



INNOVATE

EVIDENCE-BASED MENTAL HEALTH RESEARCH

Training Future Doctors to Practice Empathy

Medical doctors and nurses are among the most trusted professionals. However, for people who use drugs, entrenched biases, stigma, and a history of mistreatment by medical professionals have created a chasm of mistrust between physicians and the community. Phillip Summers, M.D., M.P.H., a UC Davis volunteer clinical faculty and Sacramento community emergency and addiction physician, aims to address this disparity through a Behavioral Health Center of Excellence funded study, “Improving medical trainees’ empathy and effectiveness in caring for people who use drugs.” Samuel Clarke, M.D., M.A.S., associate professor in emergency medicine is a co-investigator on this project.

People who inject drugs are shown to have poorer health outcomes, more frequent hospitalizations, and increased morbidity and mortality from overdose, mental illness, and transmissible infections like HIV and hepatitis C.¹ The availability of trustworthy medical care that treats individuals with compassion

rather than scorn can improve outcomes and reduce harm. The issue, Summers explained, is that drug use is often perceived as a moral failing rather than a medical condition. “Substance use disorder is just as much a disease as other conditions,” he shared, “But it doesn’t receive the same compassion. It doesn’t receive the same resources, which is really a travesty.”

Exercising Empathy

Summers’ pilot study will further develop and expand on an “empathy exercise” to increase compassion among medical students and residents when caring for people who use drugs. Exercise participants will be recruited from the Harm Reduction Services program, which offers syringe access, a needle exchange program, overdose education and prevention, STD/HIV/HCV testing, HIV case management, and other social services in the Sacramento region.

The program will challenge implicit biases and create opportunities to provide more effective care

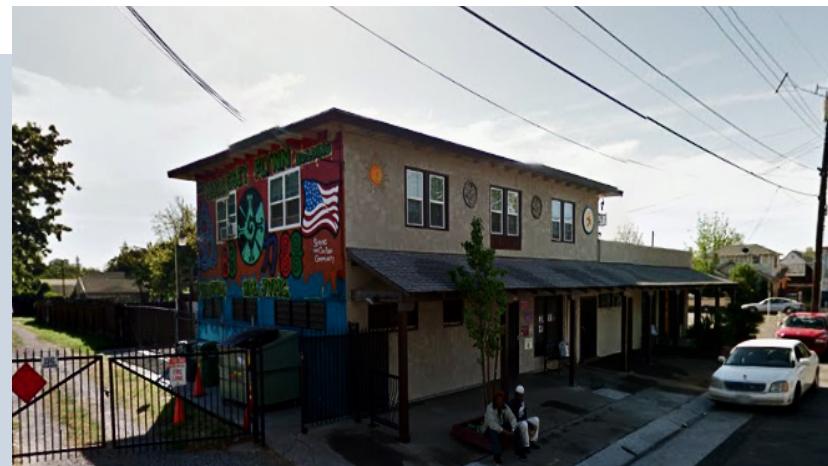
for a vulnerable population in a supportive training environment. “The ultimate proof will be culture change and clinicians changing the way they interact with people in the emergency department,” said Summers. Questionnaires administered, before, after, and six-months following the intervention will measure provider attitudes. Residents in their first half of intern year and medical students in their 4th year emergency medicine clerkship will conduct the exercise. Summers selected this time frame due to the existing research on the importance of educational intervention and the period of development in their training.

Flipping Power Dynamics

Provider attitudes and biases determine outcomes for people who use drugs. In traditional environments, there is a clear power differential, epitomized by a doctor’s white coat. Medical providers in this study are encouraged to wear plain clothes when they meet the community members in the needle exchange program. In this project, physicians

“Hopefully through this intervention physicians can develop more empathy and compassion for people struggling with the disease of addiction and to understand the humanity of the people that are in front of them.”

- Phillip Summers, M.D., M.P.H.



Joan Viteri Memorial Clinic, Sacramento CA

and people who use drugs will connect without the usual power dynamics. The needle exchange program is an environment that is safe and trusted to the community, but is unfamiliar to the providers. This is the opposite of the medical setting where these groups usually encounter one another. Allowing these groups to interact on a more human level in a trusted setting further flips the power dynamic. The program will culminate in a conversational meal between providers and patients, bringing everyone together in a common human experience across a shared table. Participants will be empowered to share their stories, strengths, fears, and struggles with the physician positioned as a learner.

Translational Community Research

Summers believes developing empathy for a population requires more than statistics on patient needs. Through this community-engaged research, he aims to address barriers and fear of mistreatment, and hopes trust will be engendered through community conversations

and evidence-based strategies for harm reduction. Medical students and residents will take time for more comprehensive history taking and get to know the person as a whole beyond their drug use. Summers wants his research to “move out of the ivory tower and back to the community,” demonstrated by the project’s design to break barriers and promote empathy among our future doctors.

Important contributors to this project include MK Orsulak, M.D., M.P.H., Alicia Agnoli, M.D. M.P.H., M.H.S., Crister Brady, M.D. M.P.H., Liane Bruckstein, the entire team at Harm Reduction Services, and the community of people who use drugs, especially those we have lost this year.

1. Mathers, B. M., Degenhardt, L., Bucello, C., Lemon, J., Wiessing, L., & Hickman, M. (2013). Mortality among people who inject drugs: a systematic review and meta-analysis. *Bulletin of the World Health Organization*, 91(2), 102–123. <https://doi.org/10.2471/BLT.12.108282>

Behavioral Health Center of Excellence at UC Davis

UC Davis launched the Behavioral Health Center of Excellence in October 2014 to advance mental health research and policy with initial funding from the Mental Health Services Act. The Innovate series highlights the Center’s research pilot award program.

[@UCDbrainhealth](http://behavioralhealth.ucdavis.edu)

UCDAVIS
BEHAVIORAL HEALTH CENTER
OF EXCELLENCE