



Speaker	A/Prof Nahal Mavaddat
Talk title	Is empathy the best medicine?
Venue	The Deck – Grand Bar & Bistro
Time	Tuesday 29 October 2019, 5:30pm

Dr Laila Simpson

Hello, how are you?

I hope you are enjoying this lovely venue and that you have had a chance to get a drink and you guys don't stress, just fill in once you are ready.

Welcome to Raising the Bar. Tonight, we have got twenty-two academics who are speaking in ten bars across Perth.

At UWA we are excited to make education a part of our cities popular culture through transforming our local bars into a place where you can enjoy a drink, whilst also learning about the impact that our research is having in our community.

So, just to start, I would like to acknowledge the Whadjuk Noongar people who, as the traditional owners in the lands and waters that we are meeting on here today and to pay my respects to elders, past, present and emerging.

Just to let you know that if you are sharing Raising the Bar on social media tonight, could please tag @UWAresearch or #rtbperth19 and that is just so we can share in your posts.

Tonight's talks are being recorded and they will also be published as podcasts on our social media channels, so have a lookout, if there were other talks that you wanted to see tonight but you couldn't, you will be able to listen to the podcasts on those ones.

So, with that in mind, if you could please hold your questions until the end and just wait for the mic so that we can actually capture your questions.

It is my pleasure to introduce to you, Nahal Mavaddat. She is an Associate Professor in the Division of General Practice in the School of Medicine and she is a Clinician with a PhD in Neuro-Psychology from the University of Cambridge. Her research is in the broad area of behavioural medicine and she leads UWA's Medical Humanities Network and so now we get to find out, "Is Empathy the Best Medicine?"

[clapping]

A/Prof Nahal Mavaddat

Thank you very much. Can you all hear me?



Have you ever had a consultation with a doctor who seemed a little distant or detached? Well, you are not alone.

How many people in this room have had this experience?

Quite a few of us.

In Western countries including Australia, where we might expect good health care, which ... and we do, Australians report a high satisfaction with their healthcare than most other countries, patients are nevertheless reporting that they are not receiving the kind of empathic and compassionate care that they expect from their doctors and data do confirm this.

The Australian Healthcare Commission reports that up to 80% of lodged medical negligence cases stem from poor communication and a perceived lack of empathy from the doctor.

We are even increasingly coming to recognise a phenomenon called “medical trauma.” It is a type of post-traumatic stress disorder and it occurs when a patient suffers, not from their condition, which itself can be traumatic, but it is trauma related to the actual healthcare encounter.

That may be partly as a result of invasive medical intervention but it is frequently also due to perceptions of not having been listened to, or included in the management plan during the encounter.

Now, in 2018, a study found 70% of doctors waited only eleven seconds on average before they interrupted a patient who was describing their symptoms to them, and analysis was done of a study of surgical consultations and only less than 1% contained expressions of empathy or compassion.

What are the reasons we may be perceiving an increased lack of empathy from doctors?

There are many that we might be able to think of.

The commercialisation of health resulting in a culture of increasingly fast-paced, conveyor belt medicine on the one hand and bureaucracy and targets focused on budgets, middle man and administrative, not always aware of the realities of on the ground patient care and on the other, have all resulted in a decreased understanding of patient needs and a reduced facetime for direct care and empathy is harder for doctors to foster, in such an environment.

Advances in technology, artificial intelligence, robotics, computers and electronic health records, while they were predicted to allow doctors time to practice the human side of medicine, since their introduction, have not only lead to huge information overload for doctors, that is difficult for them to manage but they have created even greater barriers to doctor/patient communication.

So, time spent on the computer, iPads, medical monitors and less time in actual physical contact with the patient. For example, blood pressure monitors and pulse probes on the finger rather than a hand on the pulse and reduced clinical examination in favour of sophisticated imaging.

All of these have contributed to perceptions of a reduced empathy given in healthcare.



There is also increasing medical sub-specialisation. Reliance, purely on the bi-medical model and strict adherence to guidelines to the exclusion sometimes of patient preferences and these have created dissatisfaction from patients who want a more holistic and collaborative approach to their care.

