Empathy, however, is not synonymous with understanding patient values and beliefs. I would argue that the physician does not need empathy to truly help a patient. Physicians can understand patient values and beliefs without imagining that they are the patient. In fact, it may be arrogant to believe that we, as physicians, can truly empathize with a patient without having been in the patient's situation. Empathy does not guarantee that a physician is able to "determine whether the patients' opinions about what is best for them seems reasonable."[1] If the physician were truly empathetic, he or she could not be objective enough to evaluate patients' choices, as is suggested by the author. True, physicians need to "reconcile their own beliefs about what is best for the patient with the patients' beliefs,"[1] but empathy is not the way to accomplish this goal. "Knowing how the patient thinks, feels, and suffers"[1] is not the same as empathy. Medical, ethical, and legal guidelines encourage joint decision making between patients and physicians.[2] Joint decision making infers that treatment decisions are based on the values, goals, wants, needs, and preferences of patients.[3,4] Awareness of the values, goals, and preferences of patients requires effective communication between physicians and patients, not imagining that one is the patient. Effective communication cannot occur when there are discrepancies between the cognitive content, therapeutic values, expectations, or goals of the physician and patient.[5] Such discrepancies can be resolved through open discussion between the physician and patient. The physician must be willing and able to ascertain and take into account the values and goals of the patient. This does not require empathy as much as effective communication skills. Physicians can and should be taught communication skills.[6] Likewise, patients can be taught to be more effective in obtaining information during medical encounters.[2] Understanding and appreciating the patient's viewpoint requires good communication, not imagining that one is the patient.

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In reply

To truly heal, physicians need to learn about patient values and goals and to understand the various ways that patients can suffer. As I expressed in my article, physicians begin the learning process by asking questions and making observations. Dialogue ensues between physician and patient. Yes, understanding the patient's views requires good communication. However, what Kutner fails to appreciate is that good communication requires empathy. Imagining what it is like to be the patient sitting before you positively shapes the words and gestures one uses to communicate. Empathic physicians acquire an intellectual and emotional understanding of the patient's predicament. This understanding impels them to communicate and behave in ways that they themselves would approve of if they were in the patient's present situation.

I might add that perfect or total empathy may not be possible, nor is it necessarily desirable: "Physicians must be able to shift back and forth between objective and imaginative (empathic) frames of mind to truly help their patients."[1]

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Diastolic Blood Pressure Can Be Reliably Recorded by Palpation

Traditionally, the palpation of the return of the brachial pulse and the disappearance of Korotkoff sounds is used to record the systolic and diastolic blood pressures, respectively. We noticed that the sharp (phase 4) Korotkoff sounds could be palpated by a thumb kept lightly over the brachial artery. Felt as sharp knocks, the "sounds" appear a little before the diastolic reading, increase slightly in their sharpness, and suddenly disappear; then the normal brachial pulse can be felt.

We tested whether the disappearance of knocks accurately indicated the diastolic blood pressure in 50 adult inpatients. Using a sphygmomanometer, one of us recorded the diastolic pressure by the new palpatory method; the other, blinded to the first reading, recorded it using a stethoscope. Irrespective of age (range, 35 to 74 years; median, 52 years), sex (male-female ratio, 3:2), or diastolic pressure reading (78 to 102 mm Hg; median, 84 mm Hg), the recording by palpation was accurate (correlation coefficient, 0.99).

While new gadgets for recording blood pressure are being introduced, let us not forget the sensitivity of the human finger. To avoid other embarrassing situations (like auscultating the chest of a young female acquaintance, which, as the legend goes, is what prompted Laënnec to invent the stethoscope), however, one must not forget one's stethoscope, the essential part of a physician's uniform.

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