

International Journal of Health Science

THE IMPACT OF EMPATHY ON MEDICAL PRACTICE

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“To cure occasionally, relieve often, and comfort always.”

Ambroise Paré

Abstract: Introduction: the term empathy is of Greek origin and means “passion for the other, a state of mind that comprises the feelings that another person experiences, namely: suffering, passion, sadness and anger”. Empathy is a feeling of emotional understanding. Studies show that empathic behaviors on the part of doctors are essential in the doctor-patient relationship (MPR), promoting a bond of respect, trust and safety between the patient and the professional, also implying therapeutic success. It is known that PMR has changed over time and currently unsympathetic attitudes are avoided, however, physicians still face limitations in the practice of empathic skills. **Goal:** this review analyzed the impact of empathy on some aspects of medical practice, with the aim of making professionals realize its importance and encourage its application. **Methodology:** narrative review of the literature based on articles published in the last 10 years in Pubmed, Lilacs and Scielo databases. The publications reviewed in the study were chosen from the following descriptors: physicians, empathy, humans, NOT (medical student), NOT (undergraduation), NOT (medical education) and NOT (resident), in all the databases used. 82 articles were selected and the analysis method included the survey of variables that are influenced by the use of empathic skills by the medical professional. **Results:** most studies revealed a positive impact of empathic practice on PMR and patient care. Most physicians believe they have low empathic ability for reasons related to working conditions and specific patient subtypes. The analysis also revealed that surgeons and emergency room physicians are often less empathetic than those working in internal medicine and pediatrics, and that female physicians tend to be more empathetic than physicians. **Conclusion:** empathy is a key element for building the doctor-patient bond,

as well as a fundamental aspect in treatment adherence. However, there is still a great limitation in relation to the use of empathic skills by physicians and, therefore, it is important to raise awareness of its importance in the context of PMR.

Keywords: Empathy. Doctor-patient relationship. Doctor.

INTRODUCTION

The term “empathy” is of Greek origin. When dismembered, the prefix “in” plus the word “phatos” plus “ia” is used, thus forming the word: *emphateia*, from the English, *empathy*, which presents the meaning of “passion for the other, a state of soul that comprises the feelings that another person experiences, namely: suffering, passion, sadness and anger”. The concept of empathy rose in the late 19th and early 20th centuries, when the German philosopher Theodor Lipps related the concept of empathy with the human being’s sentimental experience, and its history has a direct connection with philosophy and sociology, the which is of paramount importance to understand the conscience of the human being. The Dictionary of Psychology by Straton and Hayes defines empathy as a feeling of emotional understanding experienced by an individual towards another, which can be classified in different degrees. The American Psychological Association’s dictionary of psychology describes empathy as the ability to understand an individual from her point of view, about one’s own feelings, perceptions, and thoughts. In addition, Justo, Carvalho and Kristensen (2014) classified empathy within human behaviors in two aspects: when the individual uses their own perception to help the other in their discomfort, and when the individual uses the perception of the other to help in their own suffering itself.¹

From a historical point of view, since the

first health practices, the doctor-patient relationship (MPR) has been built on a hierarchical model.² Based on a general practice, medical practice has historically privileged the approach of signs and symptoms to the detriment of adverse emotional conditions presented by the patient.³ Such conduct has a direct impact on variables such as trust, quality of care, evolution and experience of the disease, as well as patient's interest in treatment. This way, the importance of medical awareness is perceived, showing empathy, that is, the doctor's ability to show the patient sympathy, harmony, affinity and affection through a look, greeting, smile, a way of directing, as well as how to announce the diagnosis, seeking adherence to treatment and a decrease in anguish, fear and anxiety.

Some studies show that behaviors such as: physicians encouraging their patients to express their feelings; demonstration of interest and attention to the patient's speech by the physician, so that the patient perceives it; no abrupt interruption of the patient's speech; verbalization of understanding of the patient's reasons for behaving in an "unhealthy" way; checking the patient's point of view about his complaints and symptoms or about his illness; non-judgmental understanding of the patient's problem; checking and negotiating with the patient about the proposed treatment, when possible; are essential in medical psychology for the behavior of the health professional to create an empathic interaction with the patient.³

The biomedical model supported by technology and with an emphasis on illness produces a reality far from the uniqueness of each patient. This way, valuing and classifying only the disease, the act of care is ignored, which has to do with attention to detail, seeking to perceive in clinical signs the particular of the patient, whether sentimental or experience with the disease.⁴ In addition,

physicians are often characterized as arrogant and unqualified because of the way they conduct the clinical examination. The duration of the consultation, the doctor's attitude and the professional's lack of attention to the individual who sought him or her compromise PMR. It is noticed that aspects related to this relationship vary even depending on the type of health system in which the individual is, public or private, since research confirms that doctors in the public sector are more negative and less empathetic, when related to private.² Furthermore, it is worth emphasizing that variables such as age, ethnicity and social class of the patient directly interfere in the care, since in each of these variables a perspective and expectation of care can be applied.⁴