Professor Craig Hassed, who is a well known Melbourne GP and academic at Monash University gives his take of modern medicine:

“Modern medicine has immersed doctors and patients in a system where spending quality time is valued less than the volume of clinical encounters. Patients feel they are treated as a number. It has become a system where the importance of healing, has been eclipsed by complex and oftentimes toxic treatments. The emphasis on pharmaceuticals, surgery and tests has trumped prevention and healthy lifestyle change. Notwithstanding the incredible benefits to our health and the treatment of disease that has come through modern medicine and the adoption of innovations in technology, the rise in chronic illness and unhealthy lifestyles is an indication that the modern health system is unable to address all of a patient's needs.”

Now, in addition to these factors I have just described, impacting on the perceptions of a doctors level of empathy, there are also reports, all around the world, that people have in general, become less empathic and this is evidenced by increasing dominance of behavioural traits of self-absorption, self-interest and narcissism.

A longitudinal study of Michigan University students in the US which was done over a twenty-year period found that empathy, had declined by an incredible 40% in that time and it is not hard to imagine their similar findings in Australia. In fact, there was a Guardian newspaper, entitled “Is Australia losing its Empathy?” and it reported on a survey, which suggested that there is a reduced level of empathy from the majority of Australians with increased intolerance of those with a differing view and decreased levels of trust of one another.

Now, doctors are drawn from this same wider community, so, would we not expect them to reflect in some way, the larger society and be adopting some of the similar values?

What are the causes for a perceived lack of empathy in healthcare in modern society, and what we are increasingly seeing is a gap between what patients expect and the performance of their doctors and health professionals?

So, in a poll of patients, asking what they would like to see from their health professional, 85% said they wanted a doctor to treat them with dignity and respect, 84% to just listen to them and 81% to be easy to talk to and truly caring. In short, most people wanted empathic doctors.

What does this really matter to our health? Does an empathic doctor make any difference to your health? Surely it's only the icing on the cake, it's good to have but it's not really an essential part of healthcare.



Does the style of delivery of the consultation matter, when what we all really need is a competent doctor to treat our medical condition?

In recent years, empathy and its role in the practice of medicine has become a popular topic for research and discourse, however, despite the exponentially growing numbers of publications on the topic, empathy still remains a complex construct to pin down. The word empathy originates from the German “*einführung*” and I don’t know if I am saying that correctly, someone who might be able to help me with that later. That is actually in turn derived from the Greek word *empathia*, “*em*” which was men “*in*” and “*pathos*” which means feeling.

The German word was originally used to describe the emotional experience that is evoked when we look at a work of art and we try to experience what the artist might have been feeling when they painted it.

The journalist Daniel Pink, famously said that “Empathy is about standing in someone else’s shoes. Feeling with his or her heart. Seeing with his or her eyes.”

In Lee Harper’s novel, “*To Kill a Mocking Bird*,” Atticus Finch tells Scout, his daughter, “that you never really understand a person until you consider things from his point of view, until you climb into his skin and walk around in it.”

Empathy then is not sympathy or pity which are simply feeling bad for another.

Empathy is a shared feeling of another person’s pain.

Even though we may be sitting in a warm room, we are not, but empathy is feeling how it might be for a person to be out in the cold without a coat.

So, imagine while I am holding this piece of paper, I tell you that I just cut my finger. Do you notice any change in your body sensation? Can you feel my pain, maybe? Now, imagine if I told you that on my way to this venue, I just witnessed an accident and had to stop to help while running late. Can you feel how I may be feeling in that situation?

In the 1990s, Neuroscientist Giacomo Rizzolatti at the University of Parma in Italy, while working with Bonobo monkeys discovered mirror neurons that are involved in our experiences of empathy. These neurons are primarily in the pre-motor cortex of our brains and they fire up when we perform an action. Now, importantly, they also fire up when we observe another person performing an action. So, they mirror the experience of the other and functional MRI studies show that our neuronal circuits fire when we see someone else in pain and distress. So, this kind of empathy is called emotional empathy. It is what we feel in our bodies, in response to someone else’s emotional pain but sometimes we may not be able to feel this kind of empathy, especially if we haven’t had the same life experiences to draw on as the other person.

