

Empathy: An Essential Skill in the Intensive Care Units

Arvind Baronia

Indian Journal of Critical Care Medicine (2019): 10.5005/jp-journals-10071-23230

Acharya Charak, in his renowned work the *Charak Samhita* (600 BC), 200 years before the Hippocratic oath, has described a physician who possessed certain special qualities. He considered purity of mind and body as one of the four integral qualities of an ideal physician: (1) *Shastra* — having detailed knowledge about diseases and the treatment; (2) *Drushtakarma* — having extensive practical experience; (3) *Daksha* — alert or Dexterity; and (4) *Shuchi* — purity of mind and body.¹ He also said that a physician, who fails to enter the body of a patient with the lamp of knowledge and understanding, can never treat diseases; and opined that doctors were “not for self, not for the fulfilment of any earthly desire or gain, but solely for the good of suffering; should you treat your patients and so excel all. Those who sell the treatment of diseases as merchandise gather dust and neglect gold”.¹

In the current issue of *Indian Journal of Critical Care Medicine*, Fatemeh Zahra Karimi and Mahbubeh Abdollahi present their study on factors affecting empathy with patient among students of nursing and midwifery.² Since this study addresses how the constructs are related to other constructs, this editorial attempts at finding a connect with empathy in a wider humanistic perspective.

Factually, despite honest efforts, full compliance of the principles of Acharya Charak might be difficult to achieve in clinical practice. There are always barriers to and facilitators of empathy; however, they are modifiable. Empathy should not be viewed from the point of law. Law represents the minimum expectations from healthcare providers. Empathy allows us to improve upon the current standards of care described within the legal framework at any point of time. In medicine, very often a need arises to transcend the legalistic framework.

Alexander Solzhenitsyn has described this principle in his own words — “At the present time, it is widely accepted among lawyers that law is higher than morality - law is something which is shaped and developed, whereas morality is something inchoate and amorphous. This is not the case. The opposite is true: morality is higher than law! Law is our human attempt to embody in rules a part of that moral sphere which is above us. We try to understand this morality, bring it down to earth, and present it in the form of law. Sometimes we are more successful, sometimes less. Sometimes we have a mere caricature of morality, but morality is always higher than law. This view must never be abandoned”.³

Empathy in clinical practice moves along with our attitudes toward the major barriers like organizational barriers, workload, poor interpersonal communication skills, and burnout, etc. However, when empathy is seen through the prism of moral values, we find that morality and empathy are so intertwined with each other that empathy becomes a vital part of thinking process if we want to keep our moral values at the highest level.

Some of the important leadership skills for implementation of a culture change in intensive care unit (ICU) can be revamped by the great transformative power of empathy (Table 1).

Department of Critical Care Medicine, SGPGIMS, Lucknow, Uttar Pradesh, India

Corresponding Author: Arvind Baronia, Department of Critical Care Medicine, SGPGIMS, Lucknow, Uttar Pradesh, India, e-mail: arvindbaronia@hotmail.com, baronia@sgpgi.ac.in

How to cite this article: Baronia A. Empathy: An Essential Skill in the Intensive Care Units. *Indian J Crit Care Med* 2019;23(9):391.

Source of support: Nil

Conflict of interest: None

Table 1: Some examples of benefits of acquiring empathy skill

<i>Transformative Issues Related to Empathy</i>	
<i>The mindset that can be abandoned</i>	<i>New mindset to be imbibed and implemented through empathy</i>
<ul style="list-style-type: none"> • Telling and selling • Pushing people to change • Trying to “motivate” or “empower” other • Thinking your way to new actions 	<ul style="list-style-type: none"> • Listening and amplifying • Creating pull for the changes • Discovering and releasing passion and energy • Acting your way to new thinking

When empathy takes the central position in our day-to-day clinical practice, quality improvement appears to be a natural by-product encompassing safety, effectiveness, equity, timeliness, patient centeredness and efficiency.

Empathy plays a great role in the resolution of conflicts also. Through empathy, healthcare providers can foster accommodating mode of conflict resolution where the required skills are deeply related to empathy, e.g. forgetting your desires, selflessness, ability to yield and ability to obey orders.

In real world today, where emotions have less value, there is urgent need of acquiring empathy skill through education and training; and we also need more research addressing humanistic aspects during patient care.

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