

Rescuing Masked Doctor-Patient Relationship Enforced by Covid-19: Integrating Empathy in the Healthcare System

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Abstract: *The Covid-19 pandemic has posed a critical moral challenge for medical professionals due to its highly contagious nature that can cause severe respiratory disease and death. As a result, conventional doctor-patient relationships have collapsed since the pandemic. Patients and medical personnel are negatively impacted when social distancing is enforced due to concerns about viral transmission. How to provide high-quality services and maintain professional moral standards in such critical conditions is discussed in this paper, emphasizing empathy as a key moral virtue for professional practice. As moral philosophers offer and advance persuasive arguments, the definition of empathy has been examined to eliminate ambiguity and highlight the distinctions between emotion, passion, compassion, and sympathy. It has been argued that empathy gives medical professionals direction to take the proper perspective in a critical pandemic like Covid-19. Cases are discussed in relation to actual occurrences to argue the moral virtue of empathy and uphold professional standards in medical practices. Empathy can reduce malpractice claims significantly, increase patient satisfaction, and contribute to the good governance of healthcare service management.*

Keywords: *Empathy, Compassion, Sympathy, Informed consent, Interpersonal skill, Covid-19, Doctor-patient relationship, professional standard*

Since the global COVID-19 pandemic, professional integrity, high professional standards, and reflection of moral values in practice has been extensively scrutinised by policymakers, serving institutions, professionals, and societies. Covid-19 is a highly communicable and transmissive disease caused by a coronavirus that can cause severe respiratory disease. The symptoms can vary from non-noticeable to mild or high fever, loss of taste, sore throat, cough, pneumonia, fatigue, myalgia, complicated dyspnoea, and death (Ambika, 2021, Alvarez de-la-Cadena, 2021). The world's governments, hospitals, and educational institutions have faced the greatest challenge of the 21st century in combating the spread of the virus, eliminating infection, and reducing mortality. Because of its highly transmissive nature, the Covid-19 pandemic has changed human behaviours globally.

People fear getting infected with the virus if they practice conventional social norms, such as handshaking, greeting with a hug or sitting too close to each other,

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travelling by public transport without a mask, or going to a public gathering without appropriate hygiene measures in place. The transmissible nature of the virus created fear among people, which has influenced ordinary people's behaviours and behaviours of Health Care Personnel (HCP), such as doctors, nurses, and medical technicians. Resulting of the fear of Covid-19 transmission, the doctor-patient relationship is also in a conundrum, and the HCP must be required to maintain extra hygiene practices mandatorily and wear personal protective equipment (PPE), such as gloves, face shields, masks, aprons, and full-body suits in everyday practice. Before Covid-19, wearing PPE by the HCP to attend to a patient mainly suffering from fever or seasonal flu-like symptoms was almost non-existent other than in surgical wards. Therefore, the previous practice of welcoming and greeting patients with a warm interactive (including verbal, non-verbal and gestures), which facilitates a connection between the doctors and patients, is now under threat. The Covid pandemic has created critical challenges in the doctor-patient relationship and quality healthcare. Thus, encompassing empathy, a moral virtue driven by an altruistic disposition, must incorporate healthcare practices to meet the challenges. In this paper, I investigate some cases in Bangladesh and argue for creating a space for empathy in health governance to improve the quality of the doctor-patient interaction and increase patient satisfaction for increased trust in the HCP, so the positive image of the doctor-patient relationship can be rescued. Such changes in practice will ultimately help to enhance quality healthcare. I also consider how empathy can be integrated into practice, which may be required more time allocation for each patient by HCP. As HCP are overwhelmed by the numbers of patients, morbidity, and mortality, and they all work tremendously long shifts or extended hours, this needs to be changed to restore the empathetic bond between healthcare service providers and healthcare service recipients.

What is empathy, how to recognise empathy, and why is it essential in health care?

Empathy is an ability that enables someone to understand another person's feelings, thoughts, and behaviours in a non-judgmental way and communicate to the person about their feelings to feel that their feelings were acknowledged and validated (Wiseman, 1996, p.1165). Empathy is different but closely related to sympathy, compassion, piety, and passion**. For example, a person (a doctor) may be sympathetic to the people of Ukraine suffering from war and express interest in serving them. In contrast, someone who lacks sympathy or piety may argue that

** For Morrow (1923) these "other regarding impulses", and specially sympathy is regarded a key moral value by David Hume and Adam Smith. Glenn R. Morrow (1923) noted that "Shaftesbury and Hutcheson, not to mention Butler, insisted that the 'other-regarding' impulses-including, of course, pity, compassion, sympathy-are an essential part of human nature." Source: *The Philosophical Review*, Jan. 1923, Vol. 32, No. 1 (Jan. 1923), pp. 60-78 Published by: Duke University Press on behalf of *Philosophical Review*, p.62.