It is known that evidence-based medicine alone is not enough for the integral care of the human being, because even if it brings an impressive amount of information and scientific methods, communication is essential to encompass the transmission of information, thoughts and feelings, unique to each being. Because of this, explorations from the patient's perspective are necessary throughout the disease process and depending on the health status perceived by the patient, because each individual has their own time to listen, assimilate and process the information received, as well as decide whether to or no involvement of family and friends.⁵

Relating work and health care, we can cite Zarifian (2002, p.10) "all professionally characterized work can be defined in the following terms: conducting a becoming, mobilizing past experience and anticipating the future", that is, a possibility of organizing events, social relationships and forecasting that weather. From there, it starts to count the passage of minutes, days or years.⁶ Thus, correlating care and health work, it is clear that there may be some impatience of care or caregivers, generating a negative interaction

determined by the concrete quality of the service. This occurs because the focus of the work becomes the execution of repetitive procedures, in a determined time, and thus excluding the worker from his photo of the creative process and decisions about care.⁷ This characteristic of exclusion occurs because work is opposed to the way of being cared for, because the profession has started to objectify and subjugate people, in addition to nature as objects of capital and consumption, which must be replaced by a relationship of coexistence. subject-subject with nature and human beings, so that each one had its own essence.⁶

RMP has changed over time, as has empathy. Given the fact that currently medical students begin to have contact with patients during their academic training, this allows them to understand the importance of empathy to create a doctor-patient bond providing greater comfort to the patient. This way, antipathetic attitudes are avoided, such as when the patient loses his personality and becomes “room 11” or “the tuberculosis woman”, which can lead to a reduction in the distance in the PMR.

And also besides generalist PMR, the studies carried out are mostly aimed at an assessment of medical behavior in the perception of the professional, thus making it impossible to understand the patient's perspective and representing one of the biggest obstacles to the elaboration of comparisons of the different sides: physician versus patient. Another barrier is the lack of tools capable of measuring or, at least, being sensitive to empathy. However, such difficulties diminished with the emergence of some scales, such as the *Jefferson Scale of Physician Empathy* (JSPE), the *Interpersonal Reactivity Index* (IRI) and measures of emotional empathy, Mehrabian and Epstein.⁷

The JSPE is a study based on analyzes based on factor saturation, standard errors and the

adjustment of the results obtained for the 3F model, which is based on 20 items, adding that the Portuguese version readjusted it to 19 items, excluding the one that reported “The understanding that doctors have of the feelings of patients and their families is an irrelevant factor for medical or surgical treatment”, constituting a model of Confirmatory Factor Analysis (CFA), which are analyzed on a scale from 1 to 7, with I disagree totally and totally agree, respectively. Emphasizing that the AFC model consists of three steps: “Perspective Taking” (10 items), “Compassion” (7 items), “Ability to put oneself in the patient's shoes” (2 items). Based on these elements, the physician's perception of his empathic behavior in the provision of patient care is evaluated, and the relevance of the quality of RMP.⁸

The development of validated scales and instruments for the assessment of empathy in physicians and the identification in the literature of relevant clinical outcomes associated with empathic attitudes are key elements for the motivation and interest in carrying out this work, whose aim is to discuss the impact of this attribute in medical practice.

JUSTIFICATION

This work is justified by the observation, during the first 7 periods of graduation of the Medicine course, of how flawed is the medical performance with regard to empathy in clinical practice. Its importance is due to the fact that the vast majority of professionals have not studied and/or do not know the meaning and relevance of the word empathy. If doctors do not apply empathy, patients do not adhere to treatment and lose fidelity to it, so it is necessary for professionals to know the term empathy and the value of its applicability. Therefore, based on a literature review, the objective of the article is to highlight to physicians the importance of empathic

attitudes during the consultation and its impact on the patient's prognosis, looking at the particularity of each one. The purpose is to make readers, when examining our work, feel encouraged to be empathetic.

Several studies have revealed that when the patient feels comfortable talking about what they are really feeling, the prognosis and adherence to treatment are greater. The sensitized understanding of the patient's emotional state confers one of the main points of PMR, empathy. Empathic medical conduct enables an approximation of those involved, allowing greater comfort, through the reduction of feelings such as: fear, apprehension and anguish related to possible diagnoses, reported in proven analyses. The patients' perception of empathic behavior takes into account, in addition to the form of reception, the punctuality of doctors and the duration of consultations, which is often neglected in health units used for emergency care. However, there are still efforts to develop health practices in order to qualify their interaction with subjects and groups, considering them in their singularities, to establish "appropriate ways of receiving different ways in which the population seeks help in the health service, respecting the existential moment of each one without giving up necessary limits".⁸

Another point that reaffirms the importance of this study is that the emphasis on humanistic conduct during medical training can be demonstrated from the moment in which several higher education institutions have opted for curricular reforms, many of a profound and renewing nature, motivated by the search for train doctors who, among other characteristics, have continuous contact with their patients, and are able to create a bond with patients, exercising an integral medicine.² From this, it is intended that this research is also a reference for undergraduates

in the health area who want to deepen their knowledge regarding the practice of empathy in RMP.