However, thankfully, there is another type of empathy and that is known as cognitive empathy, in which we are able to understand another’s emotions intellectually. If I ask you to imagine being a



refugee on a boat or living in a war zone, you may not be able to experience in your body how that might feel but you are able to use your power of reasoning and your intellect to empathise with the extreme challenges. This kind of emotional or cognitive empathy are usually a necessary prerequisite steps for the initiation of a compassionate action, which is used to alleviate someone suffering or need and sometimes we call that behavioural empathy.

Now, someone might have the thoughts and feelings of empathy but they might still decide not to take any action. Equally a compassionate action can be taken without a direct experience of empathy but for a doctor to engage meaningfully with a patient, we would normally expect them to first feel empathy for the patient and then deliver the compassionate treatment. But we know that this level of empathy and compassion does not always occur and we have all had experiences as we have the show of hands where we might have felt that our doctors have not acknowledged or validated our symptoms or experiences and not responded in a compassionate way as we would have wished. But before we actually address whether there is anything we can do about this, we should ask whether there is any evidence that empathy or compassion by a doctor would really make a difference to the health of patients?

There are two doctors, Trzeciak and Mazzealli in the US who are both authors of a book called, "Compassionomics" which you might want to read later and in their literature search, they found over a thousand scientific papers that referenced the relationship between empathy and compassion and health outcomes.

Now, in an age of drug research and other clinical interventions, unfortunately, the scientific evidence for these significant adjuncts to patient recovery has been largely ignored by modern medicine and these papers are there but they are not being referenced and they are not being incorporated into guidelines.

More recently, with the cultural desire for a more patient-centred care, there has been a growing resurgence in the desire to apply a holistic approach to healthcare incorporating our knowledge of empathy and a large body of studies from around the world have now confirmed that expressions of empathy and compassion from a doctor, do improve the outcome of patients treatments.

With an empathic approach, it has been shown that patients accept their medical diagnosis more readily, they have improved mental health and a reduction in levels of their pain. So, for example, a study of Swedish nurses who had non-specific low back pain showed that there was a reduction in their pain that correlated with being part of a group in the study that received empathic and positive validation of their symptoms compared to the group who did not receive this intervention.

Another study found that when an anaesthetist was specifically visiting a patient before an operation and they were given the ... they were told to be empathic and compassionate according to the study, they had a 50% lower need for opiate medication.



Another study actually showed that when there was compassion given to patients in pain, there was a 47% reduction in the activation of centres of the brain which respond to pain. So, actual imaging has confirmed these findings.

Now, we might expect that this kind of approach might improve mental health and levels of pain but many studies have also shown that empathy and compassion by a health professional can have an actual impact on physical health outcomes. So, for example, there has been improvement shown in lung function, even wound healing, physical rehabilitation, the duration of the common cold, which I think a lot of us will be happy to hear, the length of hospital stays and even the risk of dying.

One of the conditions in which a number of studies have confirmed that empathic care can impact the outcomes in the control of diabetes. These studies, and including a recent one which was done by one of my colleagues from Cambridge University, Dr Derami Miller, they have shown that patients with diabetes, who were showed empathic care in the first year of their diagnosis, by the end of ten years had 80% better control of their blood sugar, 45% less serious complications and about that much reduced risk of dying.

These results are actually very profound in comparison to many drugs or drug combinations on the market for optimising blood sugar control, which is what the researchers ... that was a conclusion of their study and in fact, the size of the effects of the interventions involving doctor/patient relationship on health outcomes are no less, for example, the size of aspirin in reducing heart attacks. So, these are very significant findings.

Importantly, empathic and compassionate interventions come without any of the side effects of medications and indeed without any negative effects at all, so, not surprisingly and studies have looked to see if there is any negative effects. There are not. That's not to say we don't need medications but, as an adjunct therapy.

