

EDITORIAL AND COMMENT

“Lethal talk or healthful words? The prescription for empathetic utterance”

Jeremy D Graham, DO MA FACP

Providence Internal Medicine Residency Faculty Group, Spokane Teaching Health Center, Spokane, WA, USA.

J Gen Intern Med 33(6):777–8

DOI: 10.1007/s11606-018-4354-5

© Society of General Internal Medicine 2018

In this issue of JGIM, *Healing Arts/Materia Medica* offers the poem “Lethal Talk” by Dr. J. Trig Brown.¹ Though brief, the poem describes a complex scene: a consulting physician delivers painful and abrupt bad news, then vanishes from the scene instead of remaining to comfort, guide, or console. Physician readers may identify with one or more of the implied characters, reading the poem from the stance of the primary doctor saddled with the repercussions of the consultant’s visit, or that of the patient, but we may also read from the perspective of the consultant.

The poem may touch on a raw nerve, as it raises a question with both intellectual and emotional implications: Do we physicians in fact deliver poor communication, leaving patients to suffer from a lack of perceived compassion? Is our talk so bad as to be “lethal?”

Such data as exist compel us to take seriously the picture at hand. “Shortcomings in communication” and low rates of physician awareness of patient-experienced needs persist across decades of measurement.² On balance, we overestimate our own compassion: Lown and colleagues found that “78 percent of physicians said that most health care professionals provide compassionate care, but only 54 percent of patients [agreed].”³ To borrow a construction from Redelmeier et al., bad communication is, like bad breath, often not noticed by its source.⁴

Patient and physician feelings warrant being considered as important “outcomes” in their own right. Understandably, however, many clinicians will be more impressed that more quantifiable outcomes—diabetes and lipid control even biomarkers of rhinitis (Interleukin-8 in nasal secretions)—correlate favorably with individual physicians’ empathy.^{5, 6} Del Canale suggests that since empathy impacts care outcomes, a physician cannot practice competently without it.⁷ Where empathy is salutatory, perhaps its absence can indeed yield “lethal talk.”

Physician empathy persistently declines during medical education and training, so actions which cultivate or preserve empathy are needed.^{8, 9} Grappling with poems like “Lethal Talk” may be just such an activity. Experience trying to interpret art and literature may engender physicians’ ability to hear, read,

interpret, and utter the right words. Reading literary fiction may increase the capacity for “theory of mind” and better grasp of others’ inner experience.¹⁰ Our group found that including humanities in a medical school curriculum correlated with better measures of clinical empathy in trainees.¹¹

The best metric of empathy is not established, nor is it well-understood how experience with interpretation of poems and paintings cultivate it. However, many useful drugs’ efficacy in use predate full understanding of their mechanisms. While much investigation remains, Dr. Brown’s poem echoes the lesson the poet Rudyard Kipling delivered to the Royal College of Surgeons in 1923: “...words are, of course, the most powerful drug used by humankind.”¹²

Corresponding Author: Jeremy D Graham, DO MA FACP; Providence Internal Medicine Residency Faculty Group Spokane Teaching Health Center, Spokane, WA, USA (e-mail: Jeremy.Graham@providence.org).

Compliance with Ethical Standards:

Conflict of Interest: J.D. Graham attests to having no relevant conflicts of interest related to this article.

REFERENCES

1. Brown TJ. Lethal Talk. *J Gen Intern Med*. 2017; doi <https://doi.org/10.1007/s11606-017-4271-z>.
2. Connors AF et al. A controlled trial to improve care for seriously ill hospitalized patients. The study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment (SUPPORT). *JAMA*. 1995;274(20):1591–1598.
3. Lown B et al. An Agenda for Improving Compassionate Care. *Health Affairs* 2011, 30(9): 1772–1778.
4. Redelmeier et al. Problems for Clinical Judgment: Introducing Cognitive Psychology as one more basic science. *CMAJ*, 2001; 163(3): 358–360.
5. Hojat et al. Physicians’ Empathy and Clinical Outcomes for Diabetic patients. 2011, *Acad Med*; 86(3):359–364.
6. Rakel et al. Perception of Empathy in the therapeutic encounter: effects on the common cold. *Patient Educ Couns*. 2011; 85(3) 390–397.
7. del Canale, et al. The relationship between physician empathy and disease complications: an empirical study of primary care physicians and their diabetic patients in Parma, Italy. 2012. *Acad Med*, 87(9):1243–1249.
8. Newton et al. Is there hardening of the heart during medical school? *Acad Med* 2008 83(3):244–249.
9. Neumann et al. Empathy Decline and its reasons: a systematic review of studies with medical students and residents. *Acad Med* 2011; 86(8): 996–1009.
10. Kidd D and Castano, E. Reading Literary Fiction Improves Theory of Mind. *Science*. 2013, 342(6156): 377–380.

11. Graham et al, Medical Humanities Coursework Is Associated with Greater Measured Empathy in Medical Students, *Amer Jml Med*, 2016, 129(12): 1334–1337.
12. Kipling, R. *A Book of Words*. Chapter XXIII, “Surgeons and the Soul,” digitized at [telelib.com](http://www.telelib.com). Accessed November 27, 2017 at <http://www.telelib.com/authors/K/KiplingRudyard/prose/BookOfWords/surgeonssoul.html>.