The Human Side of Cancer: Dehumanization in the Setting of Serious Illness

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- No financial interest or affiliation concerning material discussed in this presentation

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Case Example: Mr. Thomas

Chart Review

- Age/Sex: 89-year-old male
- Diagnosis: NSCLC with known spine metastasis (diagnosed 6mo ago)
- Social History:
  - Lives alone
  - Widowed (died last year); no children
  - Retired school bus driver
  - Enjoys gardening
- Meds: standard chemo regimen
- Update: recent imaging shows disease progression despite treatment

Patient Experience

- Feels ”like an object” during clinic visits
- Overwhelmed navigating healthcare system and staying on top of appointments
- Next week is 1st anniversary of wife’s death
- Embarrassed by low medical literacy
- Struggles to ask questions
- Feels alone, scared, and lost
- When he tries to bring this up, his Oncologist responds:

“I understand this is difficult but let’s try stay positive – you’re handling this really well!”

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Why Mr. Thomas' Experience Matters?

- Chart review alone cannot capture patient experience or suffering
- Even well-intentioned empathy may come across a dismissive
- This can have significant consequences: (Lelorain, 2023)
  - Reduced patient satisfaction
  - Poorer clinical outcomes
  - Psychological distress
    - Increased rates of depression & anxiety
    - Demoralization

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"But I *am* empathetic…"
- The Empathy Perception Gap

- Most oncologists believe that they are empathetic (Lim, 2018; Ruggiero, 2025)
  - 77-92% consider themselves *confident* in responding to patient emotion
- Data shows a large gap between provider and patient perceptions (Bernardo, 2018)
- Response rates to expressed negative emotions are low (Malhotra, 2018)
  - Patients: 12%
  - Caregivers: 9%

NOTE: ~1 in 2 patients and caregivers *try* to bring up **negative emotions** during visits with their oncologist

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Defining Dehumanization

- Stripping patients of their uniquely human traits (Haque & Waytz, 2012; Haslam, 2006)

Dimensions of Dehumanization		
Dimensions	Definition	Relevancy in Practice
Experience	Capacity to feel pleasure and pain	• Emotions dismissed or ignored • Gives impression providers don't care
Agency	Capacity to plan, intend, and exert a choice	• Violates patient autonomy • Makes patients feel unheard or unseen • Negates patient values and Goals of Care in decision making
Dignity	Right to be respected and valued as an individual	• Reduces patients to their diagnosis • Strips patients of their personhood • Makes patient's feel worthless and insignificant

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How Dehumanization Shows Up in Medicine?

- Objective, reproducible data valued over patient experiences
- Prioritization of efficiency and standardization of care
- Patients reduced to diagnoses and cluster of symptoms
- Patient treated like passive recipient of interventions and investigations
- Use of passive tense in medical documentation

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Contributing Factors

Patient Level

- Discrimination
  - Race
  - Gender
  - Disability
  - Age
  - Sexuality
- Low health literacy
- Socioeconomic struggles
- Cultural / language barriers

Clinician Level

- Rushed encounters
- Clinic policies
- Poor communication
- Depersonalized interactions
- Implicit bias and stereotyping
- Burnout

System Level

- Organizational culture
  - Volume-driven care
- Fragmented care
  - Poor interdisciplinary communication
- Resource limitations
- Barrier to access
  - Insurance
  - Geography
  - Inflexible clinic hours

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Why Does Dehumanization Occur in Medicine?

Key Processes	
Deindividuation / Deindividualization	Loss of both provider and patient individuality
Impaired Patient Agency	Loss of patient autonomy
Dissimilarity	Unconscious distancing that occurs within patient-provider relationship
Mechanization	Algorithmic approach to patient care
Empathy Reduction	Innate or learned suppression of emotional load
Moral Disengagement	Protective measure necessary to provide care known to cause pain or suffering

(Haque & Waytz, 2012)

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Deindividuation / Deindividualization

When patients get lost in the crowd

Provider

- Provider anonymity → diminished personal responsibility
  - Example: Like soldiers in matching uniforms → reduced sense of culpability

Patients

- Referring to individuals as "the patient" erases their identity
- Lengthy consult lists unintentionally reduce patients to names on a page
- We unconsciously group patients by quick identifiers
  - Perpetuates implicit bias

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(Haque & Waytz, 2012)

Impaired Patient Agency

When patients can't influence their own care

Agency: Capacity to plan, intend, and exert a choice

The hospital is full of people who agencies we assume are impaired

1. "Mrs. X is back again. If only she would take her pain medications as prescribed."
2. "This is Mr. Y, he presented with severe abdominal pain and was found to have disease progression after he stopped showing up to his Oncology appointments."

