

A significant drive behind the disciplines of the Medical Humanities, the practice of Narrative Medicine, and the comics-based field and genre of Graphic Medicine, has been a focus on empathy. These fields have seen a need to emphasise empathy in medical training and practice in order to get away from the often depersonalizing and disciplinary nature of medicine for both the patient and the medical professional. In these fields empathy is seen to have intrinsic moral worth. It helps give voice to the voiceless, improves medical practice, and even helps foster a safe space for medical staff to express their own fears and concerns.

There are those, however, that take a dimmer view of empathy. In a series of blog posts I will apply some of the critiques aimed at empathy and use examples drawn both from fiction and everyday life to illustrate them.

One of the most common critiques levelled against empathy is that it is biased. Paul Bloom suggests that empathy 'works like a spotlight, highlighting certain people in the here and now' (2017) and that it tends to favour the individual over the collective (89). The individualistic nature of empathy in turn means that we tend to be more empathetic towards people who are close to us, who look like we do, and who come from similar backgrounds.

The problem here, according to Bloom, is that this act of spotlighting often leaves others in the dark. For example, in Jesse Prinz's argument against empathy she draws from a study that used brain imaging to show Caucasians being more empathetic to the pain of other Caucasians than to the pain of Chinese participants, and vice versa (266). This may go some way to explain phenomenon such as the significant disparities in donations and funding received for Sickle Cell Anemia and Cystic Fibrosis in the US. Despite Sickle Cell being the most common life-threatening illness in America, Cystic Fibrosis receives 3.5 times as much money. The fact that Cystic Fibrosis primarily affects Caucasians and Sickle Cell is seen as largely affecting African-Americans, further confirms Prinz's theories (Ellis, 2017). This shows the often paradoxical nature of empathy in that it may cause us to undertake acts that have unintended bad consequences. When we focus on one person or one issue someone inevitably ends up losing out, and empathy can often be exploited and manipulated to serve less than moral interests.

I have encountered such problems in my own life that have made me rethink the role empathy plays in society. Despite my critiques against the unequal focus on Cystic Fibrosis, I have to acknowledge that this is an illness that I have. As such I have tried to involve myself with the campaign to make the life-changing drug Orkambi available for use within the NHS. However, as part of this campaign a newspaper article appeared in The Daily Mail, which is a right-wing newspaper in the UK; the article compared Orkambi to the HIV prevention drug PrEP. This article, and consequent coverage of this drug, would refer to PrEP as a 'promiscuity pill' and would often pitch young innocent children with CF against "irresponsible" gay men (Borland & Spencer, 2016). This shows that empathy is not pure, but can be judgmental, selfish, and cruel when it comes up against those it deems to be encroaching upon the subject of the empathetic gaze.

Empathy often exists in the simplistic realm of black/white, either/or. The fact that representatives from the Cystic Fibrosis Trust were quoted in several of these articles (even if they did remove the tweet promoting the article upon my request) shows that empathy can lead to decisions that are wrong-headed and not in everyone's best interests. For example, by promoting this drug through homophobic rhetoric we ignore how these articles might be perceived by those who have Cystic Fibrosis and are gay, but of course, this in itself is an appeal to empathy.

An alternative could be to apply the 'cost-benefit analysis' that both Bloom and Prinz champion, in which decisions are based on what interventions will have the greatest long-term payoffs (227). In this case, the £5,000 annual markup per patient for PrEP compared to the £100,000 price tag for Orkambi should be enough to quell critique, but of course it is not. Where I veer slightly from the ideas of Bloom and Prinz in this cost focused approach is what Bloom calls 'rational compassion' (4). Just as empathy can be abused, so too can ideas of rationality and cost-effectiveness; for example the erosion of the British welfare state is presented as rational and necessary to reduce the national deficit, no matter the human cost.

My second example doesn't quite fit the model of selective empathy but perhaps serves as kind of misplaced empathy, or empathy as a disguise for something else entirely. Empathy is meant to be an act of understanding of the feelings and circumstances of another, but the empathic drive behind the campaign to legalize assisted dying in the UK is based, in part, on misunderstanding and projection. Liz Carr, a disabled actor, playwright, and campaigner, has written about the problems with the discourse surrounding assisted dying. The campaign is often based on the assumptions that life with a disability is a fate worse than death and that allowing for assisted dying is an act of "mercy". So rather than being a campaign based on empathy it seems that pity is the driving force here, and that empathy and pity are not as separate as they might at first seem. [1]

What empathy misses in this case is that resources might be better focused in improving accessibility, care, and attitudes, to improve the lives that disabled people are living in the here and now.

What becomes clear throughout my argument is that even in arguing against empathy I can't help but make my own appeals in its name. Therefore I do not fully endorse the views of Bloom and Prinz but instead advocate a kind of critical empathy that is aware of its own biases and complex motivations in order to ensure better ends. In the next part of this blog post I will further explore the various contradictory motivations for empathy, in particular focusing on the idea of empathetic voyeurism and the disconnect between empathy and action.

[1] In fact in early writings on the topic Hume referred to what we now know as empathy as sympathy.

References and further reading

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