GOAL

GENERAL ISSUES

To analyze the impact of empathic skills on the doctor-patient relationship, so that medical professionals realize their importance and are encouraged to apply them.

SPECIFIC ITEMS

- Discuss the peculiarities of the doctor-patient relationship, based on the presence or absence of empathic understanding on the part of the health professional, especially the doctor.
- Evaluate, based on a literature review, the contribution of empathic skills to the following outcomes: therapeutic adherence, satisfaction with the consultation, safety and trust in the physician, diagnostic process and treatment success.
- Understand how empathy affects the emotional aspect, prognosis and illness experience of individuals.

RESEARCH METHODOLOGY

A narrative review was chosen based on articles published in the last 10 years, between 2011 and 2021. The research was carried out between February 2019 and June 2021 in the PubMed databases (<https://pubmed.ncbi.nlm.nih.gov/>), Latinoamericana y del Caribe en Ciencias de la Salud (LILACS - <https://lilacs.bvsalud.org/>) and Scientific Electronic Library Online (SciELO - <https://www.scielo.org/>), from the following descriptors: physicians, empathy, humans, NOT (medical student), NOT (undergraduation), NOT (medical education) and NOT (resident). The articles chosen were selected based on inclusion and exclusion criteria. Manuscripts

published in Portuguese and English in the last 10 years were included, and the exclusion criteria included articles that addressed empathy between medical students, medical undergraduates and residents, in addition to those published more than 10 years ago, in languages other than Portuguese/English, letter-type text, articles in which the main theme was not empathy and articles that did not present DOI. The reviewed articles were chosen from reading the titles and abstracts, those that were repeated on the platforms were considered only once.

A total of 1182 articles were identified, 888 from the PubMed platform, 99 from the Scielo platform and 195 from the LILACS platform, and the number of excluded articles was 1100 (Figure 1). A table was created in order to list and compare the variables influenced by the practice of empathy, such as positive and negative consequences on PMR, impact on treatment, doctor's view, among others.

RESULTS AND DISCUSSION

Among the 82 selected manuscripts, most had a positive impact in relation to the variables presented in Graph 1.

Table 1 below was completed from a qualitative comparison of the 82 selected articles, with some articles falling into more than one variable.

Several works appreciated in this study indicated that empathy is multidimensional, consisting of 3 factors: affective, behavioral and cognitive, which refer respectively to: presence of concern for the well-being of the other, explicit transmission of understanding and non-judgmental acceptance, ability to understand the perspective and feelings of the other without prejudice.⁹ The studies also showed that medical empathy is a fundamental point in the patient's quality of life, because when he realizes that his speech, pain and problems have value from signs shown by

the professional that reveal attention, good will, respect and understanding, increase the chances of the patient feeling comfortable and safe to say what he really feels.⁴

However, most physicians believe that they do not show empathic behavior, claim to have low empathic ability and that the work context inserted is directly related to the way they conduct their consultations.⁴ Other limitations promoted by physicians are related to: the short time available for each consultation, restrictions faced and difficulties in dealing with patients with psychiatric comorbidities.¹⁰ The analyzes also revealed that surgeons and emergency room physicians are often less empathetic than those who work in the medical clinic area, and it is clear that this is due to the fact that clinicians have greater contact with their patients, due to the consultations are much larger than consultations with surgeons and the emergency room, and with the frequency of visits to the offices, thus creating a greater bond.¹¹

The publications also revealed that, when comparing doctors between genders, women are considered more empathetic from a professional point of view compared to male doctors. This fact may be directly related to the large number of doctors presenting emotional exhaustion, since the empathic concern with the patient generates psychological exhaustion, as well as there is also interference from the area or specialty exercised. However, the studies affirmed that the time of formation and performance is not related to the empathic ability of each doctor.¹²⁻¹³

In addition to promoting greater patient satisfaction with the professional, empathy consequently leads to good adherence to treatment and a good prognosis.¹⁴ Even so, empathy not only builds a bond with the patient, but also a doctor-family relationship, promoting better data and information

