

It's a Tuesday morning, it's just after breakfast, it's sunny outside. You've got an appointment to see a doctor in a clinic. A clinic you've never been to and a doctor you've never met. You are not entirely sure about what's going to happen, other than you've got a 40-minute journey to get there and by the time you get there you're probably not going to be able to find a parking spot for the car! But this is important. It's something you've been waiting for, for a couple of weeks. It's something you've been thinking about every day since the GP made the referral. A weekend trip to see the ancient wonders of Rome couldn't even take your mind off it. You're telling yourself that it's probably alright, probably nothing to worry about, loads of people you know have had similar things and they've all been just fine. But it turns out that it's not. It's not alright. It is still sunny out, yet it felt freezing inside.

To feel is human.

What is it that we want when we go and see our doctor?

- To get the help that we need, yes, but there is something more, right?
- We need to know that our story is being heard
- We need to know that they understand our anxieties, our difficulties, our concerns, our desires and fears.

And in these things, we stumble across the empathy conundrum.

Empathy is something that lies at the core of the relationship between a patient and a doctor, a doctor and a patient. Between a patient and a nurse, a physiotherapist, a podiatrist, a social worker, a health care assistant, a midwife. Empathy is the currency of human connection, of care and being cared for!

Empathy is something we miss when it's not there! In 2013 The Francis Report and 7 years later in 2020 the Okenden report both investigated unnecessary deaths, and both recognised a lack of empathy as a contributory cause.

So, empathy matters. Empathy and the power of our emotional interactions drives a connection between us! Empathy matters. It mattered on that Tuesday morning, and it matters for each and every one of us.

Yet here is the conundrum. What is the person who is caring for you, your doctor, meant to do with all of the emotion that is passing through their hands? Your concerns, your fears, your anxiety, your tears?

You see there were at least another 20 patients in the waiting room on that sunny Tuesday morning.

For me there was only one doctor and nurse to see, but for the nurse and the doctor there was patient after patient after patient; and with each patient came a friend, a son, a daughter, a husband, a wife. Each one of them needing, expecting and deserving an empathetic doctor. To be kind, to be compassionate, to care and to be human!

So, what do you do with all of this emotion? What did I used to do with it? I built a wall. In some respects, this is what I was trained to do; perhaps partly driven by my personality, partly by my education and professional culture. I would try and block out all emotion, to dumb them down and hide them away. And as I went through training and the challenges grew greater, I would simply build myself a stronger wall to hide behind. Something more tough in a harder sense, safe, a thicker, higher, deeper, stronger and better tested. So, for much of my career this is what I thought resilience was. But because of this wall, an impenetrable barrier to emotion; one that doesn't let any emotion through, then we start to become numb to emotion.

There is good research to show that doctors start building this wall in the early years of their medical school careers. That as a construct of medical education, levels of empathy actually decreases in medical students as they begin and progress through their training!

There is also good evidence to show that in building this emotional barrier we are able to block out, for a time at least, all the difficult stuff that comes our way. The grief, the shame, the fear, the disappointment, the failure and the death. But all of this building comes at a cost. You see this wall stands as a brutal, non-selective barrier, and in creating this barrier to difficult emotions we are unintentionally at risk of blocking out all the good stuff too. The good emotions, happiness, love, transparency and joy and empathy which is the essence of humanity, the building blocks of connection.

I called it a wall, perhaps you call it a mask? Perhaps it's an outfit? Perhaps it's an island? A bucket? But the real problem with my wall, is that all walls fall down. No matter how strong, how high, how wide or well tested. At some point you will be struck by a blow that is powerful enough to knock over your wall, fast enough that you didn't see it coming, or sustained enough that it just grinds it down. Behind this wall is all of the unprocessed, and often unfelt emotion and this time it hurts, and it all comes at once.

We can't get rid of the emotion, it's part of us! It is core to our humanity and essential to the formation of a connections between us of patient, doctor, friend, partner, wife, husband. So, if we can't ignore it or hide it away then what should we do with it? We've got to learn how to use it! To understand and to know ourselves and to understand and know our emotions. There is much written about how we might work to increase our emotional intelligence and for the last 5 years we've been working on how to share aspects of the published material with the medical students as they train and develop their skills as new doctors. What do we focus on? Three things:

- The first thing is to create genuine opportunity to practice and build reasons to notice our emotions. To pay attention to them, recognise them, practice with them, know them and look for patterns in our behaviours; the good, the bad and even the ugly patterns.
- The second thing is to explore our emotional vocabulary. How many words do you have in yours? Most adults, we have found have around 10 readily used emotional descriptors! When we consider the complexity and colour of our lives and our experiences then surely, we need more than 10 words to be able to describe how we are feeling.
- The third is to recognise the importance of our personal values and how and why they drive our emotions and our behaviours.

You see it is rare that empathy is lost on purpose, but we know that it does get lost. It gets lost, it gets hidden away, and fenced in by individuals, by teams and organisations. The key to unlocking it is in the gift of us all! That we might role model our true selves, our vulnerable, emotionally driven and empathetic selves. Take down the wall, take off the mask, empty the bucket, and leave the island behind! That we might not hide it but that we might learn to use it, becoming comfortable and recognise the power of vulnerability and making connections.

To feel is human, it might hurt but at least we know we are alive!