Ukraine deserves such suffering. The person (a doctor) may be compassionate and donate relief materials to the war victims. Compassion is a kind of rational feeling or expressed emotion for others necessary for civil and political society (Snow, 1991).

Furthermore, the above person's passion may lead to going on to rescue mission in Ukraine to save their relatives. These concepts look similar but have different meanings. According to the moral philosopher, a mother become pregnant and give birth to a child taking pains and risk (Rosan, 2014, p.162). Such disposition comes from compassion. Similarly, the Bangladesh government permitted to enter and stay Rohingya refugees to compassion. To illustrate the relationship between compassion and empathy, for Dalai Lama, "empathy is just the beginning of compassion" (Quoted in Barad, 2007, p.22). And "compassion is understood mainly in terms of empathy-our ability to enter into and, to some extent, share others' suffering (ibid, p. 22)". For him, compassion," a combination of empathy and reason," "belongs to that category of emotions which have a more developed cognitive component (Quoted in Barad, 2007, p.16)". So, people act from the passion for personal ground. And from sympathy, a person engages further and does something for someone. The difference between these concepts will be illustrated further below.

For example, "when subjects are told to imagine what another person is feeling, they are being instructed to empathise, not to feel sympathy (Darwall, 1998, p.273)". But for this moment, I assume empathy is a rational disposition that may be mixed with some sympathy and compassion but are categorically different from each other. According to Morrow (1923, p.62), "sympathy involves a mutual sharing of sentiments among all individuals, a common participation in a moral world which is objective, and yet formed by the contribution of all individual". Hume made sympathy synonymous with benevolence and humanity (Morrow, 1923, p.66). In this regard, sympathy is closely associated with compassion but far from passion, i.e., self-regarding. Sympathy, passion, and compassion are more associated with and controlled by emotion, while empathy is emotional feeling guided by reason and displayed for others regarding keeping control to become emotional.

Patients' disappointment with their doctors is frequent: doctors do not allow enough time and attention to their patients, and their fees are reasonably high for their services, considering how much time doctors give to their patients in many countries (Stanton and Noble, 2010). For the doctor-patient relationship, considering patients' backgrounds and perspectives is necessary for better outcomes, increasing trust, and understanding each patient's illness and reactions. A patient may be in pain and experience fear and anxiety. A holistic understanding of patients thus should equip a doctor to form a better professional diagnosis and understand the needs of the patients in a more caring way. Therefore, empathy is essentially an emotional skill (Halpern, 2001, p.29), the ability to understand and read the emotional makeup of others and be able to demonstrate that as an HCP

interested in assisting a patient who is seeking services of HCP, recognising the emotion of others to avoid complaints of detachment and manage own emotion would be highly beneficial (McMullen, 2003). Empathy supports assessing patients' needs from their body language, pre-existing clues, verbal clue, and vocal tone (McMullen, 2003, p.130). Empathy is helpful in better understanding what illness is, what treatment is required, and eventually becoming a good doctor/professional.

Further, communication skill is an essential part of empathy. Empathy assists in acknowledging and validating patients' views in treatment; therefore, a core value of biomedical ethics, respecting patients' autonomy, can be maintained and prevent the risk of malpractice (Stanton and Noble, 2010). The practice of empathy is a prerequisite for informed consent (Halpern, 2001, p.159). It shifts from detachment to "equanimity"*** to further engagement with patient needs (Sokol, 2007, p.101). Halpern (2001) argued that empathy is an intellectual form of knowledge rather than an emotional form of knowing. Empathy involves non-verbal and verbal communication between doctor and patient (Halpern, 2001). For Halpern (2001), "empathic communication enables patients to talk about stigmatized issues that relate to their health that might otherwise never be disclosed, thus leading to a fuller understanding of patients' illness experiences, health habits, psychological needs, and social situations (p. 94)" that may require "multiple modes of cognition, including affecting imagery and reflective thought (p.96)". Empathy requires imagining and not just logical reasoning (2001, p.11). It is not just observing a patient's emotional state but noticing what is salient. For Halpern, "a richer clinical empathy, involving emotional *and* cognitive empathy, makes for more effective medical care" (Halpern 2011, p. 229). Halpern (2007, p. 696) further notes "empathy" is "engaged curiosity about another's particular emotional perspective". For her, there are "five specific ways for physicians to foster empathy during conflict are described: recognizing one's own emotions, attending to negative emotions over time, attuning to patients' verbal and nonverbal emotional messages, and becoming receptive to negative feedback (Halpern, 2007, p. 696)". The benefit of empathy in healthcare is that it facilitates patients' understanding of treatment options and participation in making decisions concerning their health and care plans. By feeling empowered in the therapeutic process, patients are more inclined to follow their medical treatment plan (Halpern 2014, cited in Guidi & Traversa, 2021, p.580).

