE IN MEDICINA: PARLANDO DI EMPATIA

**CULTURE OF RELATIONSHIP IN MEDICINE:
LET'S TALK ABOUT EMPATHY**

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MICHELE TREVISAN - PERSONAL CURRICULUM

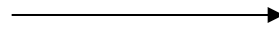
2012 – Graduated in Medicine and Surgery, University of Rome “Sapienza”

2013 – Qualified for the medical and surgical profession

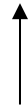
2013 – Accepted at the Specialization School in Orthopaedics of the University of Rome “Sapienza” (I am now attending the third year of five)



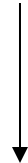
CLINICAL
HISTORY



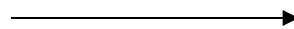
DIAGNOSIS



EMPATHY



TREATMENT



CLINICAL
OUTCOMES



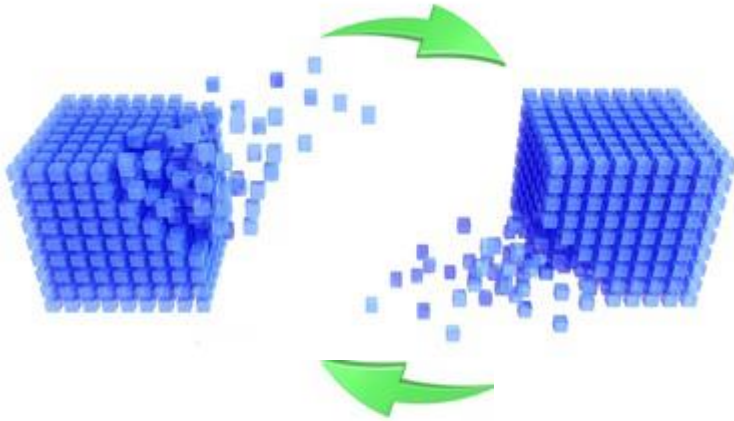
EMPATHY: DEFINITION

“A cognitive attribute that involves an ability to understand the patient’s inner experiences and perspective and a capability to communicate this understanding.”

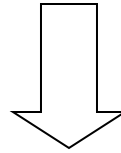


M Hojat et al. Am J Psychiatry 2002; 159: 1563

To avoid Transfert and Controtransfert

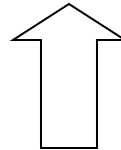


HEALTH PROFESSIONAL



Two different perspectives about

ILLNESS



PATIENT

CLINICAL HISTORY

- **Heuristic approach**
- **Narrative approach**



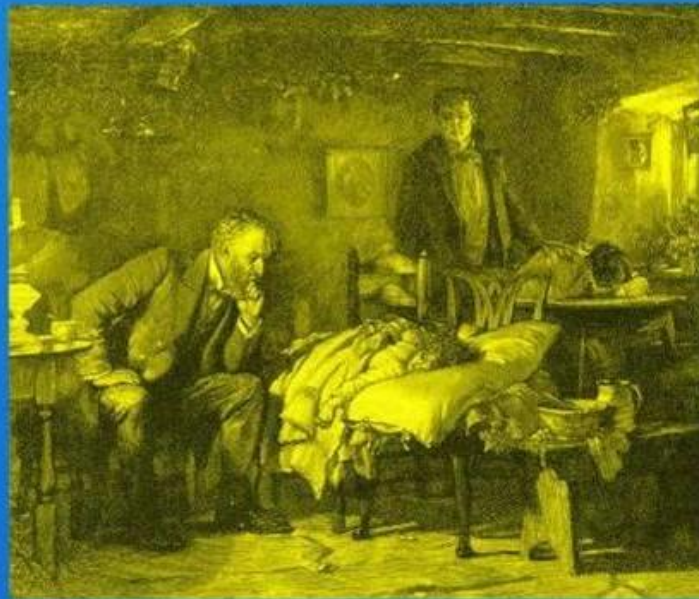
CLINICAL HISTORY

“54% of patient problems and 45% of patient concerns are neither elicited by the physician nor disclosed by the patient”.

MA Stewart, Can Med Assoc J 1995; 152: 1423

Narrative Based Medicine

Dialogue and discourse in clinical practice



Edited by
Trisha Greenhalgh and Brian Hurwitz

BMJ
Books

Responsibility of all health professionals

Sharing
informations



STRATEGIES FOR CREATING EMPATHETIC RELATIONSHIPS

1. Establishing rapport
2. Silencing internal talk
3. Accessing unconscious process
4. Communicating understanding

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THE VALUE OF TIME



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112 GPs, 3511 visits (Madrid)

Average length of the consultation: **7,8** minutes.

THE VALUE OF TIME

617 PATIENTS WITH BREAST CANCER

Median length of the consultation in which patients were

told «You have cancer»: **15** minutes.

“What areas of improvement do you suggest?”

➤ 51%: “Physicians should take more time to explain things.”

G Oskay-Ozcelik. Ann Oncol 2007 ; 18: 479.

