



Thin blue line: policing, empathy and whistle-blow learning

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The demise of empathy

The relationship between physician empathy and patient health and well-being is widely known; it develops the capacity to share and understand the patient's standpoint more fully resulting in significant personal and therapeutic benefit. The lack of empathy among physicians¹ and the decline in explicit teaching of empathy in medical education² is therefore concerning. A recent challenge was issued³: that an evidence-based empathy teaching model in medical education be developed. In response to this call, it may be useful to look outside medicine to help inform the model. This paper captures the perspectives in policing education where empathy is delivered in context.

Development of empathy in young doctors

Students entering the medical profession are essentially scientists and may risk becoming practitioners concerned more about the disease of a patient; the so called *detached concern model* may result in treating the patient as a collection of symptoms. Problem based learning (PBL) offers significant promise in not only connecting the students with the sciences but also in fostering empathy; the case scenarios used in PBL including unambiguous reference to empathy.

Empathy and policing education

Promising work in the U.S, where accounts of poor public confidence in the behaviour of police officers, has been reported [Boston marathon bombings in 2013]⁴ and the concept of developing a more community-oriented policing accepted^{5,6}. The response was to use PBL in national police training with the intention of improving empathy of cadets and thus improve their *street credibility*⁷.

Empathy and the connection between medical practitioners and policing

The processes involved in the encounter between a medical practitioner and patient, and the police officer and member of the public, is remarkably similar. The relationship has parallel ambitions: to engender confidence and provide reassurance. Effective communication is central to the encounter; empathy guides the interaction.

Approaches to teaching empathy

Small group teaching may assist a learner in first recognising and then reinforcing the composite skills of empathy, including communication with, and dealing with responses from, the patient. PBL offers promise in developing the empathy curriculum; the lecture may not.

The challenge for teaching empathy

The movement from a conflict to a public service model⁸ in policing education [US] has been accredited to a shift in learning towards PBL and the whistle-blow learning scenarios resulting in an empathic professional. The challenge for curriculum developers is that the development of empathy in medical students should not be left to chance and the hidden curriculum but more explicitly taught.

References

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Resources

<http://med.monash.edu.au/cehpp/altc-empathy/>

https://www.youtube.com/watch?v=4_29TS6iisA

www.youtube.com/watch?v=azOjseE1aLw