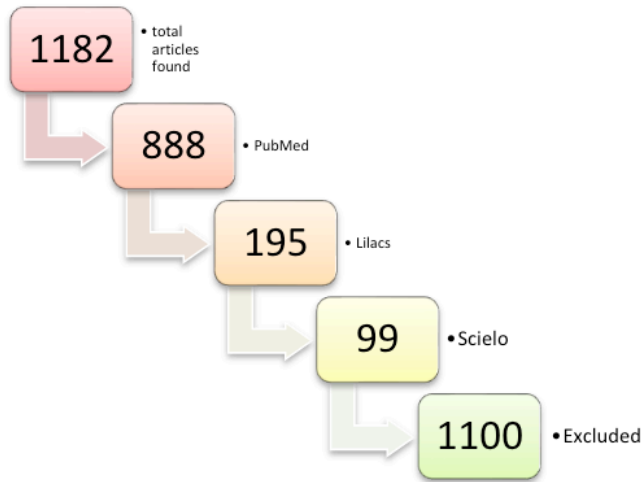
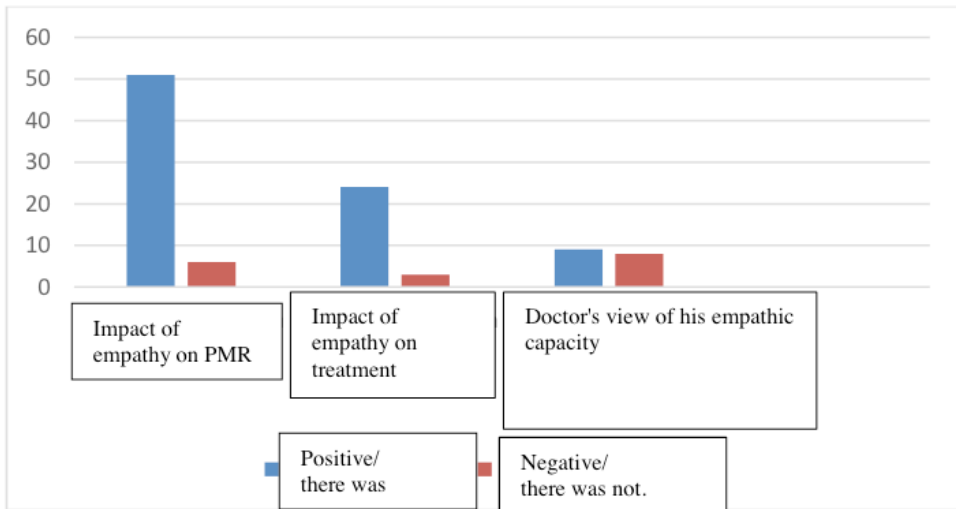


Figure 1 – Number of articles on empathy found in the databases between 2011-2021.



Graph 1 - Quantitative evaluation of studies on empathy according to some variables.

ANALYZED VARIABLE	AUTHORS, YEAR	TITLE	COMMENTS
Positive consequences of empathy in PMR	Gelhaus P., (2011).	The physician's desired moral attitude: (I) empathy	Empathy is essential in building a successful RMP; and promotes a relationship of respect, trust and security, generating greater patient satisfaction with the professional. From the reviewed studies, it is stated that women are considered more empathetic when compared to men, the time of training and performance is not related to the empathic ability of each doctor. However, the labor context (public sector x private sector), the medical specialty in which it operates (clinical x surgical) are factors that correlate with the physician's ability to be empathetic.
	Thomas N. Wise, Paul M. Dellemonache, Maurice M. Bachawati, (2012).	The Psychosomatic Assesment	
	Justich Zabala PR, (2018).	6 minutes	
	Peixoto Monteiro M., Mourão Neves C. A., JR. Serpa Domont O., (2015).	The encounter with the perspective of the other: empathy in the relationship between psychiatrists and people diagnosed with schizophrenia.	
	Barros Souza P, Falcone Oliveira M. E., Pinho Dordron V., (2011).	Assessment of medical empathy in the perception of doctors and patients in public and private health contexts.	
	Yuguro Torres O, Esquerda Aresté M., Marsal Moura JR, Soler-Gonzalez J (2015).	Association between Sick Leave Prescribing Practices and Physician Burnout and Empathy	
	Tessie W, MD, MPH; Zoelle B. Dizon, BA; Robert M. Arnold, MD; Abby R. Rosenberg MD, MS. (2018).	Characteristics of Physician Empathetic Statements During Pediatric Intensive Care Conferences With Family Members A Qualitative Study.	
	Sophie Lelorain, Anne Bredar, Sylvie Dolbeault, Alejandra Cano, Angelique Bonnaud-Antignac, Florence Cousson-Gelie, Serge Sultan. (2015).	How does a physician's accurate understanding of a cancer patient's unmet needs contribute to patient perception of physician empathy?	
	Mohammadreza Hojat, PhD, Daniel Z. Louis, MS, Vittorio Maio, PharmD, and Joseph S. Gonnella, MD. (2015).	Empathy and Health Care Quality.	
	Martina Bientzle Dr. rer. nat., Dipl.-Psych Tim Fissler MSc, Ulrike Cress Prof. Dr. rer. soc., Dipl.-Psych, Joachim Kimmeler Prof. Dr. rer. nat., Dipl.-Psych. (2016).	The impact of physicians' communication styles on evaluation of physicians and information processing: A randomized study with simulated video consultations on contraception with an intrauterine device.	
	Frans Derksena, Jozien Bensingb, Sascha Kuipera, Milou van Meerendonka and Antoine Lagro-Janssen (2014).	Empathy: what does it mean for GPs? A qualitative study.	
	Alison Jane Martingano, BSc (Hons), MA; Daniel Martingano, DO (2017).	Measuring Multidimensional Empathy: Theoretical and Practical Considerations for Osteopathic Medical Researchers	
	Ligaya Butalid, Peter FM. Verhaak, Sandra van Dulmen and Jozien M. Bensing. (2014).	Concerns voiced by patients and GPs' responses during psychosocial visits in primary care: a historical cross-sectional study.	
	Brett Williams and Bronwyn Beovich (2019).	Psychometric properties of the Jefferson Scale of Empathy: a COSMIN systematic review protocol	
	Ezequiel Gleichgerrcht and Jean Decety (2014).	The relationship between different facets of empathy, pain perception and compassion fatigue among physicians.	
	Jean Decety and Aikaterini Fotopoulou. (2015).	Why empathy has a beneficial impact on others in medicine: unifying theories.	
	Larry D Cripe, MD and Richard M Frankel (2017).	Dying From Cancer: Communication, Empathy, and the Clinical Imagination	
	Dorothy E. Stubbe, M.D. (2017).	Optimizing Empathy: Physician Self-Care as a Crucial Component of Trauma-Informed Treatment.	
	Weilenmann S, Schnyder U, Parkinson B, Corda C, von Känel R and Pfaltz MC (2018)	Emotion Transfer, Emotion Regulation, and Empathy-Related Processes in Physician-Patient Interactions and Their Association with Physician Well-Being: A Theoretical Model.	
	Mohamed A. Hamouda, Linda L. Emanuel & Aasim I. Padel (2019).	Empathy and Attending to Patient Religion/Spirituality: Findings from a National Survey of Muslim Physicians.	
C. Daryl Cameron and Michael Inzlicht (2019).	Empathy choice in physicians and non-physicians.		
Alzayer, et al (2019).	Patient-rated physicians' empathy and its determinants in Riyadh, Saudi Arabia.		
Toole, et al (2020).	Does Your Patient Understand Their Treatment Plan? Factors Affecting Patient Understanding of Their Medical Care Treatment Plan in the Inpatient Setting.		
Chengappa N, Rajkumar Honest PC, David K, et al. (2020).	Effect of BATHE interview technique on patient satisfaction in an ambulatory family medicine centre in South India.		