THE VALUE OF TIME

Longer consultations→ patients more likely to respond affirmatively to the following questions:

“As a result of the visit of today, do you feel you are...”

- *... able to cope with life?*
- *... able to understand your illness?*
- *... able to cope with your illness?*
- *... confident about your health?*
- *... able to help yourself?*

JGR Howie, Royal College of General Practitioners, London 1997

THE VALUE OF TIME



RELATIONSHIP BETWEEN PEOPLE

«**Non si può** entrare nell'animo di un fratello per comprenderlo, per capirlo, per condividere il suo dolore, se il nostro spirito è **ricco** di una preoccupazione, di un giudizio, di un pensiero... di qualunque cosa. Il '**farsi uno**' esige spiriti poveri, **poveri di spirito**. Solo con essi è possibile l'unità.»

C. Lubich, L'unità e Gesù abbandonato, 1984

CONSEQUENCES OF EMPATHETIC BEHAVIOUR

1. Improvement in diagnosis and treatment personalization
2. Increased treatment efficacy
3. It leads to *therapeutic interactions*

J Halpern, From detached concern to empathy, 2001

THERAPEUTIC ALLIANCE

Involvement of the patient (and, if required, of his/her family) in attaining **shared therapeutical objectives**



THE VALUE OF EXPERIENCE

“Empathy in medicine matters (...)

It was only when I went from doctor to patient that I grasped its true significance.”

“Still, empathy is an integral part of care (...) We clinicians must re-engage with our patients empathically while giving our best care possible(...)”

“Equally important, we must begin teaching our students and trainees medical humanities as early as we can. The humanities should not be optional but rather a standard part of the curriculum. (...)”

“CHANGES IN EMPATHY OF MEDICAL STUDENTS DURING THEIR TRAINING”

- **669 students of a Caribbean Medical School**
- **Empathy assessed by 2 different scales**
- **Both scales indicated a decline of empathy scores over time**
- **This appeared to be due to a change in the affective component of empathy**

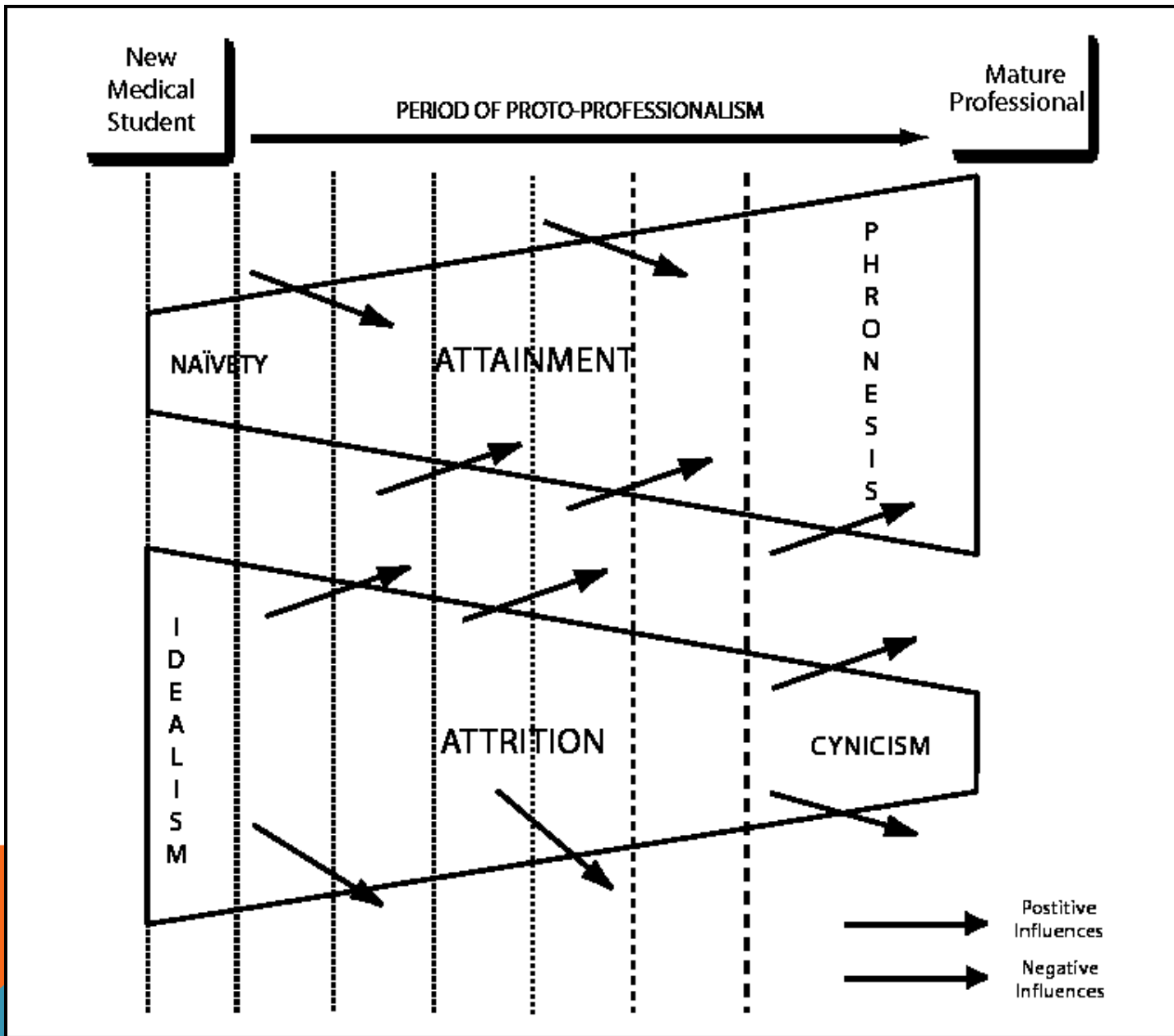
“STUDENTS AND PATIENT CARE”

