Surgical perspective

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Clinical Empathy for the Surgical Patient: Lessons From W.H. Auden's Prose and Poetry

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Clinical empathy is a professional skill, representing a conscious commitment to showing patients that they are heard, understood, and accepted. Here, we explore ways in which masters of language, such as the mid-20th century poet W. H. Auden, use prose and poetry to teach us the patient's expectations of a truly empathic physician and surgeon.

Keywords: empathy, humanities, poetry, professionalism, surgery, W.H. Auden

What is at stake when we speak of clinical empathy? In conversation, "empathy" is often invoked by its absence: the unwillingness or inability to connect with a patient, and how its dearth contributes to suboptimal interactions and outcomes for patients and caregivers.[1–4] Famously, it has been observed that physicians may interrupt their patients as early as 18 seconds after the start of an interview, with significant and clinically relevant information remaining unsolicited.[1,5] These considerations underscore the need for a more functional definition of clinical empathy[6,7] that fosters better access to the patient's perspective, to more effectively promote patients' physical and emotional wellbeing.[8,9]

Physicians have argued that empathy as a professional skill differs from the common understanding of the concept in 2 ways. The first is what Jodi Halpern[9] describes as "emotional resonance" with a patient's symptoms and suffering; the second is the action of "checking back" with the patient to confirm or correct this shared understanding.[10,11] As such, clinical empathy is a conscious commitment to *showing* patients that they are heard, understood, and accepted. An empathic demonstration represents a mindset that is adaptable to circumstances, rather than a rote formula that physicians memorize and deploy identically for each patient. But in our eagerness to show patients how well they are understood caregivers may unintentionally prioritize their narratives of a patient's experience over the patient's own. Clinical empathy asks the physician to surrender agency, allowing space for patients to co-author the narrative of the illness together with their physicians. The stakes for clinical empathy and a co-authored narrative of illness are high. Illness and suffering can transform an individual's identity, eroding a sense of self and relationships to others. Failing to understand and acknowledge the patient's experience of illness can undermine a patient's hope and resilience, worsening the transformative effect of suffering. A practice of clinical empathy, based on an understanding that physicians can best contribute to their patients' healing through such co-authorship can help patients through their current experience of illness and prepare them to acknowledge a new identity their illness may have forged. Although illness and injury may catalyze positive self-transformations, our focus here is on how clinical empathy can best mitigate the negative impact of suffering on a patient's identity.

A guide for navigating co-authorship and clinical empathy comes from an unexpected source—20th century poet W.H. Auden. Poetry can provide words and imagery to support a patient's and physician's appreciation for the transformational power of illness and injury, and it can facilitate critical thinking on these subjects outside of perfunctory audits of case series or controlled study outcomes. Auden's "Letter to a Wound,"[8] a prose satire in which the narrator embraces his persistent unwellness, and "The Art of Healing,"[12,13] a verse elegy honoring Auden's longtime physician, Dr. David Protetch, exemplify the importance of co-authoring the illness narrative. By reading "Letter to a Wound" and "The Art of Healing" with attention to the patient perspectives they portray, we can develop a more nuanced understanding of clinical empathy, one that is particularly pertinent in the crisis of the modern medical moment, COVID-19.

"Letter to a Wound," a dedication to an undisclosed injury the narrator personifies as his lover, illustrates how illness and injury can radically transform a patient's self-conception. The narrator documents his perspective as a patient whose previous "healthy" identity unravels in the face of his suffering and his surgeon's apathy. Everything about his examination contributes to the narrator's recollection of a cold encounter: the inordinate delay in the waiting room, the white enameled bowl holding instruments and soiled cotton swabs, the examination on a hard leather couch under a harsh light, and the pronouncement that trailed off. *"I'm afraid," he said*…. The narrator emerges from the office overwhelmed, blaming himself for the intense physical pain and emotional isolation. *I've failed*. Confronted with the specter of permanent suffering, the patient retreats inward, unable to conceive of a life without pain. *I wish I were dead*. The surgeon, his only source of hope, excused himself from the narrator's experience of suffering. In contemporary terms, the surgeon failed to co-author the narrative of illness with the patient and the narrator is dominated and defeated by the narrative of this experience.

