Reply to "Empathic communication: The premise of inclusive care for historically excluded populations"

Swami et al[1] call for research on cultural diversity in the understanding of clinical empathy. We support their assertions and advocate for establishing institutional climates necessary to translate such research into better patient care. Here, we detail strategies for effecting this change.

(CONTINUING) MEDICAL EDUCATION: CULTURAL HUMILITY AND COMMUNICATION TRAINING

Some medical schools have implemented antiracism training programs, including student-led narrative medicine for antiracism for students, residents, and faculty[2]; institution-wide training with a focus on awareness of privilege and bias[3]; the use of a forum theater to explore racism and antiracism[4]; and guidance on language from national medical associations.[5] Institutional investment in evidence-based clinical communication training can provide clinicians with tools for recognizing opportunities for culturally sensitive patient interactions.

Medical schools may also assist students in developing cultural humility, an approach that emphasizes continual self-critique, curiosity, vigilance toward stereotyping, and a commitment to mutually respectful and dynamic clinical engagement,[6] throughout the curriculum. Teaching the history of medicine alongside pathophysiology might allow students to integrate the scientific fund of knowledge with the context in which it was developed. How might students approach the biochemical mechanisms of cancer and later their own patients with malignancies if this knowledge is grounded in the (mis) treatment of Henrietta Lacks?

In developing clinical skills, students would benefit from working with standardized patients from diverse backgrounds and alongside interpreters to better reflect real-life care delivery. Students could be taught that empathy is a clinical skill as important as formulating a differential diagnosis, and they could be given an equal opportunity to practice conveying it with patients whose conceptions of empathy may differ according to their cultural background.

Medical education relies on learning from other clinicians. Care team members and, as clinical students, fellow classmates are the ones who demonstrate how to listen to, learn from, and build therapeutic relationships with patients from many backgrounds. Medical schools that integrate new approaches for recruiting and retaining diverse students[7] and clinicians will possess an advantage; students will emulate the empathic approach of those whom they admire and trust: their leaders and peers.

SYSTEM-LEVEL STRATEGIES

Although medical education and health care organizations routinely include elements of individual-level diversity training, efforts to develop and implement culturally appropriate "empathic" communication at the system level are scarce. Such system-level efforts could include the following:

1. Trauma-informed care practices. This includes training clinicians in how to decrease the provider-patient power dynamic and move toward a collaborative approach by inquiring sensitively about patients' religious and cultural preferences regarding care and prior experiences of structural violence.[8]
2. Addressing clinic environment factors to promote relational engagement. This includes outreach to "level the playing field" (eg, seeing patients at home when it is possible/desired or by telehealth and hiring diverse clinical staff that more closely reflect the patient population served). Our previous work has demonstrated that system-level factors (accessibility, response times, and team-based care practices) affect the perception of clinician "empathy."[9,10]

The leadership and organizational climate in health care institutions and health professions schools must be invested in relational models of care delivery to fully support "empathic" clinical care for all patients.

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