XU, et al (2020).	Effects of Patients' Perceptions of Physician–Patient Relational Empathy on an Inflammation Marker in Patients with Crohn's Disease: The Intermediary Roles of Anxiety, Self-Efficacy, and Sleep Quality.
Mark Hendrik Franciscus Keulen, MD, Teun Teunis, MD, PhD, Joost Teunis Pieter Kortlever, MD, Gregg Alan Vagner, MD, David Ring, MD, PhD, and Lee Matthew Reichel, MD. (2019).	Measurement of Perceived Physician Empathy in Orthopedic Patients
William P. Cheshire, Kevin M. Barrett, Benjamin H. Eidelman, Elizabeth A. Mauricio, Josephine F. Huang, William D. Freeman, Maisha T. Robinso, Gary R. Salomon, Colleen T. Ball, Dale M. Gamble, Vickie S. Melton and James F. Meschia (2020).	Patient perception of physician empathy in stroke telemedicine
Khairat Al-Habbala, and Thalia Arawi (2020).	Physicians' empathy levels in a primary care setting: perceptions of patients and their physicians, a qualitative study.
Dobransky et al (2020).	Relationship Between Orthopedic Surgeon's Empathy and Inpatient Hospital Experience Scores in a Tertiary Care Academic Institution.
Reginald F. Baugh (2020).	The Evolution of Social Beliefs 1960–2016 in the United States and Its Influence on Empathy and Prosocial Expression in Medicine
Andrea Too, Catherine Gatien, Stéphanie Cormier (2020).	Treatment satisfaction mediates the association between perceived physician empathy and psychological distress in a community sample of individuals with chronic pain
Xinyi Lu, Runtong Zhang (2020).	Impact of patient information behaviours in online health communities on patient compliance and the mediating role of patients' perceived empathy.
José Augusto Simões, Filipe Prazeres, Tiago Maricoto, Pedro Augusto Simões, Joana Lourenço, João Pedro Romano and Luiz Miguel Santiago	Physician empathy and patient enablement: survey in the Portuguese primary health care.
Stewart W Mercer, Bhautesh D Jani, Margaret Maxwell, Samuel YS Wong, Graham CM Watt (2012).	Patient empowerment requires physician empathy: a cross-sectional study of general consultation practice in areas of high and low socioeconomic deprivation in Scotland.
Joost T.P. Kortlever, Janna S.E. Ottenhoff, Gregg A. Vagner, David Ring, Lee M. Reichel. (2019)	The duration of the visit does not correlate with the physician's perceived empathy.
Antonio T. Fernando III, Nathan S. Consedin. (2017)	Barriers to medical compassion as a function of experience and expertise: psychiatry, pediatrics, internal medicine, surgery, and general practice.
Maria Teresa Munoz Sastre, Paul Clay Sorum, Etienne Mullet. (2011)	Breaking bad news: the patient's point of view.
Anne M. Dohrenwend. (2018)	Defining empathy to better teach, measure and understand its impact.
Frans Derksen, Jozien Bensing, Antoine Lagro-Janssen. (2013)	Effectiveness of empathy in general practice: a systematic review.
Mariano E. Menendez, Neal C. Chen, Chaitanya S. Mudgal, Jesse B. Jupiter, David Ring. (2015)	Physician empathy as a motivator of patient satisfaction in hand surgery.
Kathryn I. Pollak, Stewart C. Alexander, James A. Tulsy, Pauline Lyna, Cynthia J. Coffman, Rowena J. Dolor, MHS, Pål Gulbrandsen, and Truls Østbye. (2011)	Physician empathy and listening: associations with patient satisfaction and autonomy.
F A W M Derksen, Tim Olde Hartman, Jozien Bensing, Antoine Lagro-Janssen. (2017)	Empathy in General Practice - The Gap Between Wishes and Reality: Comparing the Views of Patients and Doctors.
Jean Decety. (2020)	Empathy in medicine: what it is and how much we really need it.
Michele Arigliani, Luigi Castriotta, Anna Pusiol, Annachiara Titolo, Enrico Petoello, Alberto Brun Peressut, Elisabetta Miorin, Iana Elkina, Federico Marzona, Davide Cucchiaro, Elisa Spanghero, Matteo Pavan, Raffaele Arigliani, Stewart W. Mercer, Paola Cogo. (2018)	Measuring empathy in pediatrics: validation of the Visual CARE measure.

