



EDITOR'S
NOTE



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Who Cares?

“...there is nothing heavier than compassion. Not even one’s own pain weighs so heavy as the pain one feels with someone, for someone.”

— Milan Kundera

The ability to understand the personal experience of others without bonding with them, defined as empathy, can occur on emotional, cognitive, and behavioral levels. Although the importance of empathy is undeniable, we can often find it difficult as a veterinarian to consistently express it to pet owners. Some of the factors that negatively influence the development of empathy are the high number of patients seen, the lack of adequate time spent with them, and a lack of education in empathy. It is assumed that we got into this profession as individuals who have a naturally high level of empathy, but even if this is true, what do we do when this is challenged by regular ingratitude, hostility, and personal exhaustion?

The expression of empathy is a non-technical competency that can often be overlooked educationally, and no doubt this means that we do not have the tools to cope at our toughest times. As a coping mechanism, then, we may distance ourselves from owners, avoiding emotions and focusing on biomedical facts. Unconsciously we try to protect ourselves by widening the moat between our own situation and those of our clients. This is a process described as “existential neglect” and from this point we might spiral downward unless we know how to climb out of the hole we are in. Educators in empathy suggest that we can learn the behaviors associated with empathy—such as taking an active interest in patients/owners, active listening, eye contact, etc.—secondary to clearing our minds and managing our own feelings before opening the consult

room door. Sounds easy, but many of us can be beyond such simple “self-help” tools—so it has become obvious it cannot be taught in isolation as a fix to the reason that we lost empathy in the first place.

Medical students display a phenomenon of “hardening of the heart,” with a decline in empathy during the course of medical school, leading to a suggestion that medical education should include approaches to both retain and enhance empathy. In an ideal world, developing empathetic skills should be not only the underlying objective in the teaching process of healthcare undergraduate students but also the subject of the lifelong and continuous education of medical professionals. Veterinary schools typically select and educate students based on standardized testing and science grades, not on empathy and communication skills. Moving forward, should we consider an applicant’s emotional intelligence and social awareness, in addition to having a curriculum that includes coaching in empathy, listening, and communication? Currently, there are few resources to teach or assess empathy accurately. The concerning trends of empathetic depletion highlight the need for our profession to focus a portion of our continuing education requirements on this topic, similar to LEAP (Legal, Ethical and Professional) continuing education required by the Georgia Veterinary Medical Association. However, there needs to be improved resources to satisfy this requirement. We lag behind the initiatives taking place in the human medical field, yet our personal crisis is more pressing as a profession. It is time to have compassion and empathy for us. **TVP**

Correction

The article “Treating Otitis Externa in Dogs” in the July/August 2021 issue incorrectly listed hydrocortisone as the glucocorticoid for Easotic in Table 3. Hydrocortisone aceponate is the correct glucocorticoid in this product.