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EDITORIAL

Empathy and violence

Henk ten Have[1] · **Bert Gordijn**[1]

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Empathy is a central concept in healthcare ethics. It is commonly regarded as the necessary basis for good healthcare. Quality care cannot be provided if providers lack empathy. They may deliver excellent and top-notch technical assistance or interventions but without attention to the person who is attended to, something essential is missing. Since its foundation this journal has published several articles on empathy examining its moral, conceptual and social dimensions, for example, Gelhaus (2012), Pedersen (2008) and Svenaeus (2014). However, empathy is not merely crucial in specific activities such as healthcare, nursing and humanitarian assistance. It is essential for humanity as such. The capacity to understand the feelings and experiences of other persons is what makes human beings human. If we encounter a person who is suffering we can identify with and feel his or her suffering. We recognize common humanity and share vulnerability. It is also argued that empathy has been the origin of the human rights movement. The recognition in popular literature that some human beings have miserable lives or are violated and abused, stimulated feelings of sympathy in fellow human beings, and thus appealed to empathy motivating to action to enhance their situation (Hunt 2007).

Almost every health professional today will agree with the present emphasis on patient-centredness, as discussed in this issue by Pluut (2016). Although there will be different practical approaches all are guided by moral ideals such as vulnerability, autonomy, and diversity. But the assumption of these approaches is that the relationship between professional and patient is based upon empathy.

In this issue Challita (2016) explores and elaborates the concept of empathy in a broad context. She offers a new definition that relates the cognitive and affective dimension of empathy with moral action. Empathy is not simply a theoretical notion but it motivates to act. Confronted with illness, suffering or violence we share feelings but we should at the same time be motivated to do something to diminish the suffering. Challita argues that empathy has a biological, genetic and neuro-scientific basis, and thus requires interdisciplinary research. However, she also underlines that it is a moral notion. The environment, in which human beings develop, contributes to the development of empathy.

The implication of her position then is that empathy can be cultivated. Unfortunately, however, it is not at all clear how it can be nurtured. How empathy can be cultivated is not exclusively a question for healthcare or for bioethics. It is a particularly challenging question in the context of increasing globalization, characterized by growing inequality, political austerity, manipulated wars and refugees, bullying politicians, and national self-interests. Our days are especially marked by brutal violence. Children are used for ideological purposes to decapitate other human beings. Hospitals are indiscriminately bombed by so-called civilized nations. Doctors who voluntarily offer assistance are primary targets for killers. This broader context of total lack of empathy is illustrated in the contribution of Borgo and Picozzi (2016). The so-called Separation Wall (a neutral term, otherwise called the Apartheid Wall) in the Occupied Territories, identifies 'strangers' for whom no empathy can be shown. It seriously impacts healthcare for the separated people. This should be a deep concern for all of us, and not just for bioethicists.

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