111 patients admitted in a University hospital in Witten, Germany.

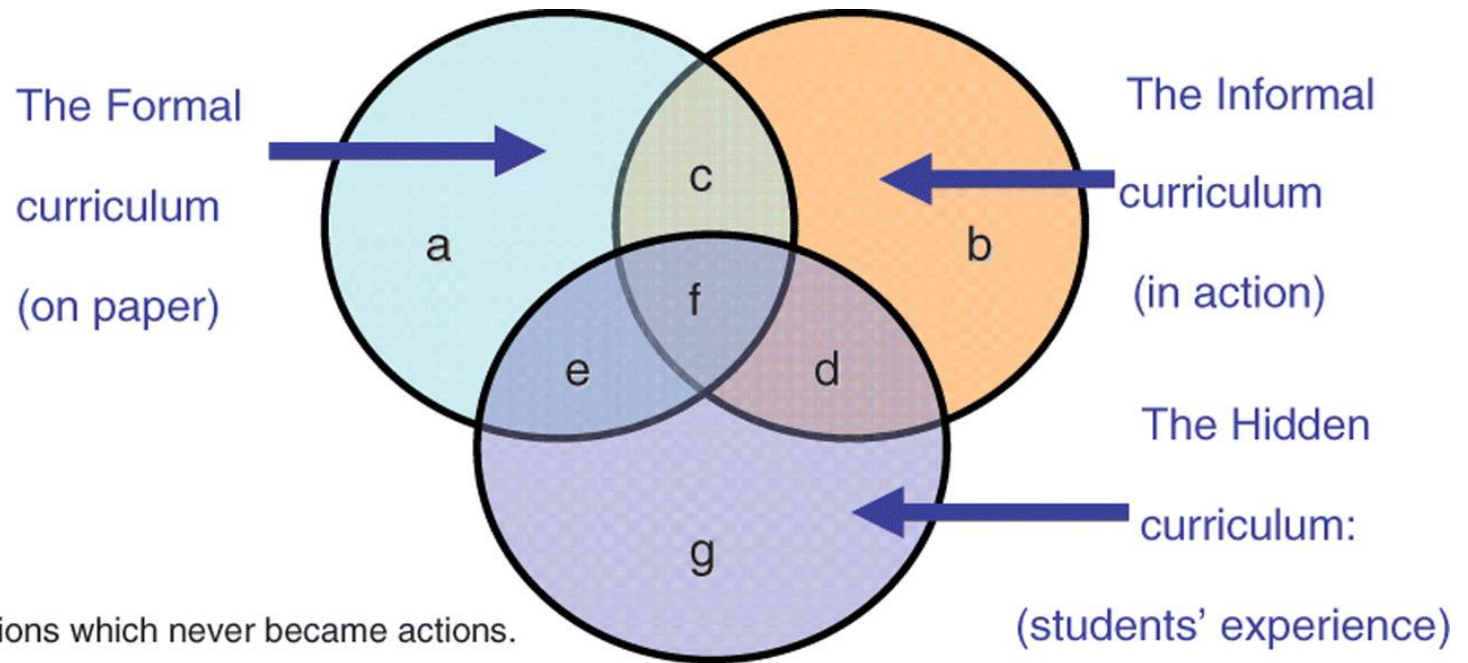
64 respondents to the questionnaire (58%).

Active student participation had a positive impact in patient care according to 79% of patients.

Quality of caring was improved according to patient perception.



“THE INTERRELATIONSHIP BETWEEN FORMAL, INFORMAL AND HIDDEN CURRICULA”



- a. Intentions which never became actions.
- b. Course aspects, which appear in action, but were not intended.
- c. Aspects which were intended, and which appear in action.
- d. Student curriculum experiences, which were not intended.
- e. Informal curriculum learning, unintended.
- f. Intentions, which became actions.
- g. 'Hidden' curriculum.

CORRESPONSABILITY IN BUILDING PROFESSIONALISM



