

# HUMANITIES

## The Roots of Empathy

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I write this paper as a medical student coming to the end of a maternity leave and about to begin clerkship this August. When finishing school last year, I committed to not letting all that I had learned in the previous two years slowly atrophy over the months of late night feedings and seemingly never ending exhaustion of caring for a newborn. What I was not expecting, however, was that some of my most meaningful learning would be taught by a group of six-year-olds at a nearby elementary school.

Years before I had even considered having children, someone mentioned the Roots of Empathy program to me in passing and it struck a chord. So much so, that years later when my daughter was born, I looked up the local contact at the beginning of the elementary school year. I was in luck; there was one school left on the list that did not have a baby of their own. This school happened to be one that several teacher friends described as one of the most challenging in the city. The school population draws largely from low income and assisted income families in an area that struggles with crime and drug use.

Roots of Empathy is an evidence based program developed by Canadian educator, Mary Gordon, in 1996.<sup>1</sup> It was first trialed with 150 children in Toronto and is now available in English and French in rural, urban, and remote, including Aboriginal, communities in Canada and internationally. It is based on the theory that children learn through observation. Research results from national and international evaluations of Roots of Empathy indicate significant reductions in aggression and increases in pro-social behavior among participating children.<sup>1</sup>

The program is resource intensive and involves a classroom visit every three weeks over the duration of the school year by an infant and his or her parent. A trained instructor coaches students to observe the development of the baby, and to label the feelings demonstrated by the baby. In this experiential learning, the baby becomes the “teacher” and helps the classroom children identify and reflect on their own feelings and the feelings of others.

Over the months of visits that I made to the classroom with my daughter, I witnessed the class of six-year-olds take a keen interest in ‘baby Jane’ as their class baby. The kindness, insightfulness, and tenderness that they exhibited towards her was remarkable, though not surprising based on the stories I had heard about

the program. What I did not expect at the end of this program was that my perspective as a student physician would shift so significantly. As medical students, we are told time and time again how empathy is paramount to the patient. Empathy helps the patient feel respected and validated, results in greater patient satisfaction, and may even result in better health outcomes. Empathy in medical students has been shown to decline over the course of training, with the most notable declines taking place in the clinical years.<sup>2</sup> This situation is not unique to medical trainees; decline of empathy and an increase in distress and burnout affect physicians at all stages of practice. Burnout is defined as a depersonalization which can lead to a dehumanization of social interactions and a resulting decrease in empathy. The exact relationship between burnout and empathy has yet to be determined, but it is theorized that decreased empathy is a result of the “distress” medical trainees face when they enter their clinical training.<sup>3,4</sup> Issues such as high workload, declining social supports, and facing the clinical realities of practice (daily exposure to illness, suffering and death) are thought to result in a shift of focus towards objectivity and technology and away from the humanistic aspects of medicine.<sup>5</sup>

My experience in the elementary school classroom was a lesson in seeing the person at the heart of the health issue, as well as the systemic issues that may have led to the poor outcomes we see in healthcare. When we see a patient and cannot understand why they can’t just “eat better,” we do not see the six-year-old boy who, after a class discussion about sadness, drew a picture of not having enough food at home and going to bed hungry. When we see drug seeking behaviours or people struggling with addictions, we do not see the little girl who told me that she wished she could come and live with us instead of going home to her own house. When we see people with mental health challenges, we do not see the child, struggling to cope with trauma, who does not have an adequate support system due to their own parent’s struggles with addiction and mental illness.

Through the process of getting to know the elementary school, I was happy to learn that the school has a physician who visits regularly, but surprised to hear that the doctor is underutilized. Upon reflection, I realized that many of the issues so pervasive in the school’s population cannot be solved with a prescription or an office visit. Issues like food security, safe communities, early childhood development, and

adequate social assistance services are seemingly beyond the scope of a physician, yet vital for the health of a population. For me, this reinforced the unique and important voice physicians and medical students can have as agents for social change around the social determinants of health. Advocacy around these issues has the potential to improve health outcomes of some of the most vulnerable populations in our communities.

I will remember these experiences as I finish my medical education and begin my career. In much the same way that my child helped to develop and foster empathy in this class of elementary school students, their stories and humanity have been an invaluable lesson to me, as a person and as a community member, but even more significantly as a future physician. I know that a challenging road lies ahead as I finish my training and start my career. I know that at times I will be challenged to the point of emotional and physical exhaustion, but I will do my best to remember these fourteen children and to see the humanity I saw in them in my patients going forward.

#### References

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