There are some barriers to practicing empathy. For example, during the covid pandemic, hospitals, clinics, and doctors are inundated by patients and their families.

*** For Sokol (2007) Contrary, apathy, i.e., "absence of emotions", is understood opposite of empathy and synonymous with "metriopatheia"- meaning "measured or moderate emotions" (Sokol, 2007).

Such a situation makes clinical professionals anxious, and the increased volume of patients has to serve within a limited period. Empathy is essential to build a trustworthy relationship with the patient in the clinical care environment. This is not the case; we must view a patient as a client or consumer, and doctors and nurses must not think they are God or father. Medical professionals are trained to be trustworthy if they can demonstrate a high skill level in their professional practice to cure diseases. Kerasidou & Horn (2016, also in Maslach, 2003, p.5) note that a lack of empathy spoils the medical professional and is directed towards depersonalising patients.

Integrating empathy along with clinical competency in medicine during Covid-19

For well-functioning healthcare systems, I assume empathy is both a moral**** and social value to be inculcated in all levels of governance to put into practice. However, some common misunderstandings involve applying empathy in professional clinical practice (Kerasidou & Horn, 2016). Consequently, researchers in professional practice undermine or question the value of empathy. This happens when empathy is mistakenly linked with emotion. For example, Kerasidou & Horn claim that “there is a tendency to favour the technically skilful, rational, and emotionally detached physician rather than that of the compassionate or empathetic doctor (2016, p.2)”. Such a tendency does not allow giving space for empathy in clinical practice. For them, adding empathy is considered a weakness of personal character, and to uphold images of the doctors, they must put aside empathy. In addition, empathy is sometimes seen as a secondary requirement or superfluous (Kerasidou & Horn, 2016).

However, I differ with them because patients may feel firm and distant from such doctors to disclose important information regarding their health and well-being. Thus, a lack of empathy within doctor-patient relationships may cause a barrier for patients to communicate effectively with their doctors. As a result, some crucial elements of the diagnosis and prognosis may leave out and create complications in the process, regardless of the clinical competency of the doctors. Therefore, practice with empathy should be seen as a strength rather than a weakness for professionals. The issue can be further resolved using various cases and examples, clearly defining empathy and showing the difference between sympathy and compassion.

According to Kerasidou and Horn (2016), it is an interactive skill to understand the “inner life (Osler, 1963, p.29)” of a patient. The value of empathy is recommended for health professionals by Albert Camus in *The Plague*. The skill of empathy is understood as a piece of interwoven multi-colour cloth using both patient perspectives and clinical skills. Empathy is like “walking a mile wearing the shoes

**** Empathy is a moral value in the sense that it has altruistic elements in it. On the other hand, empathy to provide services, a disposition in a person’s character, is considered virtuous (Snow, 2000)

of others****.” An empathetic HCP must use their clinical expertise to see and understand the problem from the patient’s perspective to deliver better treatment and care plans. Thus, adding empathy in clinical practice facilitates better patient condition detection, contributing to better patient satisfaction (Hickson, 2002) and improving professional outcomes.

At times, detachment from a patient’s feelings is considered a “prerequisite for patient care” and is utilised to shield against stress protection and enhance professional competence (Maslach, 2003, p.4)*****. However, Maslach (2003, p.4) notes that such an act, i.e., detachment of empathy, turns out to be cold indifference to others’ needs and a callous disregard for their feeling”. But it may ruin it as well. There is a tendency to emphasise emotion in delivering healthcare services, and such an emphasis causes some problems. For example, people may amalgamate emotion, sympathy, and empathy. This negatively impacts anyone understanding that paying extra sympathetic attention involves treating people empathetically. This impacts the health of clinical professionals and causes burnout. Thus, choosing empathy for health care professionals requires further training.