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(Haque & Waytz, 2012)

Dissimilarity (Unconscious Distancing)

When patients feel distant

- Unconscious psychological separation between providers and patients
  - "You are sick, we are not"
  - Encourages perception that people are defined by their disease rather than personhood
- Compartmentalizing allows providers to provide care without emotional weight of patient's experiences

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(Haque & Waytz, 2012)

Mechanization

When patients care becomes a checklist

- Process of delivering patient care through protocols, checklists, measurements, and metrics
- Examples:
  - Algorithmic approach
  - (Organ) systems approach to care
  - Data-driven decision making

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(Haque & Waytz, 2012)

Empathy Reduction

When patient's feelings don't matter

- Empathy serves as an important tool for establishing rapport and humanizing our patients
- Clinicians develop emotional callouses over time
- Types of empathy seen in clinical settings
  - Affective empathy: *feeling* what another person feels
  - Cognitive empathy: *imagining* someone's perspective and how they feel

Empathy in Medical Students		
Affective Empathy	Cognitive Empathy	Impact
↑	↓	• ↑ rates of depression & anxiety • ↑ risk of burnout
↓	↑	• ↓ rates of emotional exhaustion • Improved sense of personal accomplishment

(Chen, 2024; Cairns, 2024)

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Empathy Reduction in Medical Students

- Empathy and communication training are becoming standard part of medical student education
- Studies show empathy levels highest at end of MS2 (Hojat, 2009)
- Regulated emotional response to cope with repeated exposure to suffering

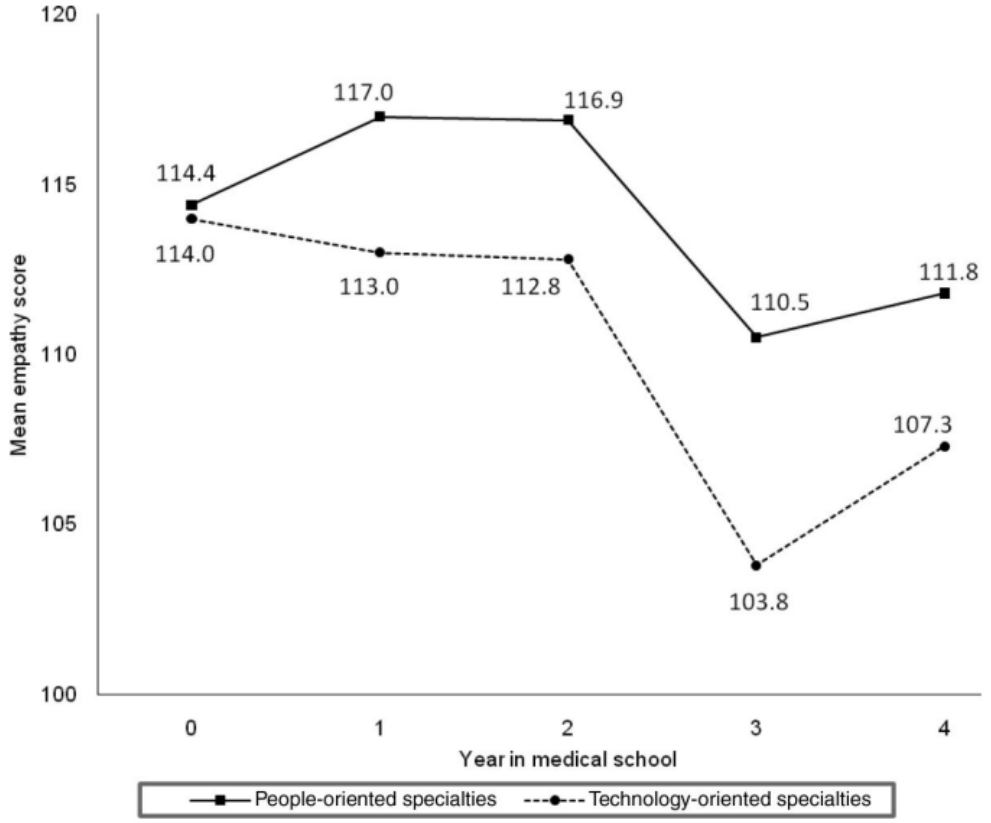

Figure 3 Changes in mean Jefferson Scale of Physician Empathy (JSPE) scores in different years of medical school for 85 respondents pursuing people-oriented specialties and 36 respondents pursuing technology-oriented specialties who identified themselves at all five administrations of the JSPE ("matched cohort") at Jefferson Medical College, Philadelphia, Pennsylvania, 2002–2008.

