Research Article

THE EMPATHY RELATIONSHIP BETWEEN THE SURGEON AND THE PATIENT - CAN THIS SITUATION BE EVALUATED?

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ABSTRACT

This is an integrative review of literature carried out in September 2019. For theoretical basis, MedLine (PubMed and Lilacs) database was used. To organize the search, the following MeSH terms were used: "physician-patient relations" and "surgery". Of the total number assessed, only three studies met the proposed criteria. Our results demonstrate the lack of studies that exclusively evaluate the surgeon-patient relationship. However, three studies make up the evaluation of the medical professional's empathy with the patient. The work conducted by the *Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo* validated the use of the CARE (Consultation and Relational Empathy) scale of empathy to Brazilian Portuguese, thus becoming a tool available to assess the physician-patient relationship. The second study, the authors aimed to contribute towards the validation of the Jefferson Scale of Physician Empathy (JSPE) in Portugal. In this manner, our study found no other studies that use scales to evaluate empathy in the surgeon-patient relationship in Brazil. However, the CARE (Consultation and Relational Empathy) scale, already validated in Brazil, can be used as an evaluation method of the surgeon-patient relationship, despite the need for larger studies for its due implementation

INTRODUCTION

Medicine consists of a field of knowledge that has preservation and restoration of health as fundamental principles. Within this context, medicine reaches an ample territory of action, with clinical and surgical specialties involved in health promotion, and prevention, control, eradication, and treatment of diseases, traumas, or any other injury to the integrity and wellbeing. Thus, in general, the focus of all medical actionsis the human being, sometimes healthy, sometimes ill.

The encounter between the surgeon and the patient, regardless of the circumstances, immediately generates a bilateral expectation, which is a lot greater in the patient. Countless questions arise, such as: what is the diagnosis? Which is the best treatment? Is there a cure? What are the complications? What about the results? Are the capacity and competence of the professional sufficient? On the other hand, surgeons coexists with and base their attitudes on ethical, moral, legal, and technical and scientific knowledge.

In this setting, a physician-patient relationship begins that may be definitely adequate or even catastrophic. Today, it is not possible to have a surgeon-patient relationship that is not based on honesty, loyalty, and profound humanitarianism, in which the patient is seen in his/her completeness, as a whole - mind, body, and spirit -,respecting his/her desires, beliefs, and moral and social principles. On the other hand, the human behavior tends to be grandly dissimilar, undergoing diverse external influences. Medicine, in its essence - art and science - requires of the physician a differentiated and transparent behavior towards patients, peers and subordinates.

When the historical context is evaluated, it is supposed that the physician-patient relationship is born with Hippocratic medicine, with the objective of pure human benefit, having as focus the general care given to the person, not only to the disease[1]. Such a relationship is formed by complex psychosocial processes that should be measured in detail by its authors[2]. The advance of Medicine and its direction towards medical specialties makes the intentional care given to the cure of the patient's biological problem more frequent. However, the patient presents with various factors that go beyond this matter[3].

Contact with the patient is the central element of medical activity. Communication needs to be established in a clear and effective manner, not only with the patient, but also with other professionals, family members, friends, and caregivers. Within this context, the degree of empathy can be used as an

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instrument of evaluation in the physician-patient relationship. As per Coulehan *et al.*[4], empathy is the "ability to understand the situation, perspectives, and feelings of the patient and to communicate that understanding to him/her." Understanding of the situation allows the medical professional to deepen his/her perspectives of the patient with no influence on the technical issues and skills to be applied. Empathy is associated with numerous advantages to the patient: better communication of symptoms[5-9], increased provision of information[10-13], increased diagnostic accuracy[7,8], growing collaboration with treatment, greater compliance with treatment, reduced depression, and improved quality of life[14].

Considering what was exposed, it is evident that the study and teaching of empathy to physicians and healthcare professionals are extremely important. Nonetheless, in order to reach the best degree of empathy of the professionals, instruments to evaluate the degree of empathy shown by these professionals are needed. In this setting, the objective of this project is to evaluate the existence of standardized assessment scales of empathy of the surgeon with his/her patients, and the use of these scales around the world.

METHODS

This is an integrative review of literature carried out in September 2019. For theoretical basis, MedLine (PubMed and Lilacs) database was used.To organize the search, the following MeS Hterms were used: "physician-patientrelations" and "surgery."The following filters were employed to narrow results: 1. Works published in the last 10years; 2. Works published in English, Portuguese, and Spanish; 3. Works available as full texts. The inclusion criterion was studies that described empathy in the evaluation scales of the surgeon-patient relationship.

The initial investigation, with no filters, found 4136 studies. After applying filters, 355were evaluated as to the inclusion criterion by reading of their abstracts. Of the total number assessed, only three studies met the proposed criteria.

RESULTS

Our results demonstrate the lack of studies that exclusively evaluate the surgeon-patient relationship. However, three studies make up the evaluation of the medical professional's empathy with the patient.

CARE Empathy Scale

The work conducted by the *Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo* validated the use of the CARE (Consultation and Relational Empathy) scale of empathy to Brazilian Portuguese, thus becoming a tool available to assess the physician-patient relationship[14].

