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# The importance of language in clinical communication and potential impact on empathy

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**Abstract**

Clinical communication is fundamental in allowing clinicians and students to empathise with patients. Understanding barriers to empathising with patients is key to delivering patient-centred care. The importance of language choice needs to be considered in relation to patient experience and effective clinician-patient communication.

Dear Editor,

We read the article by Chhabra et al. with great interest. This article used a qualitative approach to identify perceived barriers to medical students developing empathy during medical school <sup>1</sup>. We found noteworthy the authors' findings that empathy improved throughout medical training, which, as they noted, contrasts with previous reports of medical students' empathy diminishing throughout their studies <sup>2</sup>. Such research attributes medical education-induced loss of empathy to the development of self-protection mechanisms to protect against negative effects of difficult clinical experiences <sup>2</sup>. Chhabra et al. raised interesting themes including those in relation to workplace and institutional culture and individual student characteristics, which are perceived to impact a student's ability to empathise. These merit further interrogation and we second the authors' call for research to identify and address barriers to empathy. This could facilitate the development of new and innovative targeted educational approaches to support students in empathising with patients <sup>1</sup>.

Although the medical students in Chhabra et al.'s study considered challenges non-native English speaking students may find in expressing empathy towards patients<sup>1</sup>, the impact of language and communication more broadly was not discussed. Effective doctor-patient communication is fundamental to high quality patient-centred care, facilitating shared decision making, developing positive healthcare provider (HCP)-patient relationships and foregrounding understanding of patients' expectations, perceptions and needs. Such good communication is key in empathising with patients. Patients reporting good communication more frequently feel satisfied with care, trust their HCP and adhere to management plans, and improved outcomes have been reported <sup>3,4</sup>. Despite these benefits, communication failures are commonplace and are likely to be underestimated. A survey of 807 patients and 700 surgeons found that 75% of the surgeons believed they had communicated with the patient satisfactorily, while only 21% of the patients perceived this to be the case <sup>5</sup>. In addition to worse patient outcomes, poor HCP-patient communication is associated with lower clinician job satisfaction and higher risk of stress and burnout <sup>6,7</sup>. Developing the skills to build rapport, communicate and empathise with patients is thus essential in clinical training.

One area often neglected in communication skills training is consideration of language choice. Although the necessity of mirroring a patient's health literacy is frequently taught, and

research has explored the effects of battle metaphors in medicine, the impact of negative phrasing is rarely discussed. Doctors commonly teach medical students to ask: “Do you **suffer** from any medical conditions?”. Negatively framed terms such as “heart **failure**”, “limb **salvage**”, “medication **failed** to work”, “**poorly** controlled”, “patient is **complaining** of ...” and “patient **denies**” are also used throughout healthcare. The impact of this type of language on HCPs’ mindsets and patients’ engagement with care, perceptions of disease and coping with illness is not known, but it may stifle empathy and perpetuate stigma. Research to understand this is essential and could significantly benefit medical communication skills training and, ultimately, empathy and patient-centred care in the future.

## **Statements**

### **Author contributions**

Emma Trott and Alastair Watson both substantially contributed to the conception of this work, drafted and revised the manuscript, approved the final version of the manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

### **Ethical Approval**

No ethical approval was required for this work.

### **Competing Interests**

Emma Trott and Alastair Watson both confirm that they have no competing interests.

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