Goal of 'Empathy for Health'

The goal is to show the true relevance of empathy on many domains of healthcare, including psychotherapy, family practice and occupational health, and to provide guidance towards heightening and better integration of empathy for health.

Together with placebo, empathy has been denoted as core non-specific factor of psychotherapy and the healing relationship in general. As such, it is immensely powerful while at the same time being a rather vague concept. Therefore we define beforehand a small number of core concepts such as empathy, sympathy, altruism, compassion, placebo, mind-body unity... based on literature. We make a little glossary of these concepts and terms available to all authors and readers. Contributors are free to use their own concepts on condition that they clearly define them in relation to the glossary.
The main emphasis is on practical insights with minimal vagueness, bringing together the relevant past and probable future within the present. Theory is fine if it has direct practical implications while striving not to be paternalistic in any way. We want participants and readers to feel mentally completely at home and to just want to 'do it'. While this is not a course in empathy, it is a keen invitation in every respect. We bear in mind the eventual patients and put ourselves in the place of their caregivers, trying to figure out what empathy means for the relationship and how we can still heighten it through every encounter and every article we read. It is within this combination of actual practice and reflection that caregivers grow.

> "The more the therapist is perceived by the client as being genuine, as having empathic understanding and an unconditional regard for him, the greater will be the degree of constructive personality change in the client."
>
> C. Rogers [in Hart, J.T. and Tomlinson, T.M. (eds.)(1970). New Directions in Client-Centered Therapy. Boston: Houghton Mifflin, p.194]

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Relevance for policies

These are on several domains, including:

- Non-specific factors of psychotherapy – being to most researchers the only factors that work – include empathy. For a possible reimbursement of psychotherapy, we need to maximize its efficacy.
- The efficacy of CAM is based upon placebo and empathy. However, CAM is also problematic to many, as indicated in previous KCE studies. Heightening empathy in regular medicine, even within given time limits, is bound to alleviate the 'CAM problem'.
- We need a timely re-evaluation of entrance exams for medicine in which empathy tests play a substantial role. Is this on the right track?
- For reimbursement issues, we need to know how important empathy can be in heightening the influence of medical encounters on health and quality of life. How much time (if any) is necessary to show more empathy? Are financial incentives important or is an enhanced physician-patient contact itself the best incentive?
- What concrete communications may be important to reach and motivate caregivers?
- How can we put an interest in empathy into a general guideline about empathy?

> "When I see a gesture, there exists within me a tendency to experience in myself the affect that naturally arises from that gesture. And when there is no obstacle, the tendency is realized"
>
> Th.Lipps, describing the process of Einfühlung [Theodor Lipps 1907, quoted in "Theodor Lipps and the shift from 'sympathy' to 'empathy'." G.Jahoda, Journal of the History of the Behavioral Sciences, 2005:41, p.155-159]

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What is needed?

We need a proper conceptualization of empathy and related concepts in order to clearly communicate to decision makers and the general public what it is about and why it is important.

We need a clearinghouse of information from peer-reviewed literature and personal communications with researchers on the field, including projects about trying to enhance levels of empathy with successes as well as failures.

We need recommendations based on science as well as being practically feasible. Empathy needs a dose of spontaneity, therefore cannot be brought as a set of rules. This of course doesn't mean it is less important but that it needs to be brought and developed with extreme care and insight. This is not straightforward at all. An additional difficulty is that 'thinking to know it all' may be a sign of the opposite.

Most important is therefore that we need clear messages based on facts, including about the borders of our knowledge. Such open communication is a sign and example of empathy by itself. In any case, teaching by example is a necessary element for any 'course in empathy' to have a chance of success. What we do not need are vague utterances and well-meant admonitions with no guidance to put them into practice.

We need to see this as internationally as possible, as well in the source material that we use as in the implications that we arrive at. International knowledge transfer of our experiences is of utmost importance.

> "61% of residents in American residency training programs believed that they had become more cynical during their medical education."
>
> Collier V.U. e al [Collier, V.U., MaCue, J.D., Markus, A., Smith, L. Stress in medical residency: status quo after a decade or reform? Annals of Internal Medicine 2002, 136, 384-390.]

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Intended deliverables

- Two-yearly 'Empathy for Health' Congress
- Journal Special Issue with entries from the congress
- TV Documentary
- Hands-on DVD divulged to all physicians
- Website 'Empathy for Health' with webinars, forum...

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