

By Dr Tan Poh Kiang, Editorial Board Member

# My Thoughts on Empathy

“I was advised by an older friend sometime ago that people rarely care about how much you know until they know how much you care.”

I am indebted to catholic priest and devotional writer Henri JM Nouwen (1932-1996) for teaching me the concept of the ‘wounded healer’. In his bestseller book by the same name *The Wounded Healer* (1972, Doubleday, New York), he explored the struggles of serving as a minister. It taught me much about empathy and it has guided me in relating to my patients.

First, a little background information about this unusual priest. Ordained in 1957 into the priesthood, he went on to pursue an academic career, specialising in psychology from 1964 to 1982, with positions at the Menninger Clinic, Notre Dame, the University of Nijmegen, Harvard, and Yale. Nouwen next spent time as a missionary to the poor in war- and poverty-torn areas of Latin America, including Bolivia, Peru, Mexico, Nicaragua, and Honduras. In his last years of life, he was a pastor at L’Arche Daybreak, a community for handicapped adults in Canada. Henri Nouwen was the author of over 30 books, including *The Wounded Healer*, *Our Greatest Gift*, *Life of the Beloved*, and others.

## FEELING YOUR PATIENT’S PAIN

The most valuable part of the book, *The Wounded Healer*, lies in the third chapter where Nouwen discussed a hypothetical case that involved a Mr Harrison who was a 48-year-old farm labourer admitted for surgery for peripheral artery disease. He was visited by John Allen, a theology student doing one year of clinical pastoral training under the supervision of the hospital chaplain. Young John Allen, ever conscious of his inexperience and awkward in his line of questioning was unable to sense Mr Harrison’s despair. The

patient was anxious of his impending surgery and its risk and at the same time, he was also discouraged by the fact that there was no one to care for him post-op. The patient died from intra-op complication and never received the encouragement that John Allen had intended to provide. What happened?

The ensuing case discussion demonstrated Nouwen’s masterful grasp of the human need for empathy. Nouwen shares, “It seems necessary to re-establish the basic principle that no one can help anyone without becoming involved, without entering with his whole person into the painful situation, without taking the risk of being hurt, wounded or even destroyed in the process. Who can save a child from a burning house without taking the risk of being hurt by the flames? Who can listen to a story of loneliness and despair without taking the risk of experiencing similar pains in his own heart and even losing his precious peace of mind? In short: who can take away suffering without entering it?”

I discovered this truth in my personal perspective on pain and its management. In 1996, I had to undergo surgery because of stones in my left kidney which manifested as gross haematuria. There was a visiting HMDP expert who was able to remove the lower pole stones through a trans-urethral approach. The technique which was technically complex required a J-stent to be placed in my left ureter. Unfortunately on the third post-op day, I developed fever, chills and rigors. An x-ray (KUB) also demonstrated displacement of the J-stent. So the urologist started me on intravenous antibiotics and



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attempted to remove the stent under local anaesthetic. After several failed attempts with the cystoscope, he decided it was better that I underwent general anaesthesia while he brought in a colleague to assist in retrieving the elusive stent. My urethra was so traumatised that when I awoke after the GA to micturate, I almost died from the razor-sharp excruciating pain. I had to beg for Pethidine and later oral Tramadol to ameliorate the agony. My attitude toward pain and its necessary treatment was forever transformed.

So, whenever I listen to a patient describe his or her pain experience, I cannot help grimacing and empathising with his or her suffering. I have also leaned towards a proactive stand in seeking for pain symptoms amongst patients and treating it early with ample quantity of appropriate analgesics.

### **“I HEAR WHAT YOU SAY.”**

Nouwen further elucidated that it is an illusion to think that Man can be led out of the desert by someone who has never been there. Of course, it is impractical to imagine that we would have to suffer the whole gamut of symptoms in order to be able to provide empathetic clinical service to our patients. I believe it is entirely possible to do so when our hearts are keen to care and our ears are ready to listen. The art of listening is much under-emphasised and under-practised in healing. Many in the world of communications and business management have taught that listening can impact interpersonal relationships significantly.

I recently came across Thomas Friedman – a renowned foreign affairs *New York Times* columnist, as well as author of *The Lexus and The Olive Tree* and *The World is Flat* – describe

listening in his commencement speech at Williams College (5 June 2005).

He said, “The ability to be a good listener is one of the most under-appreciated talents a person or a country can have. People often ask me how I, an American Jew, have been able to operate in the Arab/Muslim world for 20 years, and my answer to them is always the same. The secret is to be a good listener. It has never failed me. You can get away with really disagreeing with people as long as you show them the respect of really listening to what they have to say and taking it into account when and if it makes sense. Indeed, the most important part of listening is that it is a sign of respect. It is not just what you hear by listening that is important. It is what you say by listening that is important. It is amazing how you can diffuse a whole roomful of angry people by just starting your answer to a question with the phrase, “You’re making a legitimate point” or “I hear what you say” – and really meaning it. Never underestimate how much people just want to feel that they have been heard, and once you have given them that chance, they will hear you.”

I was advised by an older friend sometime ago that people rarely care about how much you know until they know how much you care. Empathy is precisely that. It is the sum total of our communication to our patients that the entire consultation is about them: that we are here to understand their suffering and perhaps feel it too. I end with Father Nouwen’s wisdom once again when he declared, “The man who spent many hours trying to understand, feel, and clarify the alienation and confusion of one of his fellow men might well be the best equipped to speak to the needs of the many, because all men are one at the wellspring of pain and joy.” ■