Now, nor do these treatments come at a greater cost to healthcare. There is evidence in fact that they reduce healthcare costs in the long run because empathic doctors order tests more appropriately, they make more appropriate specialist referrals and they also make less medical errors and we can easily see why a doctor who cares about you is less likely to make a medical error.

One study found that treated homeless patients with empathy actually reduced their impromptu visits to the emergency department by one third, so again, reducing the cost to the healthcare system.

In case you were wondering how empathy reduces blood sugar, how it can reduce the length of a cold, the risk of a heart attack or visits to the emergency department, a total of fifty potential mechanisms of action for the effects of empathy and compassion on improving health outcomes have been identified. These include the doctor being able to better gather information leading to better diagnosis, the patients recall the instructions of a compassionate doctor, better-improved compliance with medications, better motivation to self-care and the making of lifestyle changes,



more appropriate management of conditions and importantly, a lowering of patients psychological and physical stress, which we know is a major risk factor for disease.

For showing compassion, including compassionate touch, studies show results in significant physiological changes to the nervous and immune system and lead to changes in the body such as reductions in cortisol levels, changes in interleukin levels, changes in oxytocin levels and these all trigger a healing response in the body.

Unfortunately, medical students and doctors have not really been taught any of this evidence and they do not appreciate the significance of these finds for the health of their patients and on in improving patient treatment outcomes and we know that most students who enter medicine, have been tested and found that they actually have above average empathy but, something happens during the course of their medical training and they learn to maintain a distant objectivity and a clinical professionalism and this empathy as measured by, declines throughout their medical course.

Johanna Shapiro is a medical educator and she says that too frequently, students start to model doctors who feel that they have to be the hero, the one who saves and cures and who has no fear or vulnerability and this keeps medical students and doctors at a distance from their own feelings and feelings of their patients. So, can we reverse this decline in medical student empathy levels and can all doctors learn to be empathic and compassionate? Well, the good news for patients is most likely, yes, because evidence is still coming in.

So, for a long while empathy was thought to be a hard-wired personality trait but neuroscientists have actually confirmed ... neuroscientists have confirmed that nearly all people, 98% of people, have the capacity to display empathy. Though this ability to empathise emotionally is variable and its thought that there might be some genetic component to that, but now, also as a result of this finding, empathy is thought to be more of a mental or a cognitive skill that can be taught and it can be improved with practice, as there have been large numbers of trials that have included medical students, doctors and other health professionals and these suggest that empathy can be taught to health professionals.

Now, we need obviously more work, much more work to know how much empathy can change, for how long, we need to have the therapy or the training. We need more work, but to see which methods are the most fruitful, nevertheless, some empathy training is being introduced for students and this has been done most places in the world through medical and health humanities programs.

At UWA, there is an undergraduate major in health humanities, I am just seeing one of the students, this has been established this year through the School of Allied Health and there is also a Medical Humanities Network which is a network of academics from all disciplines, any discipline, medicine, scientists as well as the arts and this has been set up to actually research, discuss and promote the human side of medicine, including the study of empathy from the perspective of different disciplines.



Medical or health humanities are complementary fields to medical and allied health studies. They have combined the arts, creative writing, philosophy, law, spirituality and other humanities disciplines to help balance the teaching of the scientist with the art of medicine, ultimately help professionals to develop greater empathy.

Mindfulness training is a documented technique from proving doctors emotional empathy through doctors learning how to become aware of their own emotions and then observing it in other patients and there has been a trial of mindfulness that has been done with the medical students at the rural clinical school.

Another technique to develop emotional empathy is object-based learning. So, this involved looking attentively at an object, observing and then reflecting without making any judgement and there is some evidence that this approach can assist with then identifying emotions in people or just help any health professional with an observation of the patient's condition.

At UWA, there is a collaboration that has been set up with the Lawrence Wilson Art Gallery and that has allowed medical and health humanities students to attend the gallery with special sessions to improve the powers of observation.

