



ISSN: 1697-090X

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Rev Electron Biomed / Electron J Biomed 2017;1:3-4.

### Editorial:

## EMPATHY IN CLINICAL PRACTICE

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### [Version en español](#)

The importance of the teaching of empathy in the Degree of Medicine maintains a current relevance in professional forums<sup>1</sup> and in line with its questionable consistency in the undergraduate and specialization training plans we would like to establish a brief editorial contribution. In a global term, it is accepted that at present his body of doctrine is not very relevant in the teaching plans and this is consistent with the scant importance that has been granted to him as an area of competence.

In this sense we want to point out that the reduced impact of the same in the educational level can be verified by noting that in the prestigious "MIR" method of examination, during the last 36 years, the questions related to this field of knowledge have been among the least frequent. We have carried out a review of the questions from 1981 to 2017<sup>2</sup>) and have only found five related to "empathy": the 131 of the MIR 2011, the 179, the 183 and the 187 of the MIR 2015 and the 224 of the MIR 2016. The four have a brief statement (three of two lines and one of four) and the fifth is presented as a clinical case (twelve lines of statement).

Our system of access to the training of specialists, for which many of the generations we work today have passed, is recognized as one of the most transparent and equitable in the world. The Ministry of Health, it is fair to acknowledge, has carefully care for their level of excellence<sup>3</sup> - However the role of "empathy" doctor-patient compared to other subjects at the time of being examined is negligible. This undoubtedly is associated with the modest level of awareness in professional teaching environments-

We have widely recognized that what is not an objective of evaluation does not give rise to motivation for its study<sup>4</sup> and for that reason it should increase its curricular protagonism. According to Moore et al.<sup>5</sup>, clinical education programs should include the teaching of physician-patient communication. It is extremely important in curriculum development how communication skills are learned. Prestigious institutions around the world<sup>6</sup> have advocated the sustained challenge of reinforcing empathy in the context of the doctor-patient relationship. In an attempt to systematize, as discussed by Kurtz<sup>7</sup>, the "Calgary Cambridge" observation guide has been used at all levels of medical activity, from early years to highly experienced clinicians and almost all specialties and facilitates the systematic development of communication skills. It is also an instrument with considerable flexibility to allow it to be applied in doctors with very different styles and personalities. In our country there are contributions such as the one mentioned at the beginning of this editorial<sup>1</sup> and others of deep conceptual and applied reflection<sup>8</sup> that advocate for training and active evaluation in "empathy". This represents an area that has proven to be useful in optimizing the perception of our patients' doctors, which represent the essential purpose of our professional activity.

The training of specialists in the health sciences has remained almost unchanged for several decades, but since the publication of the Royal Decree of "Core-Activities", specialization trunk and specific training areas, the classic MIR system can undergo profound changes<sup>9</sup>. It would be desirable to incorporate dynamic and applied content in communication and empathy and to acquire the commitment of its revision as an integral part of the competence of health professionals<sup>10</sup>.

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