

By Lee Kin Weng

Artificial Empathy



Every medical practitioner understands the value and importance of empathy in today's healthcare setting. Imagine the hospital situation not too long ago as an example.

Patient 1: (Groaning in pain.)

Staff Nurse (Yesteryear): "Ah Pek, why never eat medicine! You better eat or else you will never recover! Aiyohhhhhh, you vomit again ah??"

Staff Nurse (Today): "Uncle, what's wrong? Why never eat your medicine? Are you feeling the pain at your wound?"

Patient 2: "Doctor, am I going to die of cancer?"

Doctor (Yesteryear): "Take the medicine two times a day and come back in a month's time."

Doctor (Today): "I understand your concerns, sir, but according to evidence-based medicine ..."

It is almost unanimous that the awareness of the need for empathy in healthcare is one of the reasons why standards have improved over the years. In fact, it is one of the most emphasised 'skills' not only in medical education, but also as part of medical professionalism.

Therefore, today's approach is to inculcate this skill, or value, early on. It begins during undergraduate training when didactic 'Empathy Lectures' are given en masse, in attempts to 'teach' empathy. Of course, complaints flooded the Dean's Office because how could empathy be taught as a series of lectures? Thus the response was to organise case discussions and small group tutorials to discuss empathy. However, being

exam-oriented, the students did not display the expected enthusiasm, which probably disappointed the programme planners greatly.

To fix this problem, 'empathy' was then made examinable. This began as a small component in theory papers where questions were fashioned to elicit answers which hopefully reflected the student's empathy levels. Again, how could empathy be accurately measured from pen-and-paper responses? The next step was to incorporate it as a component in marking templates for ward assessments, student internship, and the latest, as part of 'live-clerking' in the presence of an examiner for the final MBBS.

Certainly that is not enough to assess a future doctor's empathy. A doctor must be *empathetic!* Consequently, the communication OSCEs examination was created, to make sure that the candidate must be empathetic (or at least show that he or she appears empathetic in front of a paid actor), and by the way, also possesses other essential skills such as the ability to suture wounds and write prescriptions, so as to book a seat in the final MBBS examination hall.

If you are one of the privileged who have successfully graduated from medical school, you may consider furthering your education by



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taking the MRCP or MRCS. You will then be familiar with PACES, which is very similar to undergraduate OSCEs or short cases, where you have to clerk a paid actor within 14 minutes, and be able to derive a diagnosis, formulate a management plan, and of course, display a substantial degree of empathy within that time. To do well, you probably had prepared a list of catch-phrases which you spewed whenever opportunity arose during your clerking of the paid actor. A few examples are: “Oh, that must be tough for you ...”; “You must be having a lot of pain ... “ and “I am glad you are feeling better!”

It does not matter if you noticed the actor cringe at the pretentiousness of your lines; the examiners could not see his facial movements from where they were sitting anyway. Nevermind if your peers mumble behind your back that you are deficient in knowledge and clinical skills, but a superb actor, and therefore deserve distinction marks.

When has empathy become an examinable subject? Have we forgotten that it is a quality of human nature?

Welcome to the era of artificial empathy. ■