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Rescuing Empathy

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> Be kind, for everyone you meet is carrying a great burden.
> Attributed to Philo

Ms. R., a 67-year-old patient with diabetes, messaged me on call early 1 weekend morning, describing moderately severe COVID-19 symptoms. She was the third member of her household to contract COVID that week.

"Are you vaccinated?" I asked.

"No," she replied with emphasis and quickly moved on to her next pressing question.

"What can I do to keep this from getting worse? You need to help me get the monoclonal antibodies."

I found myself feeling by now familiar frustration, my caring concern suppressed by her sense of urgency to get expensive treatment after she declined preventive vaccination. I began thinking about others she may have infected and how they might suffer from severe disease.

I am her physician, and my imperative is to care without judgment yet, at that moment, empathy felt out of reach.

How do we derive inspiration within and around ourselves to consistently receive patients with empathy and compassionate curiosity? One of our strongest motivators, as famously expressed by the renowned psychiatrist and scholar Viktor Frankl, is finding meaning:

> Man is originally characterized by his "search for meaning" rather than his "search for himself." The more he forgets himself—giving himself to a cause or another person—the more human he is. And the more he is immersed and absorbed in something or someone other than himself the more he really becomes himself (1).

Empathy brings an important dimension of meaning to doctoring and has been shown to positively impact clinical outcomes (2). Like many others, I often find myself looking to art, literature, and reflective writing to help recapture or nourish my feelings of wonder at the privilege of caring for others. Improving communication skills is also foundational to achieving empathic connection with patients (3), yet without a meaningful underpinning, attempts to apply evidence-based empathic communication frameworks may sound formulaic, deplete energy and contribute to burnout. Adopting a trauma-informed mindset may serve as a catalyst, helping to connect the mission of empathic communication to a deeper, relatable purpose.

Trauma comes in many forms, from physical or emotional illness to maltreatment or abuse, intimate partner violence, exposure to war or community violence, or difficult experiences as a member of a group. The COVID-19 pandemic has and continues to inflict pervasive trauma which overlaps all of these categories. Trauma-informed care is a way of relating to patients with sensitivity to the ways in which a traumatic experience can make some health interventions uncomfortable or even scary (4). The essence of a trauma-informed approach to patients is best expressed in the form of the question, "What happened to you?" This stands in contrast to our usual medical query, "What is wrong?" Whether asked out loud or silently considered, "What happened to you," is naturally humble and empathic; it steers one to a place of thoughtful inquiry about a viewpoint different than one's own.

While mastery of trauma-informed care requires deep study and training, its basic principles can be impactful when applied more generally in everyday practice. The core paradigm has a great value as a framework for the way clinicians and other health caregivers communicate with all patients, and with each other. This may be especially so in the most challenging situations, such as vaccine hesitancy, substance abuse, entitled

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behavior, demanding inappropriate care, or dramatic emotional expressions of dissatisfaction with care or office policies. Clinicians and other health care workers may also bear their own traumatic scars, which can challenge interprofessional communication. The COVID-19 pandemic in particular has filled many clinicians with moral outrage over patients' refusal to comply with guidelines, putting both themselves and others at risk. Recognizing that irrationality and overreaction are often rooted in fear or traumatic experience may inspire caring professionals to generate an empathic rather than a defensive response. That way, phrases such as, "I can see you are very upset," or "help me understand" come from a place of genuine concern.

Health systems are struggling to redesign workflows to reapportion time for connecting with patients and restore joy in practice (5). Improving clinical communication is a skill set essential to these goals, yet energy spent trying to communicate with greater empathy may contribute to emotional exhaustion when not paired with inspiration from a meaningful grounding. The grounding can be found in applying a trauma-informed mindset. This has helped me, and I hope may help others anchor clinician–patient and collegial conversations in humane curiosity, transforming them from draining to restorative.

Before responding to Ms. R., I reminded myself that I really did not know the full context of her decision not to get vaccinated. Might this have triggered a traumatic memory? Could she feel disempowered or threatened by the ever-changing recommendations and rhetoric in the media about COVID-19? Whatever was driving her behavior, she was clearly scared and in need of calm compassion and direction. Framing her situation in this context, my well of empathy was replenished and I was able to respond like the physician I aspire to be:

> You must be very worried. Let's talk about how to best take care of you.

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