Empathy: A Vital Sign for the Osteopathic Medical Profession

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The practice of medicine is firmly built on 2 pillars: 1 technical and 1 humanistic. However, students and trainees often focus on acquisition of scientific and medical knowledge and achieving technical competency over humanistic competency. This emphasis is understandable, considering the reality that medical knowledge is expanding exponentially and that medical education stresses documentation of such learning through rigorous testing. Humanistic care is also considered an essential element of professional medical care, yet it is often neglected. In my experience, there is a lack of consensus on how to achieve this goal, and it has long been considered elusive to measure. Despite these limitations, most patients want a physician who is both competent and caring, and we as a profession must strive toward this end.

The goal of reaching both technical and humanistic competency aligns with the tenet of osteopathic medicine that the person is a unit of body, mind, and spirit. Our profession strives to educate our students and cultivate our physicians to be scientifically competent in all aspects of medical care; we espouse, as part of our osteopathic identity, a dedication to holistic care. At its core, holistic care emphasizes humanistic values (ie, patient-oriented care) that I suggest we refer to as a vital sign. In doing so, we imply that medical humanism can be measured and monitored. Furthermore, such measurements can allow critical appraisal, which can theoretically improve the humanistic component of our osteopathic model through research.

One important aspect of humanistic care is empathy, which is widely accepted as an essential element of professionalism in medicine. Empathy is defined as a predominantly cognitive attribute that involves an understanding of a patient’s experiences and concerns as well as a capacity to communicate this understanding back to the patient. Empathy has been correlated with numerous positive aspects of professional care, including lower rates of stress, enhanced sense of professional satisfaction, improved patient outcomes, and better patient satisfaction.

To this end, the current issue of The Journal of the American Osteopathic Association includes 3 articles about empathy and osteopathic medical education, marking a growing academic presence of osteopathic medicine in the field of empathy research. Two are by McTighe and colleagues from the Philadelphia College of Osteopathic Medicine in Pennsylvania in collaboration with investigators from the Thomas Jefferson University Sidney Kimmel Medical College’s Center for Research in Medical Education and Health Care. The third study is by Hendriksz from Touro University College of Osteopathic Medicine-CA in Vallejo.

The first study by McTighe and colleagues queried standardized patients by gathering their appraisal of osteopathic medical students’ empathy and interpersonal skills. Interestingly, the authors found no correlation between standardized patients’ perceptions and students’ perceptions of their own levels of empathy. However, the study did document an iterative growth of empathy and interpersonal skills from first-year students to second- and third-year students. Findings from this limited dataset suggest that osteopathic medicine is achieving its mission in developing patient-centered skills.

The second study by McTighe and colleagues examined whether osteopathic medical students experienced a decline in empathy similar to that found in allopathic medical students. The authors found no correlation between standardized patients’ perceptions and students’ perceptions of their own levels of empathy. However, the study did document an iterative growth of empathy and interpersonal skills from first-year students to second- and third-year students. Findings from this limited dataset suggest that osteopathic medicine is achieving its mission in developing patient-centered skills.

The second study by McTighe and colleagues examined whether osteopathic medical students experienced a decline in empathy similar to that found in allopathic medical students. The authors used a cross-sectional and test-retest study design and the Jefferson Scale of Empathy medical student version, which has been translated into more than 50 languages and has served as the basis for a formidable body of research on the subject in the health care profession.

The study demonstrated that osteopathic medical students, like allopathic medical students, experience a decline in empathy, though the reasons for this decline remain speculative. Previous studies on osteopathic medical students that were similarly limited by small sample size and cross-
sectional design did not find such a decline, and the reasons for these discrepancies are unexplained.

Hendrikss\textsuperscript{5} examined undergraduate students’ attitudes toward patient perspective sessions, in which the students listened to patient narratives. These sessions can influence empathy, and Hendrikss demonstrated a significant impact using a voluntary, anonymous self-reporting method. Perhaps most importantly, the author notes that enjoying these sessions can lead to a decrease in potential burnout in the first 2 years of medical school.

Collectively, these excellent studies\textsuperscript{6-8} and previous work\textsuperscript{2} indicate that empathy in osteopathic medicine is an emerging field. These studies also remind us that we have an opportunity to address—in a scientific and meaningful way—a myriad of questions pertaining to the humanistic dimension of osteopathic care. For example, can osteopathic physicians truly be differentiated in this domain from their allopathic counterparts and, if so, why? Also of great interest is the exploration of whether osteopathic manipulative medicine may contribute to empathy through the power of touch. Although these studies\textsuperscript{6-8} are limited by their experimental design, they clearly represent a significant step for osteopathic medical education into the field of academic research.

The osteopathic medical profession is in an ideal position to take a leadership role in the academic research of empathy. The American Association of Colleges of Osteopathic Medicine has made a commitment to embark on a groundbreaking initiative to track empathy starting at matriculation throughout osteopathic medical school, residency training, and possibly clinical practice (S. Shannon, written communication, August 2016). The formidable team at Thomas Jefferson University will collect and curate these data, and the American Association of Colleges of Osteopathic Medicine will create a large longitudinal biorepository of empathy data. This repository can serve as an instrument for colleges of osteopathic medicine and researchers to address factors that threaten empathy, the effective means of buffering or building empathy, and whether any differences in the development of empathy exist between osteopathic medical education and allopathic medical education.

Now is the clarion moment for osteopathic medicine to measure and nurture empathy in health care as a new vital sign. (doi:10.7556/jaoa.2016.125)

References


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