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The practice of empathy in neurocritical care - an important aspect

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The dehumanization of medicine has been a subject of debate in recent years with its implications. The dehumanization of medicine has repercussions for the patient, the doctor, and the health team. For the doctor-patient relationship to be successful, it requires an empathetic neurointensivist to the patient's needs. Physicians have to communicate and understand patients' needs, directions, beliefs, and expectations in order to help them therapeutically. Through empathy, physicians manage to make adequate professional judgments with an understanding of patient experiences and develop moral behaviors. Empathy is defined as a process of the cognitive order with positive repercussions for the doctor [1]. Neurocritical care practice is firmly supported by numerous scientific and technological advances. Scientists hypothesized that empathy is based on the interaction of its affective and cognitive components [2]. It is basically, how to perceive others' emotions, mentalize the perceived input, and execute mature functions [3].

While treating patient in neurocritical care units particularly in emergency scenarios for example a patient with severe brain injuries, the patient not only the patient himself might be in a position to make decision also many a times family members may not be immediately to make decisions for the patient. In these situations, team members need training, experience, and direction in order to demonstrate empathy for the needs of patients. For treatment consent, neurointensivists

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must describe, with empathy, in the patient's file the reason for every therapy or operation requiring permission for which consent cannot be acquired. Waiting for formal permission may delay therapy, care effects, and the end result. To provide effective therapy direction to families with a language barrier, it is necessary to comprehend their thinking. Empathy teaches us those patients are highly intelligent in their languages and cultures, regardless of the severe neurological crisis they are experiencing. In contrast, physician burnout is an enduring condition that will likely worsen over time. Neurointensivists have the same difficulty, and the current COVID-19 epidemic has not improved the situation. There is a greater need for experienced intensivists to be reminded of the need for empathy in neurocritical care and for novice intensivists to get training in this area.

A formal patient survey has aided in providing input for the empathy evaluations and development programs [4,5] On the medicolegal side of medical practice, there is a quantifiable effect. Since it is a cognitive process, doctors must be multipliers of empathetic behaviors, as empathy can be taught. Our ICUs and neurosurgical teams have a tremendous duty to foster an attitude of empathy.

Formal workshops [6] and educational seminars may be of assistance. A system to include and impart culture of empathy related training in education needs to be in place, also more research needs to be performed particularly address the issues faced in critical care settings to find out what can make involved professionals more empathetic.

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