	Hui-Ching Weng, James F. Steed, Shang-Won Yu, Yi-Ten Liu, Chia-Chang Hsu, Tsan-Jung Yu, Wency Chen. (2011)	The effect of surgeon empathy and emotional intelligence on patient satisfaction.	
	Melanie Neumann, Jozién Bensing, Markus Wirtz, Ansgar Wubker, Christian Scheffer, Diethard Tauschel, Friedrich Edelhofer, Nicole Ernstmann, Holger Pfaff. (2010)	The impact of financial incentives on physician empathy: a study from the perspective of patients with private and legal health plans.	
	Adrienne Boissy, Amy K. Windover, Dan Bokar, Matthew Karafa, Katie Neuendorf, Richard M. Frankel, James Merlino, Michael B. Rothberg. (2016)	Communication skills training for physicians improves patient satisfaction	
	Jenny Park, Somnath Saha, Dingfen Han, Monique Jindal, P. Todd Korthuis, Richard Moore, Mary Catherine Beach. (2020)	Physicians report empathic concern and perspective-taking characteristics associated with their response to the patient's emotions: Communication Studies	
	Carter Hardy. (2019)	Clinical sympathy: the important role of affectivity in clinical practice.	
	K. Crosta Ahlforna, E. Bojner Horwitz, W. Osika. (2017)	A Swedish version of the Relational Consultation and Empathy (CARE) measure.	
Negative consequences of empathy in PMR	Gelhaus P., 2011	The physician's desired moral attitude: (I) empathy	Patients who are faced with an empathic exaggeration of the doctor when giving bad news, may feel insecure about their evolution and prognosis, as well as generate discomfort and distrust towards the professional. And so, they come to believe that there is no solution for their treatment, which can often motivate the person, not to adhere to therapy and even looking for another professional.
	Gleichgerrcht E, Decety J (2013).	Empathy in Clinical Practice: How Individual Dispositions, Gender, and Experience Moderate Empathic Concern, Burnout, and Emotional Distress in Physicians.	
	Sophie Lelorain, Alexis Cortot, Véronique Christophe, Claire Pinçon and Yori Gidron. (2018).	Physician Empathy Interacts with Breaking Bad News in Predicting Lung Cancer and Pleural Mesothelioma Patient Survival: Timing May Be Crucial.	
	C. Daryl Cameron and Michael Inzlicht (2019).	Empathy choice in physicians and non-physicians.	
	Chengappa N, Rajkumar Honest PC, David K, et al. (2020).	Effect of BATHE interview technique on patient satisfaction in an ambulatory family medicine centre in South India.	
	Jean Hannan, Gabriel Sanchez, Erica D. Musser, Melissa Ward-Petersen, Elizabeth Azuttilo, Deana Goldin, Edgar Garcia Lara, Aniuska M. Luna, Igor Galynker, Adriana Foster. (2019)	Role of empathy in the perception of medical errors in patient encounters: a preliminary study.	
Impact of empathy on treatment	Thomas N. Wise, Paul M. Dellemonache, Maurice M. Bachawati, (2012).	The Psychosomatic Assessment	Medical empathy is a fundamental point for creating and strengthening the bond in the doctor-patient relationship, which favors data collection and generates a direct impact on the acceptance of the patient with his disease, as well as adherence to treatment, thus promoting improvement in the patient's quality of life and maximizing therapeutic success.
	Barros Souza P, Falcone Oliveira M. E., Pinho Dordron V., (2011).	Assessment of medical empathy in the perception of doctors and patients in public and private health contexts.	
	Tessie W, MD, MPH; Zoelle B. Dizon, BA; Robert M. Arnold, MD; Abby R. Rosenberg MD, MS. (2018).	Characteristics of Physician Empathetic Statements During Pediatric Intensive Care Conferences with Family Members A Qualitative Study.	
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	Alison Jane Martingano, BSc (Hons), MA; Daniel Martingano, DO (2017).	Measuring Multidimensional Empathy: Theoretical and Practical Considerations for Osteopathic Medical Researchers	
	Attar HS, Chandramani S. (2012).	Impact of physician empathy on migraine disability and migraineur compliance.	
	Ezequiel Gleichgerrcht and Jean Decety (2014).	The relationship between different facets of empathy, pain perception and compassion fatigue among physicians.	
	Anette F. Pedersen, Anders H. Carlsen and Peter Vedsted. (2014).	Association of GPs' risk attitudes, level of empathy, and burnout status with PSA testing in primary care.	
	Jean Decety and Aikaterini Fotopoulou. (2015).	Why empathy has a beneficial impact on others in medicine: unifying theories.	

