



Birmingham, UK

Cite this as: *BMJ* 2022;378:o2288<http://dx.doi.org/10.1136/bmj.o2288>

Published: 22 September 2022

## Finding the equilibrium of empathy

Reshma Shanmugam describes the tightrope doctors walk in offering patients compassion without taking the burden home themselves

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Life as a junior doctor can be overwhelming. Each day brings a wave of fresh information to contend with, from assimilating new medical knowledge to learning the mundanities of the job, such as the endless door codes and how to tackle technology in the hospital. It's easy, amid all this, to forget that your place of work is one where many people are experiencing their worst moments.

For new doctors, who are often in their early 20s, most of their experiences of responding to the feelings and vulnerabilities that illness exposes us to will have been in an artificially simulated scenario during medical school. Universities rightly place emphasis on compassionate communication, and students are repeatedly asked to show how they would deal with "the angry patient" or "the upset patient." They are even given acronyms to remember how to break bad news. Facing these experiences in real life is, however, a completely different scenario.

Empathy can be a difficult emotion to express, especially in a role where you must maintain professionalism and simultaneously hold the position of being responsible for that person's healthcare. Often, the people you are treating have had far more life experience than you, but the weight of the title "doctor" means they still look to you for answers, which can be a heavy burden.

### Working on autopilot

A key skill doctors learn in their foundation years is how to prioritise jobs on a ward round. Initially, most doctors lack the clinical acumen and experience to know what needs doing urgently and what can wait. During such moments, it's easy to become all consumed by the never ending carousel of tasks, and to lose sight of the fact that each of them results in real consequences for someone who is usually only a few feet away from you. The intense hours, lack of breaks, and poor staffing can unfortunately lead to doctors working on autopilot, with the volume of work sometimes so overwhelming that all other interactions seem a hindrance. A relative asking for an update gets pushed to the bottom of the list because writing a discharge letter seems the most important task of the day. It's when priorities become muddled like this that we risk dehumanising the patients in our care.

By the end of my second year working as a junior doctor, I realised that the clinical acumen I had so eagerly sought at the start of my training would eventually be gained with time, and the administrative tasks soon became second nature. In contrast, I saw that it was the ability to empathise and show genuine compassion that doctors risked

losing with time. At the start of our clinical journey, dealing with illness and death may be totally novel, but it becomes almost too familiar as time goes on, and we risk becoming increasingly desensitised.

After just two years of working, I have begun to understand the need to maintain a certain level of distance from patients for my own self-preservation. As humans, we have an emotional budget and exceeding that puts us at risk of becoming mentally overwhelmed. In response, some doctors build an impenetrable wall of emotional detachment.

The best clinicians use their innate empathy to dig deeper for patients, without allowing it to infiltrate their lives. This is easier said than done when working in a system that struggles with poor resourcing and the heavy demands placed on it, and forces doctors to be realistic rather than idealistic with their work priorities.

### A tightrope to navigate

So how do we achieve the equilibrium of empathy? Junior doctors must continually learn to navigate this tightrope of giving too much and too little. We must constantly and actively remind ourselves of the people we are ultimately trying to help and why.

Perhaps a small secret to this is realising that, as doctors, we can sometimes underestimate the validation and comfort that showing compassion can provide. Clinical medicine has limits and boundaries, whereas empathy and kindness do not. Making a conscious effort to pause occasionally so that I can understand how a patient is feeling, and to sit with them in those feelings, has often brought me a renewed sense of satisfaction. In fact, spending a few extra minutes with a lonely patient is sometimes the only thing that has kept me tethered to my decision to choose this vocation. In that sense, empathy has been an invaluable grounding tool in reminding me of the difference I can continue to make as a doctor.

Ultimately, there is a limit to the emotional labour clinicians can extend at work before they over-reach themselves. Yet giving ourselves space to show compassion and to make human connections can help to heal not just our patients, but ourselves too.

Competing interests: none.

Provenance and peer review: not commissioned; not externally peer reviewed.