

Health Dialogue Group

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The ideals of the health care include empathic and compassionate care, focused not only on addressing disease, but also on relief of suffering and promoting well-being. However, the reality of medical care in Western medicine often fails to live up to that ideal. While health care workers frequently strive towards compassionate and empathetic care, structural constraints such as bureaucracy, a lack of time, short staffing, and burnout hinder their ability to do so. The recent junior doctor protests have highlighted doctor's discontent and threats they perceive to care due to strained resources, insufficient doctors, and unsafe work hours. These protests reflect a larger problem within the NHS of increasing austerity and privatization, which threaten to bring market forces and business interests to the National Health Service.

In both the U.S. and U.K., empathy for others has become strained due to the increasingly vitriolic "them vs us" mentality of xenophobia and Islamophobia that has increasingly poisoned the sociopolitical landscape, most obviously manifested Trump and Brexit. These forces affect health, both in the sense of well-being, as well as in the health care setting. Inequalities in access to health persist both domestically and internationally. Although we are now in an era of increased awareness of implicit biases, more explicit biases against those of differing races, gender identities, and religions create inequalities in access to health. On a broader societal level, isolation and fractures within communities engendered by "othering" creates isolation and alienation, which have been known to decrease well-being, which in itself has negative health outcomes. By focusing on ways to foster empathy and dialogue, we can counter these forces to improve both the delivery of care and overall well-being.