Cognitive empathy and awakening of curiosity may be developed through stories of patients by using creative art. A painting, a piece of music, a verse of poetry, a chapter of a fictional story to develop powers of deep listening. Medical students listen from a patient's perspective to help them overcome prejudices and learn to hear their stories with trust and acceptance.

Depth of Field is pictorial series of patient images on each of the areas of ageing, stroke and mental health which was put together by UWA, which gives visual narratives of patient stories to help students develop greater understanding and empathy and an emerging method for the teaching of empathy which you might find of interest, is the use of a range of models of immersive experiences, from blindfolds and 3D glasses to reality suits and virtual reality simulators, that mirror, what it may like to be in the skin of patients, especially those with a disability, for example, simulating being blind, hearing voices, brain damage or stroke victim.

So, that was emotional and cognitive empathy and then there was the behavioural, compassion part which is mainly taught through communication skills with the students.

One fact, however, needs to be considered. So, if we are teaching doctors to be very empathic and to experience the patient's emotions, what about the risk of too much emotional empathy, leading to all our doctors and health professionals, burning out and unable to take care of us because of so much empathy that they are experiencing. Does anyone here, know or thinks ... who thinks showing too much empathy might burn out doctors?

Okay, thank you.

Yes and No is the answer.



So, both experiencing an overload of emotional empathy for the problems of patients and avoiding painful emotions may contribute to burnout in doctors. Compassion fatigue is the term that has been coined for when a doctor has become emotionally drained and burnt out by attending repeatedly over a period time to the physical and emotional needs of patients while denying their own. And it is a fact that doctors have very high rates of mental health problems, alcohol abuse and suicide. A survey of 50,000 practising doctors in Australia and medical students by Beyond Blue, found that one quarter had had thoughts of suicide. High numbers also leave the medical profession from a growing culture of patient complaints and litigation, stress and overwork.

Nearly half of the doctor's surveyed say they didn't ... they were not able in their day even to find time to eat or have a drink.

Doctor Zubin Damania, I don't know if any of you have heard of him, if you are doctors, in an article in a widely YouTube video that has garnered much support from doctors worldwide, has recently suggested that the label "burnout" or "compassion fatigue" is not really a suitable one at all because it makes it out to be the problem with the individual doctor. The crisis for doctors in most health care systems, he states, is a matter of human rights of moral injury, the result of being asked to work in an environment that is toxic and untenable.

Some hospitals have instituted programs such as debriefing for staff after a stressful event, but we need more. Doctors need to have manageable workloads, a better work-life balance, daily systems of debriefing in order to have the mental resources to give compassionate care.

Equally, an empathic healthcare system needs to enable a culture, Shapiro and other medical educators have suggested, in which doctors don't feel that they have to be this hero and a system that allows them to have a tolerance for imperfection in themselves, to be comfortable with not knowing all the answers, to be open about their mistakes, able to express their vulnerability and humanness.

Indeed, I believe our modern healthcare system has yet to recognise that the two, doctor and patient welfare are not separable and they are intimately linked and patients too, need to recognise doctor's vulnerabilities, that we are simply human.

On either side of the table in the consulting room or by the side of the hospital bed are two people wanting the humanity to be seen and recognised by the other. To see all humanity is flawed, suffering and struggling, "enjoins humility" says Johanna Shapiro," and the need to treat the other with kindness out of a realisation that the gap that separates self and other, is not as large as we might think."

The wife of a Victorian GP, Lucy Mays wrote an inspirational book, "Beyond the Stethoscope" after concerns about the strain on her husband's health and subsequent burnout. And she says, "We rarely consider the wellbeing and the experience of the person opposite when we need help. I wish to bow before those in this profession who are expected to be both inhuman, godlike, machinelike, arms-length and humane at the same time. The weight is heavy."



