The other aspect of this field that warrants more investigation is that it is difficult to know what can be done to engender empathy amongst students or to encourage its retention. Empathy cannot be taught or learnt like other subjects in the curriculum. Faculty who role model empathetic attitudes and behaviours might have a positive effect on the students. However some faculty might not role model the behaviours required. A positive note from the study was that some of the students did retain their empathy. It might be worthwhile investigating what was it about them or their medical school experiences that helped them to do this. Clearly females were more likely to do this than males. Other features of students who maintain empathy levels to the end of their course may also emerge from further research. Medical schools might ultimately select students with these attributes at entry. We select for other competencies – so perhaps it would be possible to select medical school entrants with high empathy levels and who were most likely to retain these levels into the long term.

Reply

Dear Editor,

I would like to thank the reader for having raised a valid issue that is being debated across medical schools all over the world. The gentleman has brought out a valid argument about the need for a cohort study. The principal author has already undertaken follow up and completed three years of it, this September it would be their fourth and next the fifth year. We shall be coming out with an interim paper this winter. The follow up has been good, moreover another college has also been included for comparison to see if staying away from family in a hostel is a factor.

Factors such as literary, socio cultural activities, sporting activities are also being recorded to see if they help in maintaining empathy. The assessment of role models will be difficult to quantify.

Regarding selection of candidates to medical colleges based on their empathy levels is a far cry as of now. Costa et al. in a cross sectional multi institutional study in Portugal had found that personality dimensions such as Agreeableness and Openness to experience made a significant contribution to identify the more empathic students. This assessment was done after admission among first year medical students.¹ This issue has been further well-argued upon by Mohammadreza Hojat in a recent article. He says that despite reasonably robust data available to suggest that personality can predict empathy levels there is lot of skepticism in using empathy as a criteria for selection of medical students. This he argues, may be because even metanalytical studies have not found good predictive validity of personality tests. He further challenges that even the current selection criteria (Scores in admission test) are in no way better than Jefferson's Scale for Empathy in

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finding out who is going to be an academically better doctor or having better patient outcomes.²

In our department we have undertaken personality assessment of students prior to admission though this is not being used as a yardstick for selecting of medical students as of now. Correlation of this with empathy in a longitudinal study may provide some clues.

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