

Philosophy of Medicine

Letter

Should Doctors Care About Their Patients?

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As we endure yet another wave of the pandemic, we should ask whether doctors, and medical professionals more generally, ought to care about their patients. This question, of course, is ambiguous. Understood as asking whether doctors should be attentive to their patients' health and well-being, the answer is obviously "yes." But things are more complicated if, instead, this is a question about whether doctors should *feel* concern for their patients. Understood in this way, the issue is whether doctors ought to *empathize* with, or feel *sympathy* for, those whose health and well-being they are attending to. On this question—a question about the proper role of emotion in medical practice—a clear answer is hard to find.

Emotion labels such as "empathy" and "sympathy" are used in a variety of ways, so we need to fix our meanings. Empathy is a form of emotional perspective-taking: in empathizing with your pain, I get a sense of the discomfort you are experiencing. This can provide me with a better appreciation of what you are feeling, and so allow me a better understanding of your situation. In the context of the doctor-patient relationship, emotional perspective-taking of this sort is valuable: it can help doctors understand their patients' needs and priorities (Ashton et al. 2003). This enhanced understanding can then help doctors and patients make treatment decisions that better accord with patients' medical values. It can also contribute to better health outcomes.

In contrast with empathy, sympathy is not a form of perspective-taking but rather an emotion of moral recognition. In sympathizing with your pain, I come to feel bad because of the pain that I see that you are in. In this way, I come to see you as someone who is suffering, and so see you as someone whose interests and well-being matter. So here, too, we have an emotion that when engaged can enhance the doctor-patient relationship (Goold and Klipp 2002). Expressing feelings of sympathy can allow a doctor to convey that she cares—that she recognizes her patient's dignity and value. This, in turn, can help her build trust and communicate more effectively with her patient. It also allows her to be an important source of emotional support.

Given persistent concerns about how doctors and clinicians can enhance the medical decision-making skills of their patients, the understanding, trust, and connection that feelings of empathy and sympathy can bring provide a further reason for doctors to care



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about their patients. This is all the more so given that the pandemic is bringing a more socioeconomically diverse group of patients into hospitals and clinics (Solo-Josephson, Murren-Boezem, and Zettler-Greeley 2021).

But here is the rub: emotional engagement of this sort requires work, often hard work, from doctors and caregivers. More troublingly, research on “compassion fatigue” reveals that feeling concern for one’s patients—especially feeling sympathy—comes with real costs: frayed social and professional relationships, burnout, workplace stress, and emotional exhaustion (Dominguez-Gomez and Rutledge 2009). In light of these costs, are doctors obligated to care? Empathy and sympathy bring benefits, we know. But even the most ardent moralist will concede that there are limits to the sacrifices that morality can demand of individuals. Thus, the answer to the question of whether doctors should care depends, in part, on where this line is drawn—how much of a burden must our already pandemic-exhausted medical professionals take on?

There is a further wrinkle. Compassion fatigue is something we can combat. We have learned that mindfulness training, support networks, and just plain time off are effective ways to reduce the costs that caring can bring (Figley 2002). Thus, whether doctors are obligated to care also depends on whether they have access to resources like these. But things like time off and stress-management training will be more readily available in affluent hospitals and clinics—institutions whose patients tend to have better medical knowledge and more robust social and emotional support networks. So, we get an odd result: the obligation for doctors to care about their patients may be strongest in situations where the benefits of caring are needed the least.

Disclosure Statement

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