So, I think for this shared humanity to be experienced, we need a new contract between doctors and patients. Now, many doctors say, even when they have the best intentions to be empathic, when they are busy or confronted with competing demands, this desire can quickly go out the window and one study actually found 56% of doctors saying they don't have time to be empathic. But, doctors need to recognise that actually, as we said, being empathic and compassionate confers huge benefits to their patients but that it doesn't need to detract from the time of clinical care. A number of studies have shown that just a few words, at the beginning and end of a consultation can make a huge difference to the lowering of a patient's emotional distress. Words such as, "I know this is a tough time for you," "I understand how difficult this must be for you," "I will be with you each step of the way." I think every patient would love to hear these words from their doctors. These take less than forty seconds, the study found, and have been shown to have a long-lasting reduction in patients anxiety. Six months reduction, just to hear your doctor say "I will be with you through this." And, words similar to this have been found to more than double back pain relief and reduce headache, symptoms of irritable bowel syndrome.

And, importantly for doctors, even small acts of words of compassion towards their patients, even to others on a daily basis, rather than simply feeling the overwhelming emotions of empathy reduce the risk of burnout, so we are differentiating here a little bit between empathy and a compassionate action.

So, the difference between just feeling the emotion and taking an action.

In a functional MRI scanning study, they found that our pain circuits light up when we feel empathy for another person's pain as we just talked about before. But, areas of the brain that are associated with positive feeling and reward are stimulated when we perform a compassionate action. Too much feeling the emotion of others and not doing anything about it is emotionally painful [laughing] but compassionate words and actions heal both doctors and patients.

In a new way of relating, doctors recognise the healing power of the doctor-patient relationship and that empathic and compassionate, personalised contact is an important part of patients recovery. Much more powerful than a purely drug-based model. They see the importance of self-compassion in enhancing the delivery of care to patients. They desire to collaborate in the journey with and empower the patients, therefore relieved themselves of the burden of having to fix the patient and solve all their problems.

Patients, on the other hand, accept that doctors are not superhuman, miracle workers with infinite knowledge and unlimited cures at their disposal, but human beings with vulnerabilities and frailties like everyone else. They too, patients too, bring their whole selves to the consultation, their psychological, emotional, social and spiritual self and in this way, encourage the humanity of their doctors. They recognise their own role and responsibilities for their own health rather than being passive recipients of healthcare, thus helping to lower burnout in their doctors.

Lucy Mays book "Beyond the Stethoscope" which you may like to read can be seen in part as a self-help manual for doctors with the chapters of positive stories from doctors who have been able to



create new relationships with their patients and this has provided space for both themselves to heal and their patients to heal.

So, finishing up quite soon, the resulting ... the problems of our health and healthcare system demand empathy and compassion. Practising these can no longer be considered a soft skill by doctors or by the healthcare system, but backed by hard scientific facts from thousands of studies. Empathy and compassion need to be partners with clinical competence and no longer, it would be nice to have. They need to be the driving force behind the change in the culture of healthcare and they are not the reserve of doctors alone.

The philosopher Roman Zanic says, “That as a global society, we are on the cusp of empathy becoming an incredible mechanism for change. The ensuing revolution is not simply of laws or policies but something much more radical, a revolution of human relationships. What’s in it for me?” Zanic says this is a ... the phrase of our society, “what's in it for me”, but he challenges us, he says this should be replaced with, “What if it was me?” “We need empathy,” he says “to erode the toxic, us versus them mentality,” and we urgently need it in the field of healthcare.

We have done well in the technological front and the modern advances in medicine which will no doubt continue on an exponential rate but the revolution that really needs to take place, I believe, in our healthcare is one of our relationships.

If we want healthy and happy patients, we need to break down the toxic barriers within healthcare that stop us from talking. This is not only the barrier between doctors and patients but alternative health practitioners and conventional doctors, doctors and allied health professionals, proponents of natural treatments and those of pharmaceuticals. The answer to the wicked problems of modern medicines is Lucy May and “Beyond the Stethoscope” is to listen! Listen carefully! To all parties, patients, consumers, doctors, managers, politicians and to have the challenging conversations while suspending our prejudices and our self-interests and then being brave and challenging, powerful structures and influences which do not serve the greater good.

