

## Advocating for empathetic relationships in all areas of medical practice

AMIT KUMAR SONI

The reflective article by Ravichandra Karkal in *IJME* effectively highlights the role of the doctor-patient relationship and impact of empathy in medical practice [1]. Indeed, this compelling case history highlights how connecting with patients on a personal level can significantly enhance therapeutic outcomes. However, current healthcare systems face significant challenges that limit the potential fostering of these therapeutic relationships. The pressure of time, reliance on technology, and systemic inefficiencies impede the capacity for personal interactions between patients and doctors. These limitations can greatly undermine the potential benefits of such a therapeutic relationship, crucial for effective treatment and patient satisfaction.

One significant barrier is the lack of time and overload of patients, especially in public healthcare systems. In India, the shortage of healthcare professionals is particularly acute in public hospitals, where doctors are often overwhelmed by large patient volumes. This high workload leaves little room for personalised care, as physicians must prioritise immediate medical needs over fostering deeper patient-doctor connections. In contrast, private hospitals do not face the same overload. This might be a key reason for Indian patients preferring private hospitals to public hospitals.

Another critical issue in healthcare is the increasing reliance on technology, particularly in private hospitals. While advancements like telemedicine and electronic health records have significantly improved diagnostic accuracy and treatment efficiency, they can also depersonalise care. In private hospitals, technology often takes precedence over human interaction, raising concerns that empathy is being replaced with efficiency-driven, impersonal solutions. Although these tools are essential for modern healthcare, over-reliance on them can weaken the human connection necessary for effective treatment and patient satisfaction. The emotional and psychological and even fundamental aspects of care, such as thorough physical examination, may be overlooked in favour of technical efficiency, ultimately affective patient trust and well-being.

Inefficiencies in healthcare arise from the foundational structure of health services, with public systems particularly affected. Here, bureaucratic obstacles and resource scarcities combine with a focus on the quantity rather than the quality of patient care, leading to suboptimal outcomes. This issue is exacerbated by a systemic emphasis on processing a high volume of patients, which often compromises the attention each patient receives. In the realm of private healthcare, the influence of market forces and profit-driven motives frequently results in prioritising operational efficiency over empathetic patient interactions. This focus can skew healthcare practices towards more transactional relationships,

where patients are seen more as numbers than individuals. Such an environment significantly undermines the development and maintenance of meaningful therapeutic relationships, essential for effective care.

To address these issues, healthcare systems must prioritise empathy and holistic care not just in psychiatry but across all disciplines, with training programmes focusing on communication and patient-centred care through methods like simulation-based training and reflective practice. The narrative by Karkal illustrates how the sacred in medicine lies not in the extraordinary but in the ordinary — the daily interactions and the profound connections that form between those who seek care and those who provide it. By tackling both systemic and practical challenges, we can shift toward a healthcare model that values both technical proficiency and human connection, ultimately improving patient outcomes, satisfaction, and creating a more humane system.

**Amit Kumar Soni** (amit.soni7@gmail.com, <https://orcid.org/0000-0002-7154-8474>), Government MLB Girls PG College, Kila Bhawan, Devi Ahilya University, Indore; Government Prime minister College of Excellence, Dhar, Madhya Pradesh, INDIA.

**To cite:** Soni AK. Advocating for empathetic relationships in all areas of medical practice. *Indian J Med Ethics*. 2025 Jan-Mar; 10(1) NS:76. DOI: 10.20529/IJME.2024.088

**Published online first:** December 31, 2024

**Conflict of Interest:** None to declare

**Funding:** None.

**Copyright and license**

©*Indian Journal of Medical Ethics* 2024: Open Access and Distributed under the Creative Commons license (CC BY-NC-ND 4.0), which permits only non-commercial and non-modified sharing in any medium, provided the original author(s) and source are credited.

### References

1. Karkal R. The healing power of the doctor-patient relationship. *Indian J Med Ethics*. 2024 Oct-Dec; 9(4) NS:323-324. <https://doi.org/10.20529/IJME.2024.051>

---

## Customised honesty: A new paradigm in ethical behaviour

ABDUL SATTAR KHAN

**Keywords:** honesty, ethical behaviour, medical ethics

In an era where integrity is crucial, but under threat, the concept of "customised honesty" emerges as a nuanced approach to ethical behaviour. Unlike the traditional understanding of honesty, which adheres strictly to absolute truths, customised honesty adapts to the context, emphasising transparency and trust while considering situational dynamics. This approach fosters deeper relationships and communication that is more effective by balancing truthfulness with empathy and understanding.

Customised honesty revolves around balancing sensitivity and authenticity, tailoring communication to be truthful while respecting individual differences. This concept is grounded in various philosophies, frameworks, and theories. For example, relational dialectics theory (RDT) [1] examines the balancing of tact and honesty to maintain relationship