According to Kerasidou & Horn (2016, p.2), empathy is the middle way between emotional over-and-under involvement. A healthcare professional may pay extra attention to patients’ emotional aspects and fails to consider side effects. For example, a medical professional buys medicine for a patient out of sympathy. A sympathetic response of such kind, regarded as compassion, will cause expectations among patients and cause trouble for other professionals. However, compassion is not empathy. Empathy is different from sympathy. We can express our sympathy by joining with someone else feeling. Thus, sympathy can lead a person to over-involvement and ruin the service delivery mechanism. In contrast, empathy implies. one must certainly take care of himself and add a reasonable emotion for delivering service without causing any side effects, as exemplified above. Without blending both professional skills with emotion delivering service may fail to address patients’ needs.

On the other hand, a lack of empathy may hinder effective communication, cause over-involvement, and undermine the ethical standards essential for autonomy and meaningful consent and maintenance of professional standards. Empathy is a well-balanced perspective of a person that requires processing cognitive and

***** To care for and show compassion for patients takes emotional strength and resilience. It requires staff to see the person in the patient, listen to their fears, concerns and worries, to empathise and to imagine yourself in their shoes, not least to be able to help them improve. <https://www.theguardian.com/healthcare-network/2014/jul/02/nhs-culture-empathy-gap-schwartz-rounds/25/07/2021>.

***** Healthcare staff come into the profession to help others. If nurses cannot give the care that they want to give, they experience moral distress and cope by erecting a shield to protect themselves.

emotional domains together. The clinical professional applies her problem-solving skill, knowledge, and experience to understand the patient's inner experience. This is a way to understand the world from a third-person perspective, and it can join someone else's knowledge and skills with their learning and emotion.

Empathy is, in another way, to address the needs and feelings of the service recipient. Empathy drives a person to behave compassionately to address someone's needs and feelings without meandering towards too much emotion. In contrast with sympathy, empathy can be helpful as empathy contributes to understanding others' needs and situations better. A person can serve without projecting emotion to serve others (Kerasidou & Horn (2016, p.2). Kerasidou & Horn (2016, p.2) further notes that "empathy entails the ability to be attentive to the difference between own and others' feelings". It is the capacity to manage emotion and satisfy the healthcare needs of a patient. Empathy is associated with interpersonal skills and care (Riss***** et al., 2012, Hickson et al., 2002, Kelley***** et al., 2012). Being empathetic, a doctor remains emotionally detached from serving the patient considering their situation. The strategy to work with empathy helps deliver the service correctly and minimises malpractice complaints. For this research, I define empathy as a rational emotion blended with knowledge and professional skills essential for serving patients by regarding dignity, rights, autonomy, and feelings of patients to enhance the quality of professional practice. In addition, empathy contributes towards the fundamental goals of medicine (Callahan,1998).

The Effect of Covid-19: Missing Empathy and nonverbal communication

This section explores whether HCPs have a moral/legal duty to treat suspected or confirmed Covid-19 patients. If the HCP must treat covid-19 patients, should they be expected to have a reciprocal duty of providing a safe workplace for the government to provide care and treatment to Covid patients?

Since the COVID-19 pandemic, more than 4 million deaths and 194 million infection cases have been reported globally on the 27 of July 2021 (WHO, 2021). The HCP is the frontline worker and exposes themselves to hazards. According to the WHO, "hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma and physical and psychological violence".

According to the WHO Director-General, Dr Tedros Adhanom Ghebreyesus (2021), the HCP should be protected first in combating COVID-19. Moreover,

*****Empathic communication skills are associated with increased patient satisfaction(Hickson,2002),⁸ improved adherence to therapy,⁹ decreased medical errors,¹⁰ fewer malpractice claims,⁸ better outcomes,^{11–14} decreased burnout¹⁵ and increased physician wellbeing.¹⁵

***** Empathy has been defined as process with both cognitive and affective components which enables individuals to understand and respond to others' emotional states and contributes to compassionate behaviour and moral agency.

hospitals and healthcare providers have been instructed to consider and revise their services' occupational health and safety (OHS) standards. The healthcare providers have been asked to provide the HCP with adequate PPE to not compromise with the OHS standards. Additionally, many governments have introduced telehealth/telemedicine services, and elective surgeries were put on hold in hospitals like Australia during the peak of the infection period in 2020. In Australia, Victorian clinics have changed policies for contact tracing, and now a patient must answer several questions before check-in for any visits with a QR Code to the hospitals. However, treating a patient with respect, dignity and compassion advice, the WHO remains in place.

