

## Paging empathy: emotional fatigue in clinical training Appel à l'empathie : la fatigue émotionnelle en formation clinique

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It was a quiet night on the ward when one of my patients passed away. I did everything I had been trained to do completed the paperwork, updated the chart, informed the family, and gave my report to the team. A nurse later said to me gently, “You’ve been quiet.” It was then I realized I had moved through the entire process without truly feeling anything. I wasn’t indifferent but I was emotionally numb.

This moment wasn’t unique, nor was it sudden. It was the product of a training culture that conditions us to be efficient, composed, and emotionally contained. Over time, we learn how to suppress emotion not how to process it. We become skilled at detaching, often mistaking this emotional silence for professionalism. But inside, many of us are quietly accumulating what I have come to understand as emotional fatigue.

Medical education emphasizes clinical competence but pays little attention to emotional capacity. While we are taught to identify a patient in distress, we are not taught to recognize emotional strain in ourselves or our colleagues. There is little space for honest discussions about fear, grief, guilt, or vulnerability. And yet, these experiences are deeply embedded in the practice of medicine.

I’ve seen peers break down in stairwells, colleagues retreat into silence after difficult cases, and others who carry a quiet heaviness for weeks. These are not isolated episodes; they are signs of a systemic omission the failure to teach emotional resilience as intentionally as we teach diagnostic reasoning.

Addressing this gap requires more than just encouraging wellness. It requires embedding emotional processing into the culture of training. Structured debriefs after difficult encounters, reflective writing exercises, protected time for peer support sessions these should be normalized, not optional. Medical educators must model vulnerability, not just competence. When faculty share their own emotional struggles, it gives trainees permission to acknowledge theirs.

Empathy, the cornerstone of patient care, cannot be sustained on emotional depletion. It requires restoration. Just as we have protocols for resuscitating a failing heart, we need frameworks for renewing a fatigued spirit.

Emotional fatigue is not weakness, it’s a signal. It tells us that something human is being compromised in the pursuit of clinical excellence. Listening to that signal is not only an act of self-care; it is an ethical imperative.

When empathy pages us quietly, urgently we must learn to respond. Not with silence, but with reflection. Not with shame, but with support.

Let us train physicians who are not only clinically sound but emotionally whole.

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