

1 **Why we should understand the patient experience: Clinical empathy and Medicines**

2 **Optimisation**

3 There is a national imperative to improve the “patient-centredness” of pharmacy
4 consultations. Medicines Optimisation is increasingly recognised as a fundamental paradigm
5 for directing pharmacist activity. Royal Pharmaceutical Society guidance [1] on medicines
6 optimisation lays out four principles, the first of which is to “understand the patient
7 experience.” We contend that clinical empathy, defined as appropriate empathy
8 demonstrated in a clinical setting, is essential in order to truly understand the patient
9 experience. It allows pharmacists to engage patients in consultations about their thoughts
10 and feelings around medication in order to identify ongoing pharmaceutical problems and
11 to help them get the most from their medicines.

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

19 Effective demonstration of empathy was historically linked in the literature with a person’s
20 inherent personality [5]. However, evolving literature recognises the role of cognitive and
21 behavioural functions that are common to the development of communication skills. These
22 can be learned and taught [6]. This is also identified in recent definition of empathy by
23 Fjortoft and colleagues [7]; “A cognitive attribute that involves an understanding of patients
24 concerns, the capacity to communicate this understanding and an intention to help”.

25 In clinical consultations around medicines, we suggest that clinical empathy facilitates a true
26 acknowledgement of patient’s health and other experiences, which may influence their
27 medicines taking behaviour. Empathy is demonstrated through skills such as ‘active
28 listening’ and establishing a shared understanding [5]. These skills allow the practitioner to
29 identify with patients’ feelings, the problems they are experiencing and increase the
30 likelihood of a response that a patient will find helpful.

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

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

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

49 While we recognise that some pharmacists have empathic and supportive relationships with
50 their patients, we believe that pharmacy does not share a reputation for clinical empathy
51 similar to that of other clinicians. Historically, pharmacy education has concentrated on
52 scientific achievement and demonstration of technical ability, both of which are central to
53 safe pharmacy practice. Little attention was paid to the communication skills required for
54 effective consultation [15]. This is understandably reinforced by the notion that giving
55 information about safe use of medicines is key to a consultation and can lead to a
56 “checklist” style consultation [16]. Where consultation skills development has occurred,
57 traditional methods focus on “patient counselling” that promotes a ‘telling’, rather than
58 ‘consulting’ style, leading to a unilateral handover of information from pharmacist to patient
59 [12, 16].

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

69 The demonstration and application of clinical empathy can maximise the effectiveness of
70 the short time available in pharmacy consultations by encouraging dialogue that additionally
71 focuses on the patient's needs and wants. This can also reduce the risk of wasting time
72 providing information or advice that the patient already knows which they are therefore not
73 receptive towards or even may ignore. These key skills include:

- 74 • Active listening [rather than telling and instructing]
- 75 • Using open questions to elicit the patient's perspective instead of making
76 assumptions
- 77 • Using probing and clarifying questions to gather more information
- 78 • Summarising and paraphrasing what they have told you
- 79 • Using verbal and non- verbal cues from the patient to identify a potential
80 misunderstanding of the shared agenda

81 We recognise that this encouragement for pharmacists to alter their approach in this way
82 may be a challenge, since we perhaps feel more secure professionally when aware that 'I
83 have told them that.' There may also be the worry that demonstrating clinical empathy will
84 place an unsustainable emotional demand on the clinician. Neighbour's consultation model
85 [19] argues for importance of 'housekeeping' i.e. checking with yourself that you are in good
86 enough shape to see your next patient. Pharmacists do not need to agree with patients in
87 order to demonstrate clinical empathy; and by empowering and motivating the patient,
88 pharmacists can promote ownership of their treatment.

89

90 *Box 1 Some questions to support clinical empathy in pharmacy consultations*

- 91
- *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?*
- 92
- 93
- 94

95

96 Further support for the requirement of clinical empathy in consultations comes from the
97 report by Robert Francis QC into the failings at the Mid Staffordshire Foundation Trust,
98 which was published in February 2013. The report stated 'Patients must be the first priority
99 in all of what the NHS does by ensuring that.....they receive effective services from caring,
100 compassionate and committed staff' (p.85) [20]. The Royal Pharmaceutical Society has
101 challenged pharmacists to consider the relevance of the report's findings to the profession
102 [21].

103 Health Education England has highlighted development of consultation skills as a key
104 priority for the pharmacy profession. There is a close association between adopting a
105 patient centred approach and the use of clinical empathy in enhancing the quality of the
106 patient consultations to meet the patient's needs and improve patient outcomes. The
107 recent publication of the Consultation skills for Pharmacy Practice programme [22] in
108 England is a welcome stimulus for pharmacists to enhance their skills in this area.

109 We would like to encourage helpful introspection, perhaps formally at undergraduate, pre-
110 registration and foundation level amongst students and junior pharmacists, as well as
111 informally for experienced practitioners. To this end, we invite readers to think about what
112 clinical empathy means to them in their individual practice. When consulting with patients
113 in pharmacy practice:

- 114
- 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?
- 115
- 116

- 117 • What do you want to help your patients achieve?
- 118 • What do you think are the differences between pity, sympathy and clinical empathy?
- 119 Which do you think you demonstrate when faced with a difficult discussion?
- 120 • Do you ever imagine what external factors may affect a person's health and
- 121 medicines taking? Do you ever imagine what their life is like? If not, could you?

122 We believe that all patient-facing pharmacists need to embrace clinical empathy as part of
123 pharmacy consultations in order to optimise the effectiveness of pharmaceutical
124 consultations. Pharmacists in the UK have opportunities across practice settings to consult
125 with patients about their medicines. We therefore recommend that undergraduate,
126 foundation and postgraduate pharmacy education does justice to the concept of clinical
127 empathy as part of consultation skills training. The need for change is summarised by a
128 recent study concluding from patient stories that 'relationships with practitioners were
129 viewed critical and perceived lack of empathy impacted the effectiveness of care.' A
130 salutary thought indeed for the pharmacy profession.²³

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