Being fearful about the highly contagious virus of the Covid-19 pandemic, doctors and HCP are mandated to wear PPE and maintain possible physical distance to avoid spreading the virus. During covid-19, the HCP seems to focus on treating the virus rather than treating a patient with the virus. Thus, a climate has been created by using PPE, practising physical distance and upholding fear of being infected with the virus or unknowingly infected by a family member. Nwoga HO, Ajuba MO, Ezeoke UE. (2020) state that doctors should have two skills for patient care "instrumental, or conducts related to the task, and socio-emotional conduct (p.4691)". Empathy is crucial for meeting and upholding socio-emotional conduct in practice. A high level of uncertainty, stress, mental anxiety, not being able to live with a family, hug or see loved ones create additional anxiety, and not being able to relax or filter their emotions makes it more difficult for the HCP to continue to uphold the high quality of their service in a calming manner. Telehealth consultation and maintaining social distancing by the doctors have significantly impacted the non-verbal communication skills of the HCP performances. Therefore, their services have been disrupted and changed, and the doctor-patient relationship developed through communication and mutual trust between doctor and patient, which is often driven by empathy, has gradually disappeared in many settings and faces a threat.

Consequently, one of the fundamental values of biomedical ethics is respecting a patient's autonomy through obtaining informed consent may face a threat of disappearing, as obtaining informed consent requires allowing time and disclosing relevant information with empathy to a patient. Using PPE and consulting patients over the telephone makes it challenging to occur non-verbal communication between doctors and patients, thus creating a significant gap in this relationship (Nwoga HO, Ajuba MO, Ezeoke UE.,2020). The doctor-patient relationship develops through trusting, respecting, exercising empathy and communicating freely between doctors and patients.

Empathy should not be a single-line train. Instead, empathy should be practised like a train running parallel lines. Adequate PPE should be available to the HCP to protect themselves and their patients from being infected and infecting others. Without PPE or shortages of PPE (such as medical masks, gloves, face shields, gowns, respirators, goggles, and aprons) as a frontline worker, the HCP

will be left ill-equipped to treat and care for patients with covid and will have a severe, dangerous effect on the human healthcare resources of any given country. Governments and administrations must give empathetic attention to doctors and nurses by providing necessary support for delivering services. They must realise what would happen if asked to serve in a similar situation without self-protective equipment. In this regard, policies and training programs are necessary for administrators and citizens to acquire empathy-based skills. The hospital's management, patients' relatives, and government agencies should approach service delivery empathetically. Because HCP, such as doctors and nurses, work tirelessly for extended hours with no meal break or with a short break between shifts and, at times, must accept extra shifts. They may also avoid their family members to protect their loved ones and save lives through their services. These circumstances may cause much stress to them.

Due to fear of serious calamity, governments must slash human freedom in various ways and further implement measures to combat and control the spread of the virus. For example, governments want to encourage the moral responsibility of not harming others by introducing 'social distancing' and lockdowns. Further, isolation encourages an infected person to be isolated from everyone, including their doctors, nurses, and even their loved ones. Mandatory vaccination encourages the collective responsibility of all to combat the pandemic.

In Bangladesh, there are cases that law enforcement agencies are harassing medical professionals on their way home and to the workplace. In this regard, law enforcement agencies should ask themselves what would happen if they were harassed on the way to work and must take empathy as a guiding principle of service in their work practice if we expect quality services from health professionals. The PM of Bangladesh seriously reacted when some medical college intern medical students refused to work during the Covid pandemic. The news raises the question: how can intern medical students show such a reaction? Such a situation can be avoided if the governance of the healthcare delivery system is reformed, considering empathy as a critical moral and social value of professional practice. The lack of training in "empathy" as a professional value may lead intern doctors to react opposite to their professional oath in a critical pandemic situation. Thus, intern-medical students as soon as must be taught and practised empathy during their resident training period.

Similarly, empathy can be imparted among the students during their learning period. They must be given examples and take a stand on what they will expect from the doctor in a similar situation. That is what perspective a doctor or nurse must take during a pandemic to save lives. The medical professional must understand and acquire knowledge and skill to help them take an empathy-based professional attitude and act accordingly to treat patients. And, in turn, by being guided by empathy, medical professionals may reduce malpractice, enhance patient satisfaction at a high level, and promote trust in healthcare services.

