Therapeutic Aspects of Clinician-Patient Relationships

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Goals of this talk

- Describe the foundations of a therapeutic relationship
  - history of therapeutic relationships and healing disciplines
  - Fundamental concepts: the biopsychosocial model, transference/counter transference, and meaning in illness

- Describe research findings relating communication to patient outcomes

- Commit to incorporating at least one new concept or skill into your clinical care
Foundations of a Therapeutic Relationship

• History
  • there have always been healers, we started as priests and shamans
  • Benjamin Rush
  • Oliver Wendell Holmes

• Foundational concepts: mind-body unity, transference/counter-transference, meaning, anxiety/depression, empathy, trust, the biopsychosocial model,
Definitions

• Disease vs. Illness
• Curing vs. Healing
• Cure with drugs and surgery
• Heal with words
• Science vs. art
Therapeutic Strategies

- Cognitive Strategies
- Affective Strategies
- Behavioral Strategies
- Social Strategies
Cognitive Strategies

- Negotiation of priorities and expectations
- Giving an explanation
- Bringing the patient to a crossroads
- Suggestion
- Patient education
- Giving a prognosis
Affective Strategies

- Empathy
- Encouragement of emotional expression
- Praise/encouragement
- Offering hope
- Touch
- Facilitation of self-forgiveness, acceptance, letting go of resentment
- Reassurance
Behavioral Strategies

- Emphasize and facilitate a patient’s active role
- Motivational interviewing/praising desired behaviors
- Suggesting alternative behaviors
- Attending to adherence
Social Strategies

- Encourage reintegration into community
- Use family and social support
- Use community agencies and other health care providers
Empathy

- Concept of empathy
- Research on empathy
- Teaching empathy
What is Empathy?

- a human trait, a professional state, a communication process, caring, a special relationship  
  Kunyk and Olson J Adv Nurs 2001; 35: 317-325

- “Empathy is the feeling that persons… arouse in us as projections of our feelings and thoughts. It is evident when “I and you” becomes “I am you,” or at least “I might be you.”  
What is empathy?

A neurophysiologic process

- M Iacoboni. Imitation, Empathy, and Mirror Neurons : Annu. Rev. Psychol. 2009: 60;653-70


fMRI studies of empathy

Comparison between affective-perceptual and cognitive-evaluative forms of empathy

- Midcingulate cortex
- Supplementary motor area
- Right precentral gyrus
- Left anterior insula
- Right anterior insula
- Midbrain
- Orbital frontal cortex
- Anterior cingulate cortex
- Dorsal medial thalamus

(FWE corrected p < 0.05)
(uncorrected p < 0.001)
What is Empathy?

• Ability to understand the patient’s inner experience and perspectives – “walk a mile in my shoes”
  • Involves emotive, cognitive, moral, and behavioral processes
  • (Stepian and Baernstein JGIM 2006; 21: 524-30)

• Communicate that understanding

• A component of moral decision making and professionalism

• Empathy vs. Sympathy
Physicians selecting the sympathetic option (n = 58) had a greater mean preference for intubation (p < 0.02), ordered more laboratory tests per patient in clinic (p < 0.03), and performed cardiopulmonary resuscitation for longer periods of time before declaring their efforts unsuccessful (p < 0.06) than did physicians selecting the empathetic option (n = 38).

Research on Empathy

- Bellini et al – Variation of mood and empathy during internship and residency (POMS & IRI)

- Hojat et al – JSPE: 20 items, 3 factors (perspective taking, compassionate care, standing in patient’s shoes)
  - Associated with measures of clinical competence and gender, scores decline during third year

Research on Empathy

- Patients of physicians with high empathy scores were significantly more likely to have good control of hemoglobin A1c (56%) than were patients of physicians with low empathy scores (40%, P < .001). Similarly, the proportion of patients with good LDL-C control was significantly higher for physicians with high empathy scores (59%) than physicians with low scores (44%, P < .001). Logistic regression analyses indicated that physicians’ empathy had a unique contribution to the prediction of optimal clinical outcomes after controlling for physicians’ and patients’ gender and age, and patients’ health insurance.

Oncologist Survey

- 20% of oncologists have low self-rated communication competence at transitions

- These oncologists:
  - use chemotherapy longer
  - use fewer pain meds and hospice care
  - find this the least satisfying part of their work
  - are less likely to have comm. skills training

(Emmanuel E, personal communication)
Time and Empathy

• 123 women with breast cancer viewed 1 of 2 videos of physician giving information
• One tape had 40 seconds of empathy added
• Patients seeing that video were less anxious
• And saw physician as more pleasant, caring, and helpful

Fogarty, J Clin Oncol 1999; 17:371-379
Patients Have Trouble Communicating Their Concerns

• Number & severity of concerns predicts distress, anxiety, depression

• Less than half of concerns are elicited

• Simply eliciting concerns increases satisfaction and adherence, reduces distress

(Maguire, 1999)
Can empathy be taught?

