How do doctors empathise with patients in palliative care consultations?

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Background
Textbooks and other such guidance frequently emphasise the importance of empathy in palliative care (e.g. Wittenberg et al., 2015). However, there has been little research on how doctors empathise with patients in interaction in this environment.

Aim
To research how doctors empathise with patients in palliative care consultations.

Data and method
The data for the research were 37 recordings of actual doctor-patient consultations in a UK hospice, collected as part of the VERDIS¹ research project. These recordings were transcribed and analysed using conversation analysis (CA). The analysis entailed:
1. Finding 'empathic displays' - moments when doctors showed their understanding of patients' emotional experiences.
2. Analysing a) the design of these displays (the words that were used etc.) and b) the contexts in which they occurred.

Findings
Broadly speaking, it was found that palliative care doctors empathised with patients using two designs in two contexts.

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<th>Design</th>
<th>Context</th>
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<td>Reworking</td>
<td>Responsive</td>
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<td>The doctor could take something that the patient had said and rework it in some way – for example, “I’m hearing that you’re feeling...” or “So you’re...”</td>
<td>The doctor could empathise with the patient in direct response to something that the patient had said, as part of a so-called 'three-part sequence' (empathic opportunity-empathic response-patient response to empathy) (Frankel, 2009)</td>
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<th>Independent understanding</th>
<th>Task-oriented</th>
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<td>The doctor could show that they themselves understood what the patient was talking about – for example, “It’s very [emotion word], isn’t it?” or “That sounds [emotion word]”</td>
<td>The doctor could empathise with the patient outside of the three-part sequence, in the process of some other clinical task (see also Ruusuvuori, 2007). For example: the patient has expressed a wish to die in the hospital, believing that they could provide some sort of curative treatment. The doctor informs the patient that this belief might be too optimistic but in the process of doing so empathises with the patient’s desire to receive a curative treatment.</td>
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Conclusions
Empathy is a multi-faceted and complex feature of palliative care interactions. Aside from being used to respond directly to patients’ emotionally-resonant talk, doctors in this environment can also integrate empathic statements into other clinical tasks. Empathy is thus a way of taking into account patient emotions throughout palliative care practice, which accords with the holistic underlying philosophy of the field.

References

¹ http://www.nottingham.ac.uk/research/groups/src/ projects/video-research.aspx

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