pened: monthly visits dropped to 43%–65% of baseline level. For unclear reasons — perhaps greater trust, reduced anxiety, or improved compliance — these patients did better and were more satisfied with their care.[5] Other studies have shown similar benefits in children and the elderly.[6,7]

So, if compassionate care is important, how do we restore it to emergency medicine? Perhaps we can start by enhancing our own empathy skills. Empathy is the ability to identify with a person and understand his or her plight or feelings.[8] Empathy helps overcome physician narcissism and aloofness in this technological age.

When medical students study the dead body and the living cell, they learn that patients are passive and cells are alive.[9] In medical school, "science" is emphasized and humanity devalued. The art of listening, fundamental to empathy, diminishes. Yes, we hear details of the history, but are we listening to the patient's mind and spirit? Many students who begin with empathy and high ideals lose these qualities when they are faced by an emphasis on knowledge rather than interpersonal skills, and by a lack of empathy on the part of their teachers.[10]

We have a duty not only to our patients, but as mentors to ED physician wannabes, to hone this skill and cultivate our empathetic side. Physicians are more than the sum of pills and procedures. We need compassion and empathy to carry out our important role. Compassionate care is more than just good ethical behaviour. It is good medicine.

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