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## РОЛЬ ЭМПАТИИ В СОВРЕМЕННОЙ МЕДИЦИНЕ THE ROLE OF EMPATHY IN MODERN MEDICINE

**Аннотация:** Данная статья посвящена эмпатии. В ней рассмотрены некоторые виды эмпатии в медицине. Основной задачей является обобщение данных о различных видах эмпатического поведения среди людей медицинской специальности. Исследование эмпатии среди медицинского персонала позволяет проникнуть в понимание процесса эмпатических способностей человека и направленно на развитие духовно здоровой личности.

**Abstract:** This article is devoted to empathy. Some types of empathy in medicine are observed here. The task is to summarize the data of different kinds of empathic behavior among medical specialists. The research of empathy among medical staff allows to absorb the understanding of the process of empathic abilities of a person, with the aim of developing a spiritual healthy person.

**Ключевые слова:** эмпатия, эмпатическое поведение, медицина, клиническая эмпатия, студенты-медики, медицинский персонал.

**Keywords:** empathy, empathic behavior, medicine, clinical empathy, medical students, medical staff.

Modern medicine is acknowledged as a changing area. It is connected with the physician – patient relationship, affecting in different ways. Although empathy plays a critical role of the clinician's work, leading to positive impact in most cases. That is the reason why the advancement of empathic skills turn into one of the learning goals of medical students and workers.

In clinical practice, empathy is used to address two crises facing modern medicine – quality of care and professionalism. In particular, in the era of the COVID pandemic, there has been a recent increase in attention to clinical empathy [3].

Empathy is defined as an individual-psychological feature of a person, characterizing his ability to sympathy and comprehension of the emotional state of other people [4]. The ability to empathy, on the one hand, is a socially conditioned trait of character, on the other hand, it is a genetically predetermined feature. Most researchers distinguish emotional empathy, which is based on the mechanisms of imitation and projection. It implies conscious actions, with the manifestation of empathy.

The concept of empathy was initially introduced in the field of social psychology in the 1950s, where it was defined as the "capacity to think and feel oneself into the inner life of another person." A prominent figure in person-centred therapy, Rogers, described empathy as a relational approach, referring to it as "a very special way of being with another person." Over the time, the understanding of empathy has evolved, encompassing not only cognitive aspects but also affective, imaginative, behavioral, and relational dimensions.



There is a widespread agreement that empathy plays a crucial role in medicine [7]. The term "clinical empathy" was introduced for this area of empathy [1]. Clinical empathy is the heart of the art of patient care [6]. It means the sense of connection between healthcare workers and patients that includes an understanding of the patient's pain (cognitive process), a capacity to communicate (behavioral component) and affective and imaginative process. This connection is expressed through behavioral and effective communicative skills that convey genuine concern.

One widely used tool for assessing empathy is the Jefferson Scale of Empathy (JSE). This instrument was invented to measure level of clinical empathy in students and practitioners of all medical specialties [2]. This scale includes three components. They describe the situations, when physicians can encounter empathy internally. These three components are Compassionate Care (CC), Taking Patient's Perspective (TPP) and Walking in Patient's Shoes (WIPS).

The authors of the JSE defined clinical empathy as a primarily cognitive attribute, combined with the ability to communicate effectively [5]. They also emphasized the need to differentiate clinical empathy from sympathy, which they described as "feeling with the patient." The empathy mostly consists of cognitive aspect, while sympathy is understood as emotional or affective attribute. These terms are close to each other, because they include the same aspects, but in different amount. The empathy helps physician to feel the type and quality of patient's suffer. Using sympathy can provide understanding only the degree of their experiences. Affectively defined sympathy may be really use for health care provider, but its excess can negatively influence to quality of medical care. This notion of maintaining a detached concern has been traditionally accepted in medicine, as it was believed that emotions could compromise objectivity, and that detached approach was the most effective way to provide patient's care. Moreover, the affective aspect has been suggested to blur professional boundaries and contribute to burnout among healthcare professionals. Too many emotions can call into the question some or even all clinical judgments and cause emotional stress for the health care provider. There are situations, such as in emergency or surgical care, where clinicians require a high level of detachment to enable them to demonstrate their professional skills.

However, some medical writers, including Halpern and Spiro, have challenged this purely cognitive construct of clinical empathy. Halpern defined empathy as the ability to feel the patient's experience, while Spiro expressed that empathy arises from our own feelings and reactions, leading to the sense of "I am you." Maxwell proposed that polarizing empathy into purely cognitive or emotional aspects is unhelpful, and that both aspects are crucial to empathy.

It is worth mentioning that, an internal sense of empathy does not necessarily lead to empathic behavior. To be completely fulfilled, the inner sense of empathy must be accompanied by empathic behavior. This empathic behavior can be reduced into two areas: the first is to show a genuine concern and the second one is to convey empathy for another person.

Bear in mind, that patients are able to determine whether the doctors are sincere in providing empathic care or whether they are disguising their actions as empathy. Insincere or false empathy not only disrupts the provider-patient relationship, but also has a detrimental psychological impact on health care providers. Good communication skills can be improved using practice, moreover must be genuine to the effective communicator.

To conclude, empathy in modern medicine must be taken for granted. Don't put empathy on the back burner while you focus on the "hard areas" of medicine. Make it priority!

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