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	Reginald F. Baugh (2020).	The Evolution of Social Beliefs 1960–2016 in the United States and Its Influence on Empathy and Prosocial Expression in Medicine.	
	Thomas J. M. Kootstra, Suzanne C. Wilkens, Mariano E. Menendez, David Ring. (2018)	Is physician empathy associated with differences in pain and functional limitations after a hand surgeon visit?	
	Stefano Del Canale, Daniel Z. Louis, Vittorio Maio, Xiaohong Wang, Giuseppina Rossi, Mohammadreza Hojat, Joseph S. Gonnella. (2012)	The relationship between medical empathy and disease complications: an empirical study of primary care physicians and their diabetic patients in Parma, Italy.	
	Inge van Dijk, Nick Scholten Meilink Lenferink, Peter L B J Lucassen, Stewart W Mercer, Chris van Weel, Tim C olde Hartman, Anne E M Speckens. (2016)	Reliability and validity of the Dutch version of the Relational Consultation and Empathy Measure in primary care.	
	Elizabeth A. Sternke, Kathleen Abrahamson, Matthew J. Bair. (2016)	Comorbid chronic pain and depression patient perspectives on empathy.	
	Sarah Walsh, Aoife O'Neill, Ailish Hannigan, Dominic Harmon. (2019)	Physician empathy assessed by the patient and patient satisfaction during consultations at the pain clinic.	
	Luz Canovas, Antonio-José Carrascosa, Modesto Garcia, Mariano Fernandez, Almudena Calvo, Vicente Monsalve, José-Francisco Soriano. (2017)	Impact of empathy on the doctor-patient relationship on chronic pain relief and quality of life: a prospective study in Spanish pain clinics.	
	João Braga-Simoesa, Patricio Soares Costa, John Yaphea. (2017)	Placebo prescription and physician empathy: a cross-sectional study.	
	Robert D. Truog. (2018)	Yes, families do respond to more empathetic doctors.	
	Alexander Chaitoff, Michael B. Rothberg, Amy K. Windover, Leonard Calabrese, Anita D. Misra-Hebert, Kathryn A. Martinez. (2018)	Physician empathy is not associated with laboratory outcomes in diabetes: a cross-sectional study.	
Positive view of the physician in relation to their ability to be or not empathetic	Sophie Lelorain, Stéphane Cattan, Florian Lordick, Anja Mehnert, Christophe Mariette, Véronique Christophe, Alexis Cortot. (2018)	In what context is physician empathy associated with cancer patient's quality of life?	Physicians who use the empathic approach in their practices, whether through verbal or non-verbal means, have better bonds in RMP, better adherence to treatment by their patients. Professionals claim that adherence to empathy in communication is associated with patient satisfaction, better health outcomes, and also reduced medical burnout.
	Barros Souza P, Falcone Oliveira M. E., Pinho Dordron V., 2011	Assessment of medical empathy in the perception of doctors and patients in public and private health contexts.	
	Khairat Al-Habbala, and Thalia Arawi (2020).	Physicians' empathy levels in a primary care setting: perceptions of patients and their physicians, a qualitative study.	
	Vasiliki Katsari, Athina Tyritidou, and Philippe-Richard Domeyer. (2020)	Physicians' Self-Assessed Empathy and Patients' Perceptions of Physicians' Empathy: Validation of the Jefferson Greek Scale of Patient Perceptions of Physician Empathy.	
	Sandra Dehning, Eva Rei, Daniela Krause, Sarah Gasperi, Sebastian Meyer, Sascha Dargel, Norbert Muller, Matthias Siebeck. (2014)	Empathy in high-tech medicine and touch.	
	Anette Fischer Pedersen, Mads Lind Ingeman, Peter Vedsted. (2017)	Empathy, burnout and the use of intuition: a cross-sectional survey of Danish general practitioners.	
	O Yuguero, JR Marsal, M Esquerda, L Galvan, J Soler-González. (2019)	Cross-sectional study of the association between: empathy and burnout and quality of medication prescription in primary care.	