Working in partnership and relationship with empathy for all perspectives. We are realising increasingly can lead to unprecedented breakthroughs and we are making some steps forward.

Co-design, a system of designing together based on listening to all parties is gradually making its way into healthcare delivery.

Sustainable models of health, putting prevention and primary care, as central to health include value-based healthcare. A delivery model which aims to achieve health outcomes that matter to patients through healthcare providers and patients making decisions about their healthcare in partnership. Social prescribing an idea from the UK which is now taking root in Australia, is the issuing of a social prescription from doctors to patients to enable them to connect with others through community based social organisations facilitating the healing effects of empathy and inclusion for patients, as well as reducing some of the burdens in doctors to have to fix it all.



Increasingly, we are recognising through numerous studies that one of the biggest social problems of our time, loneliness, kills.

With the fragmentation of the extended family and community, a compassionate healthcare system should recognise this problem as a public health emergency.

Could our health as a community improve if we had a more empathic and connected society? Is empathy the best medicine? Yes, I believe it would.

We need the greater adoption of empathic, compassionate values with the understanding that individuals, institutions and society practising these qualities, can heal both the body and world at large.

We know too well that illness is not only a symptom of a dysfunctioning body but a reflection of social injustices and strains in relationships within a dysfunctional society.

The new movement Community Care asks each of us to see our communities as an extended family in which we treat people in our daily encounters as we would like to be treated, whether this be at work, school, business or leisure. Reaching out to friends, neighbours or strangers with empathy, see if they are okay or lending a helping hand.

The scriptures of the world's religions throughout the ages from thousands of years ago to modern times, now whether Hinduism, Buddhism, Judaism, Christianity, Islam or the Bahai Faith, as well as humanistic morality, have all taught this golden rule for individual and societal wellbeing and we might, if this has been called the fourth type of empathy, moral empathy, which is simply, identifying a person as a human being with the same needs and deserving the same respect as oneself.

And, we now know that we are biologically hardwired for empathy.

Dr Helen Wreaths from Harvard University in her book, "The Empathy Affect" says that we have actually all been fed a very dangerous piece of propaganda, that human beings are essentially selfish, individualistic creatures. Scientific consensus she says has now shifted alongside our selfish inner drive and desire for survival of the fittest, we now recognise a more empathic co-operative self.

Theresa Wiseman who is a Professor of Nursing identifies four attributes of empathy and we can practice this all in our lives. She says, "Try to see the world as another person sees it, remain non-judgemental, try to recognise and understand another person's feelings and then communicate our understanding of that person's feelings to them." So, there are four simple steps.

Perhaps all of us here can become ambassadors for empathy, spreading the word that we want our empathic co-operative self to drive our healthcare and our society.

Thomas Joiner who is a well-known psychologist in the book "Why People Die of Suicide" tells this story of a man's suicide note, and it reads:

"I am going to walk to the bridge, if one person smiles at me on the way, I will not jump."



I will leave you with that.

[clapping]

Dr Laila Simpson

Thank you Nahal, that was a really great talk. We have a little bit of time, about ten minutes for questions, so, does anyone have a question for Nahal. Just wait for the mic to come over so that we can actually capture your questions.

A/Prof Nahal Mavaddat

Questions or comments [laughing] I am very happy to hear comments as well!

Audience

Thank you very much. It was actually a fascinating talk and I really wish there was a second for that last sentence to land. I think this is the sentence that made me, about ten years ago, start volunteering with Lifeline and I am no doctor, I am very far from the profession.

My question is, you spoke about the benefits to the patients, medical and emotional and you spoke about the benefit to the doctors of the compassionate act. Has anyone found out of the benefit, if there are ... but you spoke a lot about the cost to the doctors if they show empathy.

So, is there ... has anyone found if there is a benefit to the doctors when they actually experience empathy. When they just feel that they are together with a patient and that they are there for them. Is there a benefit and emotional benefit for them?

A/Prof Nahal Mavaddat

Yes, definitely.