The English version of the CARE scale was obtained from the original article related to its development[15]. It is a public domain instrument composed of 10 questions, with additional explanations in colloquial language to facilitate its comprehension. Grading is done with a score that varies between 1and5, in which the sum of all values provides a final score between 10 and 50[14]. The study included the initial concern of translating the original questionnaire in order to apply it to Brazilian patients in a clear and comprehensible manner. For its validation in Portuguese, initially twenty patients were assessed. They had been seen at the General Pulmonology outpatient clinic of the *Hospital das Clínicas de Ribeirão Preto*, voluntarily selected, and were literate adult patients of both sexes who exhibited no difficulty in understanding. The patients were approached by one of the two investigators during the post-visit period. The second step involved the application of the final version of the CARE scale to12 adult patients, selected based on the same criteria and approached in the same way. Besides responding to the CARE scale questionnaire, they also answered 10 questions related to the Patient's Perception of Empathy Scale (EPEP, acronym in Portuguese), to provide support to the concurrent validation of the CARE scale.

The first study group was composed of20patients (12 women and8men), median age of 58 years (20-81), 14with schooling level of 4years, 2of8years, 3with high school, and one with higher education. Nineteen individuals informed that all questions were easy to answer, and one found it difficult to understand question 10. Twenty patients considered the answers easy to understand.

In the second group, 7 female and 5 male patients responded to the CARE and EPEP scale, with a median age of 44.5 years (20-63). The median score of CARE was 41.5(33-50) and there was correlation between the CARE and EPEP scores.

Figure 1 Brazilian version of the CARE Consultation and Relational Empathy) Scale.
Source: Scarpelline *et al.*, 2014[14].

Steinhause *et al.*[16]interviewed 127 patients, six weeks after discharge from the general surgical and trauma ward by using the Subjective Evaluation of Medical Treatment Outcomes (SEMTO),and clinical empathy was evaluated using the CARE (Consultation and Relational Empathy) scale.

Items studied were the influence of variables of empathy and of medical control on the result. A total of 120 patients were included in the analysis. In comparison with the patients with classification of physician's empathy with at least 30 points,

the patients in classifications of 41 points or more are20-fold more likely to be in the group with the best result of medical treatment on the scale. The results emphasize the importance of a relationship that works well between physician and patient.

Jefferson Scale of Physician Empathy

The second study found had the objective of characterizing the sample of first-year undergraduate medical students, at the *Faculdade de CiênciasMédicas da Universidade Nova de Lisboa*, relative to sociodemographic data, attitudes related to empathy, motivations for reading Medicine, and preferences for a future specialization, exploring the relations among these variables by means of a cross-sectional study. Additionally, the evolution of attitudes related to empathy after participation in classes with related content was analyzed by means of a longitudinal study. In this setting, the authors aimed to contribute towards the validation of the Jefferson Scale of Physician Empathy (JSPE) in Portugal.

The validation process of the JSPE tool began at the Jefferson Medical College, in Philadelphia (USA). Such an instrument was later adapted for undergraduate medical students and healthcare professionals, and was the first empathy scale destined specifically to the field of healthcare. It is a self-completed 20-item questionnaire, which allows Likert-type responses on a scale with 7 positions. Such a scale has already been translated and validated in other countries, having been translated into Spanish, Polish, Italian, Portuguese and Japanese[17].

DISCUSSION

The physician-patient relationship is an established theme in the entire world, it is a topic of entire books and scientific production on an industrial scale. The study on how physicians place themselves before patients, how they dress and talk to patients, are teachings that all those who follow Medicine have from their first years at university, but there is a problem of not having had a means by which to assure or quantify this empathy. Since it is a subjective premise, empathy is something difficult to translate into mathematical language.

The need for this numerical translation arises when the physician seeks a self-evaluation of the services delivered, as well as how the patient truly feels in the presence of the healthcare professional, since confidence is the basis for any relationship among individuals. It is important to point out that there are studies that guarantee it as a determining factor in the patient's good recovery. Brazil today is going through a process of adaptation and reinvention of values about empathy, trying to translate inventories of other countries to adapt to the reality of this country. At a first moment, the Scottish CARE scale was successfully introduced, based on the easy interpretation of the patients, showing that it is useful even with all limitations of the work exposed. Another important point mentioned is the lack of collaboration of the professionals, which demands a review of the medical education as to the importance of the perception of empathy towards the patient and improving prognosis.

Yet another problem begins when there are no specific scales that measure the relationship of the surgeon, specifically, with the patient. In the international literature, there are few models adapted for surgical situations, such as trauma, but none of them has been introduced in Brazil, revealing fragility of the

Brazilian literature regarding empathy of the surgeon with patients.

Further studies are needed on empathy in the surgeon-patient relationship, its quantification, and its influence in the confidence and recovery of the patient, as well as the intervention and awareness about it in the educational foundation. Speaking exclusively of the surgeon, studies are still necessary about the adaptation and translation of the CARE questionnaire for a surgical setting, since it has its peculiarities and is different from strictly clinical practice in various aspects.

CONCLUSION

In this manner, our study found no other studies that use scales to evaluate empathy in the surgeon-patient relationship in Brazil. However, the CARE (Consultation and Relational Empathy) scale, already validated in Brazil, can be used as an evaluation method of the surgeon-patient relationship, despite the need for larger studies for its due implementation.

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