

APPENDIX 5: Detailed descriptions of patient-perceived phenomena in clinical empathy model (Figure 1)

Absence/Deficiency of Empathy:

Item on model	Patient-perceived phenomena
Physician factors (inhibitory)	Ableism and hierarchy are embedded in the culture of medicine, and intersect with other implicit/explicit biases leading to preconceived ideas about patients.
	Physician specialty may impact level of empathy; emergency department was frequently identified as an empathy-deficient setting.
	Many physicians are very busy, overworked, stressed, and burned out in the system, which leads to a loss of compassion, mechanical care, and lack of mindfulness in interactions with patients.
	When patients have a chronic illness, physician frustration that the patient is not getting better may lead to withdrawal of empathy.
Prioritizing physician's ways of knowing	Physicians often fail to take time to focus and listen; subsequently, care is decided based on preconceived ideas rather than through an understanding of the patient's experience.
	Doctors make assumptions based on stereotypes/schemas and may be dismissive of things that stray outside that picture, and often do not trust the patient's knowledge of their own body.
	Physical illnesses are inadequately addressed when issues are siloed and patients are not seen as a whole person, including their mental health.
Behaviours conveying absence of clinical empathy	Non-empathetic communication ranges from that which lacks support/validation to that which is directly insulting/discriminatory.
	Physician dismissal and assertions that nothing is wrong despite patients' experiences of symptoms leads patients to doubt themselves and feel "crazy" ("gaslighting").
	Patients become frustrated when they do not understand why their physician chooses to do (or not do) things in their care. The physician's explanation of their course of action defines the meaning of the action to the patient and, therefore, its impact.
	Physicians often do not understand the complexities of navigating the healthcare system from the patient's perspective and may not provide adequate explanations on how the patient should do so, leading patients to fall through the cracks.
	Physicians are perceived as unmotivated to put effort into chronic illness and they "give up" when it does not improve. Patients must be extremely ill for doctors to act or else everything is chalked up to the chronic condition or mental health.
	Patients often feel that they are responsible for managing their own care and doing their own research, but then are criticized for doing their own research.
	Patients feel both that pills are "pushed" on them and that they are blamed for taking "too much" medication at the same time. Their pain is not considered serious if they do not take pain medication, and their issues are all chalked up to drug-seeking if they do.
Negative processing	Patients lose trust that empathy-deficient physicians will treat them appropriately, and also doubt their clinical competence. This mistrust can become generalized to the healthcare system as a whole, resulting in a feeling that no one is there to help if they are sick.
	Physician disbelief can lead patients to question their own feelings and sanity.
	Patients develop a trauma response to interactions with physicians who lack clinical empathy and avoid future encounters as much as possible.
	Patients feel guilt for burdening their doctors and shame for not getting better.
Disrupted personal life	Hope is essential for resilience in people with chronic illness, and appointments without clinical empathy strip it away.
	What happens in the patient's medical care directly impacts their ability to work, and their work impacts their ability to adhere to treatments.
	Negative emotional/psychological states evoked by physician interactions can be projected onto partner/family, leading to further shame, guilt, and hopelessness.

Healthcare: reduced quality & increased utilization	When the physician is distracted or not truly listening, patients end up need more appointments and issues take longer to solve.
	Lack of effort/listening leads to inappropriate referrals.
	Many treatments that physicians prescribe do not reflect an understanding of the patient’s location and financial situation, leading to inaccessible recommendations that the patient cannot adhere to.
	Patients avoid seeking healthcare until they are seriously ill.
	Patients refuse medications when they need them to avoid being labelled as a drug-seeker in future.
Negative health outcomes	Patients are more likely to hide information or lie to physicians for fear of information being used against them.
	The cycle of self-advocacy and being dismissed leads to profound exhaustion.
	“Gaslighting” leads to self-doubt and reduced self-esteem in patients.
	Patients often experience a “spiraling” of hopelessness after appointments, leading to depression, anxiety, and suicidal ideation attributed to the physician interaction (not the illness).
	Poor physical health outcomes may occur secondary to mental health impacts, as well as due to delayed pursuit of care by patient, leaving against medical advice, non-adherence to treatment, or delayed/refused administration of treatment.

Presence of Empathy:

Item on model	Patient-perceived phenomena
Physician factors (facilitative)	Physicians who have adequate time and resources often display more empathy.
	Patients treating physicians with kindness and empathy helps evoke reciprocity.
	Physicians who have experienced chronic illness are often the most empathetic.
Engaging with patient’s experience	Clinical empathy involves taking time to truly listen mindfully to the patient to learn about their experience with their illness and the medical system, while acknowledging that they cannot fully understand it. This involves seeing them as a whole person rather than just their disease.
	Patients need their physician to believe them and trust them as an expert on their own body.
Behaviours demonstrating presence of clinical empathy	Patients value communication that is honest, supportive, validating, and normalizing.
	Patients need to feel like their physician is willing to put in effort, even if they do not know exactly what to do.
	A trauma-informed approach shows empathy for many patients who have experienced healthcare (or other) trauma.
	Patients want to be an active member in developing a collaborative care plan, with their perspective and research valued.
Positive processing	Clinical empathy fosters feelings of hope and empowerment in patients, as well as increased trust in the physician and healthcare system.
Enhanced healthcare	When patients have hope regarding their healthcare, they are more empowered to educate themselves, try new treatments, adhere to treatments, and make healthier lifestyle changes.
Enhanced mental health & wellbeing	Clinical empathy itself has direct positive effects on mood and energy levels, is protective of patient self-image, and increases patient confidence and resilience.