Reply

Dear Sir,

I am grateful for the reader's comments. In regards of the queries raised in the ibid letter, I have the following to submit:

It is clarified that Oncoplasty Breast Surgery actually encompasses, both volume displacement (local breast flaps) as well as volume replacement (distant autologous tissue) techniques. Though in common understanding, readers associate the term only with the former. In this regard, some excellent reviews are available for perusal.^{1,2}

MR mammography was not employed as a routine in all cases but digital mammography was used in all cases.

It is agreed that breast cancer in younger patients is considered a more aggressive entity. But this is attributed to tumour biology per se (ER/PR negative, Her2Neu positive, high grade, extensive DCIS etc). Contrary to the traditional teaching, breast conserving surgery is feasible every time it is judged possible to achieve complete surgical excision with good cosmesis. The size of the tumour relative to the breast volume is the deciding factor in determining the suitability of breast conserving surgery. It may even be suitable for women with large breasts in whom the tumour is up to 5 cm or even multifocal tumours confined to the same quadrant and when large operable tumours have been down-staged by neoadjuvant chemotherapy. Younger age of the patient is not a contraindication.

Authors have used technique of tattooing the tumour margins on the skin prior to initiating neoadjuvant chemotherapy. This helped in tumour localisation prior to surgery.

It is agreed with the reader that positive margins after OBS would entail a need for completion mastectomy. However, with techniques of OBS it is possible to obtain wider margins than standard BCS alone and yet achieve good cosmesis. Hence, the authors' have not encountered involved or close margins in their series as yet. The authors' aim for minimum of 1 cm clear margin during resection.

It is agreed that lobular carcinomas tend to be multicentric hence may result in positive margin on histopathological examination of the BCS specimen. However, a pre-op tissue

diagnosis of lobular carcinoma is not a contraindication to BCS. The caveat we follow is a judicious study of pre-op mammogram in conjunction with our radiology colleagues to look specifically for multifocality and multicentricity in these cases.

The present paper aimed to present the good cosmetic results obtained in patients offered OBS. These patients are under follow-up and final oncologic results will be seen over the period of time. In this regard attention is drawn to published literature which has addressed precisely this issue.³

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Letter to the Editor

Dear Editor,

I read with interest the article titled “Cross sectional assessment of empathy among undergraduates from a medical college” by Shashikumar R et al. published in *Med J Armed Forces India* 2014; 70:179–185. The author has brought to light a problem that has seemed to be set medical education in the West for many years – the slow decline in empathy throughout medical school.¹ One potential weakness of the study was that it was cross sectional. A better style of study might be a longitudinal cohort study – where students were followed from

their first year of medical school to their last. Such a cohort study would be challenging – not least because of the amount of time and expense that would be required to run it properly. Inevitably there would be some loss to follow up among participants and such loss to follow up might be differential – perhaps with some students who were outliers in terms of empathy levels being more likely to leave their course and/or fail their exams. However the validity and reliability of the results of a cohort study would probably make the time and expense necessary to run it worthwhile in the end.

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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