Case Study

In Bangladesh and many other developing nations, primary health care services are provided by a combination of government, non-government, and private facilitators. Most people feel fear, panic, and anxiety when they want access to better healthcare facilities. They become the target of misinformation by social media; thus, access to better healthcare is a severe issue and has great mistrust. Increased fear of infection and the spreading of Covid-19 caused many private hospitals to close their services, and many senior HCP has also been restricted in their private practices (Jain, 2020).

According to the Daily Star editor Mahfuz Anam, a 24-year-old woman was pregnant and was sitting near central Mytre's Remembrance Memorial, Dhaka, in Bangladesh. She nearly fainted and leaned on her husband to take a rest. She was about to deliver a twin in one month, but she felt the labour pain suddenly at dawn on the 22 of May. She and her husband went to nearby hospitals, but none of the hospitals admitted her because she had the symptom of fever. In search of a hospital, the couple found a clinic in Mirpur at Dhaka, which also offers ambulance services. When the couple reached the hospital in Mirpur, the hospital staff said they could not admit her without the COVID-19 negative certificate due to her temperature. Thus, the couple was advised to attend Dhaka Medical College Hospital (DMC). They were told to go to the COVID-19 unit when they reached the DMC Emergency Department. They declined to go to the COVID unit, fearing getting infected there.

In the meantime, the woman started bleeding and contractions when the photojournalist requested the passing ambulance driver to take them to a hospital. Consequently, the ambulance went to several hospitals in Dhaka, but none came forward to assist her. Thus, the couple decided to return to where they live in Gazipur, a nearby district of Dhaka. A small clinic in Gazipur finally helped the woman give birth to a twin through C-section delivery. Two other cases were reported in the same daily newspaper on 21st May 2020, heading "Victim of Denial."

However, following the news, the Ministry of Health, Bangladesh, has issued a circular that the service provider could not decline a patient to offer from receiving treatment if any service can be served. The government's circular has drawn much attention, and the question is how far their professional obligation should be extended. These examples highlight the broken healthcare system and the moral degradation and unprofessionalism of the HCP, where people face increased vulnerability during pandemic situations.

Case Analysis

Refusing to treat a pregnant woman by the hospital authority and the health care professional is breaching an essential biomedical ethical principle: non-maleficence. Because seeking treatment in such a condition and getting referred to the COVID-19 units first to obtain a negative test result for accessing primary

healthcare posed a significant risk to herself and her unborn twin. Further, not knowing and facing the uncertainty of receiving medical care could be life-threatening and significant psychological stress to the woman. Consequently, the broader community fears they will not be treated if they become infected with COVID-19. Some individual HCPs threaten the overall public trust in healthcare services. Empathy was non-existent in these cases.

How can the HCP fulfil the gap induced by Covid-19 in their professional service and profession and uphold and maintain their professional service standards?

Doctors and the HCP should demonstrate comprehensive knowledge about the patient's conditions and be responsive to the patient's needs on time. Doctors should also be compassionate that patients cannot receive warmth and non-verbal communication to reassure them from a doctor or health care professional due to personal protection equipment. They may be isolated from their loved ones, and in many settings, visitors are restricted from visiting their loved ones in-hospital care. Only healthcare professionals are there for the patients, and they are mandatorily wearing personal protective equipment to protect themselves and others from the potentially highly contagious virus. The personal protective equipment prevents the HCP from being close, like care provided to the patients pre-covid-19. The patients could connect easily with their caregiver and HCP and feel reassured by their professional knowledge and care and their non-verbal communication, such as presenting with a calm and confident facial expressive appearance and gestures.

Providing a sense that the HCP may be masked, and the patient may be isolated. However, they are there for the patients, and the HCP is mindful of their situation. Thus, the HCPs should try their best to meet patients' needs promptly. Reducing the gap induced by the pandemic is only possible by being more responsive to patient care and needs.

Hospital administration can take empathic attitudes among their staff and patient group by providing a safe work environment with adequate PPE and ensuring staff are provided with ongoing professional development opportunities, meal breaks and adequate break time between shifts. The senior professionals adequately supervise the newly appointed fresh graduates, and senior professionals should be made legally liable for their juniors' medical errors in patients' outcomes. Thus, empathy should be embraced in all forms of healthcare delivery, as empathy reduces negligence and malpractice in HCP (Wiseman 1996, p. 1162). In addition, enough time should be allocated to the respective professionals, and the doctor-patient ratio should be increased gradually to improve the service. Otherwise, showing empathy to the patients may not enhance professional moral standards and drain other emotional aspects necessary for treatment and public health, an important area for further research.

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