How to lend your patients an empathetic ear—now more than ever

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Listening to your patients with empathy has always been important, but it’s become even more crucial during the COVID-19 pandemic as patients experience unprecedented levels of uncertainty and anxiety.

When physicians use empathetic listening to understand patients’ fears, it can help diminish patients worries and concerns. To help you become a better listener, the AMA has updated its toolkit, “Empathetic Listening Honor the Patient Experience During Crisis.” The toolkit is part of the AMA’s STEPS Forward™ collection of practice-improvement strategies.

Empathetic communication is based on understanding a patient’s feelings—think of it as the ability to put yourself in their shoes—and then communicating back to the patient that you understand what they are going through. Done well, patients often become more open and responsive to their physicians’ advice and doctors can see an improvement in their professional satisfaction.

The revised toolkit takes physicians through the five steps to listening with empathy and includes practice scenarios that tackle situations that may arise from having lived through the first pandemic in a century, as well as other situations. Here are a few of the pandemic-related scenarios.

Honor the first “golden moments”

A new patient asks at the beginning of a preventive visit: “What do you think of hydroxychloroquine?” Your first instinct may be to answer swiftly and directly and continue with other “routine tasks.” Don’t answer immediately. Instead, ask about the underlying reasons she is asking the question.

For example, say: “Are you worried and looking for something that will help you prevent infection with COVID-19?” This gives an opening for her to express any other underlying concerns and creates
trust. A quick response would likely shut the patient down for the rest of the visit.

**Listen for feelings, needs, values**

If a patient in your office complains about mask mandates and says that rebreathing carbon dioxide is bad for him, you may be tempted to correct and educate him right away. Instead, listen without interrupting and then reflect back the patient’s feelings and needs.

You could say, “You’d like to be safe and you’d like the freedom to make choices that you feel are safe.” Empathy is possible without agreeing with the patient. Once the patient feels heard, you can tell him about best practices for disease prevention and debunk common myths.

Learn what physicians wish patients knew about double masking.

**Remain present when listening**

A 36-year-old patient without high-risk medical comorbidities for COVID-19 asks for a medical necessity note to work from home. She tells you her workplace is taking safety precautions, but that she would feel more comfortable at home. You could say, “You said you’d feel more comfortable working from home. Tell me more.”

Giving the patient words to help understand what she is seeking can help her to gain perspective and be empowered to create solutions with her employer.

**Look for cues to speak**

A patient is on screen for a telehealth visit. He tells you his brother recently died from COVID-19, starts crying and is overcome with emotion.

The man tells you his brother was his best friend and that he was unable to be with him in his final days. Let your patient express himself. During a quieter moment, repeat back what he said, for example, “He was your best friend.”

You can echo a few other things the patient says as he works through his thoughts. When it feels appropriate, you might ask, “Do you feel comfortable continuing the conversation about your medical care, or would you like to talk more about your brother?” This gives the patient an opportunity to
confirm when he is ready to move on.

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