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Why we should understand the patient experience: Clinical Empathy and Medicines Optimisation

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There is a national imperative to improve the “patient-centredness” of pharmacy consultations. Medicines Optimisation is increasingly recognised as a fundamental paradigm for directing pharmacist activity. Royal Pharmaceutical Society guidance [1] on medicines optimisation describes four principles as follows: aim to understand the patient experience; evidence-based choice of medicines; ensure medicines use is as safe as possible; and make medicines optimisation part of routine practice. In this paper we utilise key literature about empathy in clinical encounters, to propose that clinical empathy is essential in order to truly ‘understand the patient experience.’ We define clinical empathy as appropriate empathy demonstrated in a clinical setting, and contend that it is not different from patient-centred care; but fundamental to it. Clinical empathy allows pharmacists to engage patients in consultations about their thoughts and feelings around medication in order to identify ongoing pharmaceutical problems and to help them get the most from their medicines.

Among a host of definitions within the literature, Parkin and colleagues [2] suggest that empathy is “the ability to identify an individual’s unique situation (perspective, feelings, opinions, ideas), to communicate that understanding back to the individual and to act on that understanding in a helpful way.” Empathy has also been described as “the ability to perceive the client’s world with unconditional positive regard and respect” [3]. It has also been suggested that empathy is “an ambiguous concept” [4] which may partly explain the challenge faced by clinicians to use it effectively with patients.

Effective demonstration of empathy was historically linked in the literature with a person’s inherent personality [5]. However, evolving literature recognises the role of cognitive and behavioural functions that are common to the development of communication skills. These can be learned and taught [6]. This is also identified in a recent definition of empathy by

Fjortoft and colleagues [7]; “A cognitive attribute that involves an understanding of patients concerns, the capacity to communicate this understanding and an intention to help”.

In clinical consultations around medicines, we suggest that clinical empathy facilitates a true acknowledgement of patient’s health and other experiences, which may influence their medicines taking behaviour. Empathy is demonstrated through skills such as ‘active listening’ and establishing a shared understanding [5]. These allow the practitioner to identify with the patients’ feelings, the problems they are experiencing; and increases the likelihood of a response that a patient will find helpful. We suggest that consultation skills training should include an exploration of empathy as concept and how this can be demonstrated in practice. Moreover, training should promote the demonstration of genuine empathy in order to achieve patient-centred care.

Examples of tools used to measure this construct include the revised Jefferson Scale of Physician Empathy [8]. This self-rating scale asks respondents about their belief in the importance of clinical empathy. For example, “An important component of the relationship with my patients is my understanding of the emotional status of the patients and their families”. By way of contrast, the Consultation and Relational Empathy (CARE) scale [9] is a patient-assessed scale of physician behaviour e.g. “The doctor seemed genuinely interested in me as a person”; “The doctor explained things in a way I could fully understand”.

The research relating to pharmacy consultations, although scant, describes poor demonstration of skill with respect to patient-centred practice and in particular exploring patient’s health beliefs and demonstrating active listening [10, 11]. This can often lead to consultations focusing purely on the pharmacist’s agenda [12].

Literature investigating other clinical professions suggests that empathy and rapport are core elements of a positive patient-practitioner therapeutic relationship [7]. The application of appropriate communication skills provides a stepping stone to improved health outcomes for patients [13]; and use of empathy in consultations encourages patients to realise their own potential within the consultation [14]. Demonstration of an empathic response to a patient’s difficulty has been shown to improve the shared decision-making process in the consultation [2].

While we recognise that some pharmacists have empathic and supportive relationships with their patients, we believe that pharmacy does not share a reputation for clinical empathy similar to that of other clinicians. Historically, pharmacy education has concentrated on scientific achievement and demonstration of technical ability, both of which are central to safe pharmacy practice. Little attention was paid to the communication skills required for effective consultation [15]. This is understandably reinforced by the notion that giving information about safe use of medicines is key to a consultation and can lead to a “checklist” style consultation [16]. Where consultation skills development has occurred, traditional methods focus on “patient counselling” that promotes a ‘telling’, rather than ‘consulting’ style, leading to a unilateral handover of information from pharmacist to patient [12, 16].