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Empathy on Brain Imaging

- Perception of pain is made up of two physiological responses
  1. Early emotional sharing
     - Inferior frontal gyrus, anterior insula, and anterior cingulate cortex
  2. Late cognitive evaluation
     - Dorsomedial prefrontal cortex temporoparietal junction, and supramarginal gyrus
- Physicians show ↓ emotional sharing & intact cognitive evaluation
  - Suppress their immediate emotional response to observing pain
  - Maintain ability to understand and respond cognitively to situation
- Neural adaptation protects clinical judgement from emotional interference

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(Chen, 2022; Decety, 2010)

Moral Disengagement

When patients are exempt from morality

- Psychological process that allows someone to abandon their moral standards without feeling guilt
- Many medical treatments involve inflicting *necessary* suffering
  - Painful biopsies (bone, liver, lung, etc.)
  - Post-surgical pain
  - Chemotherapy
- Cognitive & empathy suppression allow providers to administer painful treatments without moral injury

(Haque & Waytz, 2012)

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Empathy as a Teachable Skill

- Empathy is a trainable clinical skill that improves with practice
- AI responses in oncology settings were consistently rated more empathetic than physicians (Chen, 2025)
  - The algorithmic nature of AI supports that empathy can be learned
- Empathy training in healthcare settings can have immediate and long-lasting benefits on patient care (Doreille, 2012)
- Benefits diminish over time highlighting that empathy is a skill requiring ongoing practice (Winter, 2020)

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VitalTalk

- Evidence-based communication training program developed for healthcare professionals
- Focus on navigating difficult conversations
  - Delivering bad news
  - Discussing prognosis
  - Responding to emotions with empathy

Key Features:

- Skills-focused
- Use of evidence-based frameworks
  - Ask-Tell-Ask
  - **NURSE**
    (Name, Understand, Respect, Support, Explore)
  - “I wish, I worry, I wonder”
- Simulated patient encounters
  - Practice & workshop response
  - “Time out”
  - Real-time feedback

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ASCO Patient-Clinician Communication Guidelines

Tools for Empathetic Communication in Oncology Setting	
Treat the *person*, not the patient	• Learn about their life beyond their cancer diagnosis • Explore how cancer has changed their life
Ask permission	• Respects autonomy • Serves as a ”warning shot”
Name emotion	• Helps patient feel seen, heard, and validated • **Patient**: “I have nobody to support me” • **Clinician:** “It must feel very lonely to go through this by yourself”
Explore concerns behind the emotion	• Ask open-ended questions • **Clinician:** “Help me understand what you’re feeling right now?”
Pause and allow for silence	• Gives patients time to process difficult news • Creates space for patients to express emotion
Commitment to support	• Helps patients feel valued and supported • **Clinician:** “I’ll continue to take care of you whatever happens”

(Gilligan, 2017)

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Dignity Therapy

- Semi-structured interview centered around dignity and meaning
- Designed specifically for patients nearing end-of-life
- Question Examples:
  - “When did you feel most alive?”
  - “What are your biggest accomplishments?”
- Clinical Benefits:
  - Enhances sense of purpose and generativity
  - Reduced anxiety and depressive symptoms

NOTE: Incorporating ***‘human questions’*** into your discussions is a great way to make patients feel **seen**, **valued**, and **heard**

(Chochinov, 2005)

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Humanizing Encounters

- Restoring Meaning in Small Ways

Behind the Scenes

- ”My Sticky Note” feature in EMR
  - Make notes about personal details (family, life events, interests, etc.)
- Review Psycho-Oncology and Palliative Care notes
- Avoid referring to patients by their disease and demographics alone

Face-to-Face

- Use of preferred name
- Active listening
  - Naming emotion
  - Eye-contact
  - Mirroring language
- Ask one *‘human question’* per visit
- Avoid medical jargon
- Acknowledge emotional struggles, not just physical symptoms

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Strengthening Oncology-Palliative Partnership

- Collaboration shown to improve patient and clinician outcomes
- Current challenges
  - After referrals, communication is often sparce
  - Palliative Care involvement seen as outsourcing emotional
- Collaborative strategies for successful integration:
  - Work with us, not along side us
  - Reference content of our notes during patient interactions
  - Send–liner updates after patient visits with pertinent information

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Mr. Thomas' Experience, Reimagined

Addressing emotional struggles

- "I hear that this is really overwhelming and frightening for you. It can be difficult to stay on top of all your appointments and treatments without any help. What can we do to best support you?"

Acknowledging lived experience

- "I can only imagine how hard it has been losing your wife last year and then getting your cancer diagnosis shortly thereafter. How are you coping?"

Demonstrating care through actions

- "I'm going to connect you with our Social Worker and Psycho-Oncologist, as well as getting you information on our Peer Support Group."

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Summary

- Dehumanization is a common occurrence in oncology and can have significant consequences
- Empathy is a skill that can be learned, practiced, and reinforced
- Small actions make a meaningful difference to patient care
- Every patient, like Mr. Thomas, deserves empathetic human-centered care

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Any Questions?

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