

## 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.<sup>23</sup>

131

132 **Reference List**

- 133 1. Picton C, Wright H. *Medicines Optimisation: Helping patients to make the most of medicines.*  
134 2013, Royal Pharmaceutical Society: London.
- 135 2. Parkin T, de Looy A, and Farrand P. Greater professional clinical empathy leads to higher  
136 agreement about decisions made in the consultation. *Patient Education and Counseling,*  
137 2014. 96: 144-150.
- 138 3. Rogers C, *Client-Centered Therapy: Its Current Practice, Implications and Theory.* London:  
139 Constable, 1951.
- 140 4. Hojat, M., *Clinical empathy in Patient Care: Antecedents, Development, Measurement, and*  
141 *Outcomes.* New York: Springer, 2007.
- 142 5. Davis CM. What is empathy, and can empathy be taught? *Phys Ther* 1990; 70: 707-11.
- 143 6. Mercer SW, Reynolds WJ. Clinical empathy and quality of care. *British Journal of General*  
144 *Practice* 2002; 52(Suppl)(S9-S12).
- 145 7. Fjortoft N, Van Winkle LJ, Hojat M, Measuring clinical empathy in pharmacy students.  
146 *American Journal of Pharmaceutical Education,* 2011. 75: 109.
- 147 8. Hojat M, et al. Physician empathy: definition, components, measurement, and relationship  
148 to gender and specialty. *American Journal of Psychiatry* 2002; 159: 1563-9.
- 149 9. Mercer SW, et al. The consultation and relational empathy (CARE) measure: development  
150 and preliminary validation and reliability of an empathy-based consultation process  
151 measure. *Family Practice,* 2004. 21: 699-705.
- 152 10. Greenhill N, et al. Analysis of pharmacist-patient communication using the Calgary-  
153 Cambridge guide. *Patient Education and Counseling,* 2011. 83: 423-31.
- 154 11. Stewart D, et al. *Developing and validating a tool for assessment of pharmacist prescribers'*  
155 *consultations.* Family Practice 2010; 27: 520-6.
- 156 12. Latif A, Pollock K, Boardman HF. The contribution of the Medicines Use Review (MUR)  
157 consultation to counseling practice in community pharmacies. *Patient Education and*  
158 *Counseling,* 2011. 83: 336-344.
- 159 13. Street RL Jr, et al. How does communication heal? Pathways linking clinician-patient  
160 communication to health outcomes. *Patient Education and Counseling* 2009. 74: 295-301.
- 161 14. Pike AW. On the nature and place of empathy in clinical nursing practice. *Journal of*  
162 *Professional Nursing* 1990; 6: 235-241.
- 163 15. Hargie O, Morrow N. Interpersonal Communication and Professional Practice: a case study  
164 from Pharmacy. *Journal of Further and Higher Education* 1985; 9: 26-39.

- 165 16. Barnett N, Varia S, Jubraj B. Medicines adherence: Are you asking the right questions and  
166 taking the best approach? . *The Pharmaceutical Journal* 2013; 291: 153-156.
- 167 17. National Institute for Health and Care Excellence, *Medicines adherence: Involving patients in*  
168 *decisions about prescribed medicines and supporting adherence (CG76)*. 2009, National  
169 Institute for Health and Care Excellence: London.
- 170 18. Salter C, et al., "I haven't even phoned my doctor yet." The advice giving role of the  
171 pharmacist during consultations for medication review with patients aged 80 or more:  
172 qualitative discourse analysis. *British Medical Journal* 2007; 334(7603): 1101.
- 173 19. Neighbour R, *The Inner Consultation* 1987, Lancaster: MTO Press.
- 174 20. Francis, R., *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.*, T.S. Office,  
175 Editor. 2013: London.
- 176 21. Colquhoun A, What the pharmacy profession can learn from Mid Staffordshire's failings. *The*  
177 *Pharmaceutical Journal* 2013. 290: 170.
- 178 22. Centre for Pharmacy Postgraduate Education. *Consultation skills for Pharmacy Practice*.  
179 Available from: <http://www.consultationskillsforpharmacy.com/>.
- 180 23. Cotugno J, et al., "I wish they could be in my shoes": patients' insights into tertiary health  
181 care for type 2 diabetes mellitus. *Patient Prefer Adherence*. 2015; 9: 1647–1655.  
182 doi: [10.2147/PPA.S91214](https://doi.org/10.2147/PPA.S91214)