Desolate, the narrator surrenders to his lover's "exquisite judgement," sacrificing his human connections in favor of this toxic new companionship. *Nothing can ever part us*. Since the

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wound stubbornly refuses to heal, it becomes the only one with whom the narrator can be "together, intimate." Like a jealous lover, the wound demands the surrender of the beloved's will and identity. The narrator's sacrifice to his lover, his domineering wound, raises an important question: why would he choose to elevate his wound over living his life? Auden asks readers to understand that the narrator's choice to retreat into loneliness reflects the stark reality of illness—impenetrable isolation amplified by the indifference of the surgeon. In "Letter to a Wound," Auden undrapes the patient's experience when unchallenged by a physician's empathy, revealing the serious consequences of an illness narrative with suffering as its sole author.

If "Letter to a Wound" is a poignant picture of a surgeon's sterile emotional engagement, "The Art of Healing" suggests a solution. In this semiautobiographical homage to Auden's physician father and the poet's own doctor, David Protetch, Auden proposes how the right kind of clinical empathy appears to the patient. Auden first establishes how physicians should *not* behave, criticizing the "arrogance" of "medical engineers," who treated Auden's father by "atom-bomb[ing] [his] sick pituitary and over-kill[ing] it." In prioritizing their treatment of somatic symptoms over the patient's experience, these physicians failed to respect the patient's narrative of illness and instead claimed authorship over this experience.

Unlike the surgeon of "Letter" who abdicates responsibility for his patient's narrative, or the "medical engineers" who commandeer it, Dr. Protetch demonstrates the qualities necessary for a physician to guide his patient towards successful healing. Protetch manages well Auden's "small ailments," but tempers his involvement with humility: he leaves his patient's "major vices" and "mad addictions" to Auden's "own conscience." In doing so, Protetch avoids one danger that is often inherent in the desire to show empathy—a fixation on accessing the patient's suffering that impedes finding the appropriate empathetic stance. In attempting to convey their understanding of the patient's suffering, caregivers might presume a more complete capacity for empathy than is possible. Even well-intentioned physicians may inadvertently reduce their patients to illnesses and suffering they imagine can be shared. Dr. Protetch's understanding that he cannot fully comprehend or cure the most intimate of his patient's torments is the essence of clinical empathy—the choice to surrender and support, rather than overpower and control the patient's narrative of illness.

Protetch also uses personal vulnerability to create the "emotional resonance" Halpern emphasizes in the therapeutic relationship, forming a foundation of trust with his patient. In an apostrophe to the departed physician, Auden wonders:

> "Was it your very
> predicament that made me
> sure I could trust you,
> if I were dying,
> to say so, not insult me
> with soothing fictions?"

As a fellow sufferer who earns his patient's confidence, Protetch effectively straddles the line between empathy and professionalism, between personal vulnerability and overinvestment. Through Protetch, Auden reminds us that it may not be wrong to share our own vulnerabilities to show that we understand the isolation that is often embedded with illness.[5] In doing so, we, like Protetch, might transform a patient's suffering from a source of friction into a shared understanding of the experience of illness and healing. Dr. Protetch therefore reflects the ideal practice of clinical empathy as a physician who uses careful judgment with emotional investment to co-author the patient's narrative of illness.

Why is clinical empathy through co-authorship the best way forward in today's complex healthcare landscape? Physicians have long recognized the importance of clinical empathy, but the COVID-19 pandemic is catalyzing significant changes in the physician-patient relationship. The emergence of telemedicine both offers a solution to safety challenges in certain specialties and creates another obstacle to empathy. It can be more difficult to convey empathy over a pixelated video connection without our normal heuristics of connection—touch and clear facial expressions. With the uncertainty of COVID-19 and potentially lasting changes to how we practice medicine, the literature such as Auden's poems can guide our introspection on what it means to be an empathetic physician and how our empathetic practices should change. Auden teaches us that clinical empathy requires humility like Dr. Protetch's. He reflects the idea of empathy as a dialogue, or a co-authored narrative that balances the patient's autonomy, suffering, and potential transformation with the physician's knowledge. When medicine is devoid of touch, this dialogue becomes an even greater imperative. Doctors must rely solely on their ability to *listen* to patients to avoid dominating the co-authored narrative with their own perspective. We must take care to unmute patient voices rather than silencing them, which requires concerted effort over a virtual platform.

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