So, I think one of the issues is that what ends up happening for doctors is that they try to suppress their emotions and they find it difficult to have self-compassion, they find it difficult to identify their own emotions, so that's why training like "mindfulness" has actually found that ... mindfulness and self-compassion training has found that doctors can then start to feel, actually more, what they are suppressing and when they can feel it more than they can actually be able to express more empathy in the form of compassion and action. So, it is a very good question.

Audience

Thank you.

Dr Laila Simpson

Anyone else? Just raise your hand if you have got a question.

Audience



I am not a doctor but I work in an emergency area and some people feel that if they are caught up in their emotions they might not be able to make good decisions. Is there much research about that?

A/Prof Nahal Mavaddat

Yes, so I think ... there is a study that I mentioned that is from Notre Dame University and when in a time of competing demand. So, should I do something which is clinically recognised to be the competent thing to do versus be compassionate? Then almost inevitably doctors will choose the ... to do the competent and the compassion will go out the window. But I think a lot of the studies, as I have mentioned suggest that it only takes a little thing, just one holding of the hand or just saying, "I'm with you."

So, it doesn't have to be doing anything really major, it is just for the patient that there is somebody there with them and in fact, talking about emergency departments, there has been I think there has been a study that that is a very good place to prevent what I spoke about at the beginning about the medical trauma. If patients receive compassionate care at that time when they need it the most, then they are not likely to then go on to having post-traumatic stress disorder.

Audience

A common comment that we hear in the [inaudible 57:33] and I think you mentioned about taking the time to be able to be present with the person and both from a consumer point of view and from a health professional point of view, is there a holy grail of an example, somewhere in a publicly funded health service where that is possible? Where having the time to be present with people where it is possible?

A/Prof Nahal Mavaddat

I think with individual practice, I guess a lot of practices have set amounts of time for consultations but individual doctors can fight for that and say, "look, I really want to spend more time with my patients because I don't feel like I am giving them the best that I can."

So, definitely in private practice, it can be.

This model of value-based healthcare which I mentioned is where doctors don't get paid per patient encounter but by the outcomes and it is a system where ... I mean these are just starting studies around this value-based healthcare but it is really to see, from patient feedback what is the best way for the whole system to work.

So rather than having to see one person and then be referred somewhere else and then somewhere else, it's about how can we give the best care to the patient right at the start, multi-disciplinary, which is the value, value monetary and just the value.

I just need to say those are things that we need the discussions for and we need people to talk.

[laughing]



Audience

I am a doctor who has worked in the public end of the private sector with a large workload as an anaesthetist and I think actually you can give compassion. It just requires your body language, the way you listen to the patient and give them some time, even in a highly fast-paced environment and just a touch.

I think many patients used to tell me that the fact that I would hold their hand as they were going off to sleep made them feel so much more comfortable and they would also mention it to me. So, I think compassion should not be like something that is either or, it should just be part and parcel of our care.

There is a lot of knowledge that doctors are also burning out and having lots of poor outcomes with suicide, depression and addiction behaviours and this impacts on the patients safety and these outcomes are well known now and we are not living our values and that is part and parcel of the system that is putting these pressures on us, so we have to take care of ourselves and our patients but also change the system and the culture.

A/Prof Nahal Mavaddat

You just reminded me to make one point about empathy that is really important that maybe we haven't touched on, is that maybe the best time to learn empathy is during childhood and yes, if we can model it for children, if we can reward them when they are empathic then by the time they get to become doctors, hopefully they will already be quite empathic, so I think, yes as adults, we can try, we can definitely put into action but it's with children that we can really be the most effective.

Dr Laila Simpson

Thank you very much.

I will call this to a close.

We are actually having another talk running at 7:00 pm, so if you just take the time to thank Nahal for coming here and talking to us.

[clapping]

If you are staying on for the next talk, could you please make sure that you get registered at the front again, just so we know who we have got in the room again. There are still some tickets, so if you do have an interest in coming to the next talk, if you could come to the front as well, that would be appreciated and thank you very much for coming tonight.

[clapping]