• Yes (Satterfield and Hughes Med Ed 2007:41: 945 -941)

• A randomized, controlled field trial was conducted with 69 primary care physicians and 648 of their patients. Audiotape analysis of actual and simulated patients showed that trained physicians used significantly more problem-defining and emotion-handling skills than did untrained physicians, without increasing the length of the visit. Trained physicians also reported more psychosocial problems, engaged in more strategies for managing emotional problems with actual patients, and scored higher in clinical proficiency with simulated patients. Patients of trained physicians reported reduction in emotional distress for as long as 6 months.

Components of Empathy

- Active listening
- Silence: 18 sec, 3 sec
- Support, Legitimation, Respect, Reflection, Partnership (SLRRP)
- Interest in patient’s life, perspectives, feelings
- Bonnie and Clyde
What students believe about empathy

- Empathy is innate – you have it or you don’t
- **True** – BUT:
  - You can enhance your capacity to express empathy
  - Capacity for empathy grows as you learn and mature
  - You can work on reducing personal barriers to empathy
Patient Adherence and Satisfaction

- Physicians' comprehensive ("whole person") knowledge of patients and patients' trust in their physician were the variables most strongly associated with adherence, and trust was the variable most strongly associated with patients' satisfaction with their physician. With other factors equal, adherence rates were 2.6 times higher among patients with whole-person knowledge scores in the 95th percentile compared with the 5th percentile (44.0% adherence vs 16.8% adherence, P < .001). The likelihood of complete satisfaction was 87.5% for those with 95th percentile trust scores compared with 0.4% for patients with 5th percentile trust scores (P < .001). The leading correlates of self-reported health improvements were integration of care, thoroughness of physical examinations, communication, comprehensive knowledge of patients, and trust (P < .001)

Evidence on Physician-Patient Communication

- Doctor provides clear information
- Mutually agreed upon goals
- Active role for patients
- Doctor provides positive affect, empathy, support

Elements of effective history-taking

Physician:

Asks about pt’s understanding, concerns, expectations, impact on function – decreased anxiety and sx resolution

Asks about feelings – decreased distress

Support and empathy – decreased distress and sx resolution

(Stewart et al, 1999)
Elements of effective history-taking

Patient:
Expresses self fully (feelings, opinions, information) – **improved health and functional status, better BP control**

Perceives a full discussion of the problem – **symptom resolution**

(Stewart et al, 1999)
DO YOU MIND IF I PRETEND TO LIKE YOU? I HEAR IT INCREASES PRODUCTIVITY.

I NEED TO GO BACK TO MY CUBICLE NOW.

IT'S WORKING!
I'll reduce turnover by showing I care about you.

Tell me about your kids, Asok.

I don't have any.

Let's say you do for the sake of this exercise.
ALICE, I CARE ABOUT YOU...

BUT ONLY ENOUGH TO IMPROVE YOUR MORALE, NOT ENOUGH TO BE ILLEGAL IN ANY WAY.

SO, TELL ME ABOUT YOUR HEALTH IN THE LEAST SPECIFIC WAY POSSIBLE.
I'll come around the desk so it appears that I consider you an equal.

So, what's on your little mind?
Personal Awareness
“Curriculum”

• physicians' beliefs and attitudes,
• physicians' feelings and emotional responses
• challenging clinical situations,
• physician self-care
• Organized group experiences which promote personal awareness

Novack et al, JAMA 1997; 278: 502-509
Physicians' Beliefs and Attitudes: Family of Origin Influences

- attitudes and behaviors concerning intimacy, anger and conflict resolution
- nature, benefits and pitfalls of caring
- roles of the caregiver
Physicians' Beliefs and Attitudes: Family of Origin Influences

- balance of giving and receiving
- communicative aspects of illness
- how to respond to distress
Love, Caring, Attraction & Boundary Setting

- unintended messages
- becoming too emotionally invested in certain patients
- physicians in small towns
Concluding thoughts

• We are continuously creating our worlds
• We are continuously shaping our relationships with patients
• We can choose to create empathic, healing relationships.
Research on Empathy

• Caring and openness to communication more important than technical competence in commitment to dr-pt relationship


• Videotaped analysis of visits to pediatric clinic for encouragement, empathy, reassurance – mothers exposed to high levels of empathy had higher satisfaction and greater reduction in concerns