	Léonore Robieux, Lucille Karsenti, Marc Pocard, Cécile Flahault. (2017)	Let's talk about empathy.	
	Monica Oliveira Bernardo, Dario Cecilio-Fernandes, Patrício Costa, Thelma A. Quince, Manuel João Costa, Marco Antonio Carvalho-Filho. (2018)	Physicians' self-rated empathy levels do not correlate with patient ratings.	
The doctor's negative view of his ability to be empathetic or not.	E. wa W. Alocha, I. wona M. T. omaszewka, E. wa M. Izia, 2013	Empathy Level Differences Between Polish Surgeons and Physicians.	Studies reveal that physicians claim that the requirement to be empathetic generates overload and emotional exhaustion, and that when they are emotionally exhausted, they have even more difficulty being empathetic, thus entering a vicious cycle of demands, exhaustion and less empathic attitudes. Therefore, most doctors who have Burnout Syndrome are significantly less empathetic than doctors who do not have the syndrome.
	Barros Souza P., Falcone Oliveira M. E., Pinho Dordron V., 2011	Assessment of medical empathy in the perception of doctors and patients in public and private health contexts.	
	Gleichgerrcht E, Decety J (2013).	Empathy in Clinical Practice: How Individual Dispositions, Gender, and Experience Moderate Empathic Concern, Burnout, and Emotional Distress in Physicians.	
	Frans AWM Derksen, Tim C olde Hartman, Jozien M Bensing and Antoine LM Lagro-Janssen (2016).	Managing barriers to empathy in the clinical encounter: a qualitative interview study with GPs	
	Kraft-Todd GT, Reiner DA, Kelley JM, Heberlein AS, Baer L, Riess H (2017).	Empathic nonverbal behavior increases ratings of both warmth and competence in a medical context.	
	Ezequiel Gleichgerrcht and Jean Decety (2014).	The relationship between different facets of empathy, pain perception and compassion fatigue among physicians.	
	Penšek L, Selič P. (2018).	Empathy and burnout in Slovenian family medicine doctors: the first presentation of Jefferson Scale of Empathy results.	
	Oriol Yuguero, Carles Forné, Montserrat Esquerda, Josep Pifarré, María José Abadías, Joan Viñas. (2017)	Empathy and burnout of emergency professionals in a health region: a cross-sectional study.	
	Sandra Dehning, Eva Rei, Daniela Krause, Sarah Gasperi, Sebastian Meyer, Sascha Dargel, Norbert Muller, Matthias Siebeck. (2014)	Empathy in high-tech medicine and touch.	
	Martin Lamothe, Emilie Boujut, Franck Zenasni, Serge Sultan. (2014)	To be or not to be empathetic: the combined role of empathic concern and perspective taking in understanding burnout in general practice.	

Table 1 – Variables studied from the selected articles.

collection, increasing the support network and thus impacting on greater treatment adherence and patient quality of life. Especially in more delicate diagnoses, such as cancer diagnosis, when decisions are made and shared with the support network, these are better processed, as the patient feels safer.¹⁵ The use of empathic communication skills is associated with greater patient satisfaction, better health outcomes, as well as reduced medical burnout.¹⁶ It is worth noting that the positive impact of empathy ranges from routine consultations to more delicate issues such as managing cancer patients.¹⁷

However, some studies reveal that, within the empathic practice, the doctor needs to understand and respect the patient's space, since too much emotional involvement in most cases goes against good prognoses. It is necessary for the doctor to understand and know that empathy is a set of verbal, visual and sentimental understandings of the other in a balanced way, without losing his own self. In other words, the empathetic doctor must put himself in the patient's place in the face of the situation faced, but he must not enter the same emotional state as the patient, but have his own vision, since the professional also has his own experiences.¹⁸

Furthermore, when the patient perceives an empathic exaggeration on the part of the doctor when giving bad news, a situation of insecurity may be experienced by the patient, believing that his illness may not have a solution.¹⁹

CONCLUSION

Based on the entire sample of our studies, the data collected and the results obtained, it is worth mentioning that there is still a great limitation of the empathic ability on the part of physicians and, therefore, it is important to raise awareness of the need for empathy in PMR.

The present study reveals that despite being a topic much talked about by society and understood as an essential element for all relationships, physicians still face limitations to promote an empathic practice in PMR. Still, it is stated that there is a dearth of appreciation of empathy on the part of physicians, which is often seen as negligence by patients. Therefore, it is understood that there is a great need for development in the teaching of medical psychology, in order to ensure that health professionals are aware of the importance of empathy in RMP.

It is concluded that empathy is the primary element for building the doctor-patient bond, as well as a fundamental aspect in treatment adherence and is directly related to better results, directly impacting an improvement in the patient's quality of life, as well as in their satisfaction with the performance of the professional. Certainly, empathy is relevant for building an efficient relationship, which favors the professional and the patient, from the diagnostic process to the therapeutic success, allowing less emotional exhaustion of the doctor and the patient, since a relationship of respect, trust and security is established. For this reason, it is of paramount importance that physicians seek to understand and learn to develop empathy in medical practice.

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