This traditional ‘advice-giving’ approach of many pharmacists risks patients and the public perceiving a lack of respect for their perspective, knowledge and competence to self-manage illness. Many patients have concerns about potential harm and other negative consequences of using medicines; and some misunderstand the function of their medicines or believe that they do not need it. We know, for example, that 30% to 50% of medicines for long term conditions are not taken as prescribed [17]. A hierarchical approach may lead to patients feeling patronised and unwittingly promote decisions not to follow advice [18] leaving both the patient and pharmacist feeling frustrated and reducing the opportunity to effectively undertake medicines optimisation.

Some pharmacists may fear that empathy could detract from an appropriate focus on the medicines in a consultation. We would argue instead that the demonstration and application of clinical empathy can maximise the effectiveness of the short time available in pharmacy consultations by encouraging a dialogue that additionally focuses on the patient’s needs and wants, hence optimising care. This can also reduce the risk of wasting time by providing information or advice that the patient already knows, may not be receptive towards or may even ignore. These key skills include:

- Active listening [rather than telling and instructing]
- Using open questions to elicit the patient’s perspective instead of making assumptions
- Using probing and clarifying questions to gather more information

- Summarising and paraphrasing what they have said
- Using verbal and non- verbal cues from the patient to identify a potential misunderstanding of the shared agenda

We recognise that this encouragement for pharmacists to alter their approach in this way may be a challenge, since they perhaps feel more secure professionally when aware that ‘I have told them that.’ There may also be the worry that demonstrating clinical empathy will place an unsustainable emotional demand on the clinician. Neighbour’s consultation model [19] argues for importance of ‘housekeeping’ i.e. checking with yourself that you are in good enough shape to see your next patient. Pharmacists do not need to agree with patients in order to demonstrate clinical empathy; and by empowering and motivating the patient, pharmacists can promote ownership of their treatment.

Box 1 Some questions to support clinical empathy in pharmacy consultations

- *It would help me to understand what it’s like for you living with your condition - please tell me a little more*
- *What concerns you about your medication? Tell me a little bit more about where you think these concerns are coming from”*
- *How do your medicines fit in to your day at the moment?*
- *What do you think would help you to manage your medicines more easily?*

Further support for clinical empathy in consultations comes from the report by Robert Francis QC into the failings at the Mid Staffordshire Foundation Trust that was published in February 2013. The report stated that ‘Patients must be the first priority in all of what the NHS does by ensuring that.....they receive effective services from caring, compassionate and committed staff’ (p.85) [20]. The Royal Pharmaceutical Society has challenged pharmacists to consider the relevance of the report’s findings to the profession [21] and we agree with Veloski and Hojat that appropriate demonstration of empathy is an element of professionalism in medical care. [22]

Health Education England has highlighted the development of consultation skills as a key priority for the pharmacy profession. There is a close association between adopting a patient centred approach and the use of clinical empathy in enhancing the quality of the patient consultations to meet the patient's needs and improve patient outcomes. The recent publication of the Consultation Skills for Pharmacy Practice programme [23] in England is a welcome stimulus for pharmacists to enhance their skills in this area, as well as the health coaching model that supports clinical empathy in practice.

We would like to encourage helpful introspection on this topic, including formally at undergraduate, pre-registration and foundation level amongst pharmacy students and junior pharmacists. It should also be a subject of continuing professional development for experienced practitioners. An example is the 'forum theatre' experiential learning for consultation skills at King's College London that is embedded in the undergraduate degree and uses actors and role play to develop consultation skills. To this end, we invite readers to think about what clinical empathy means to them in their individual practice. For example, when consulting with patients in pharmacy practice:

- What tends to be your priority; process or people? What do you tend to focus on; the medicine or the person? Why?
- How would you respond if you were asked how much you care about your patients?
- What do you want to help your patients achieve?
- What do you think are the differences between pity, sympathy and clinical empathy? Which do you think you demonstrate when faced with a difficult discussion?
- Do you ever imagine what external factors may affect a person's health and medicines taking? Do you ever imagine what their life is like? If not, could you?

We believe that all patient-facing pharmacists need to embrace clinical empathy as part of pharmacy consultations in order to optimise the effectiveness of pharmaceutical consultations. Pharmacists in the UK have opportunities across practice settings to consult with patients about their medicines. We therefore recommend that undergraduate, foundation and postgraduate pharmacy education does justice to the concept of clinical empathy as part of consultation skills training. The need for change is summarised by a recent study [24] concluding from patient stories that relationships with practitioners were viewed

as critical and perceived lack of empathy impacted the effectiveness of care. This is indeed a salutary thought for the pharmacy profession.

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