Empathy and Patient–Physician Conflicts: Exploring Respect

To the Editor:— Thanks for your May 2007 issue, a wonderfully interesting and diverse presentation of cutting edge knowledge in medical practice. I wish to specially appreciate 2 articles and expect so would America's preeminent twentieth century research psychotherapist, Carl Rogers (1902–1987).

Jodi Halpern's article on empathy¹ hit a sweet spot in my growing appreciation of the central role of empathy in helping relationships. I can imagine Professor Rogers cheering from his grave; he identified "empathy" as 1 of 3 "necessary and sufficient core conditions" for helping relationships of several types². What I most appreciate is Dr. Halpern's practical skills—we physicians are if nothing else, practical. She opens the "black box" a bit more so we may someday teach the young (and old) this extraordinary clinical skill like we now teach the ordinary. Imagine the reputation and effectiveness of our profession then!

I offer a possible sixth skill I call "displacement", that is "the substitution of another form of behavior for what is normal or expected, especially when the normal response is nonadaptive". It fits between Dr. Halpern's first 2 skills of "recognition" and "reflection". I believe it works like this: I recognize my emotion and its potential to interfere with empathy and helping. I name it, and using two metaphorical "hands", move it from central to peripheral "vision", thereby "clearing my empathy channel". I don't deny it or suppress it. When I wish, I can see it as "information over there". I appreciate it even if I don't immediately understand it or have opportunity to reflect on it; in that case, I aim to remember it for future reflection (sometimes in a journal), something Stephen Covey may call "sharpening the saw".

Carl Rogers' would also join me in cheering Mary Beach's deeply and usefully thoughtful explication of the ethics of

"respect"³, a wonderful calling for renewed attention to this profound, complex, and timely concept. He identified respect for persons as the second of 3 conditions for a helping relationship; he called it, *Unconditional Positive Regard*² and acknowledged it as most challenging of the 3. I aim to teach this by precept and modeling as the assumption that "every person is doing the best they can with current resources and with potential to add resources". And by emphasizing simultaneity in attitudinal AND behavioral respect, Beach identifies the third of Roger's essentials, that is, "congruence" or being authentically one's self in real time².

Bravo to the authors and editors for these gems and best wishes for our profession in taking these lessons seriously. They may be the core of medical professionalism.

Norman Jensen, MD, MS; *Department of Medicine, University of Wisconsin, 2828 Marshall Court, #100, Madison 53705-2276, WI, USA; American Academy on Communication in Healthcare, Chesterfield, MO, USA (e-mail: nmj@medicine.wisc.edu).*

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