**Dr. Riana Betzler**

**Washington University in St. Louis**

**December 9, 2021**

**The Science and Ethics of Empathy in Medical Practice**

Empathy is widely assumed to be an important component of medical practice, with benefits for both patients and clinicians. Recent reports suggest that empathic communication has positive physiological effects on patients—including increasing lung function, reducing pain, and shortening the duration of the common cold. Empathy also increases patient satisfaction and quality of life. For the clinician, empathy reportedly—and perhaps counterintuitively—reduces the risk of burnout. The idea that empathy is a good thing is prevalent within medical training as well: Medical schools across the United States deliver empathy training programs to their students, with the aim of making future doctors more empathic. Against this default view, however, a growing number of scholars have raised complaints about empathy, largely on the basis of findings from social neuroscience and psychology. The three main complaints are as follows: (1) Empathy is partial and parochial, meaning that it favors those who are near and similar to us; (2) Empathy is innumerate, meaning that it favors the one over the many; and (3) Empathy is exhausting, meaning that it cannot easily be sustained in high-stress environments. These complaints about empathy, if true, are serious ones. They threaten the idea that empathy can foster the delivery of just, equitable, and accessible healthcare.

In this paper, I intervene in the debate over the value of empathy for medicine by examining the empirical evidence on which both pro- and anti- empathy claims are based. I show that there are deep conceptual, measurement, and ontological issues about what empathy *is* that undermine claims on both sides. These issues make it difficult to arrive at a clear understanding of the nature of empathy. Beyond that, they make it difficult to extrapolate from the science of empathy to the ethics of empathy—to make empirically-grounded normative claims about its value. I conclude the talk by sketching a way forward in the face of these challenges, which involves: (1) embracing a contextualist and pluralist account of empathic processes and their interaction; and (2) making finer-grained claims about what these empathic processes might be good *for* within specific medical domains, rather than in medicine writ large.