

# Empathy, Enablement, and Outcome: An Exploratory Study on Acupuncture Patients' Perceptions

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## ABSTRACT

**Objectives:** To conduct an exploratory, retrospective study of acupuncture patients' perceptions of practitioner empathy, patient enablement, and health outcome, and to investigate the associations between them.

**Methods:** In a retrospective, observational study, questionnaires were distributed to 192 patients randomly selected from a population of 6348 who, several months previously, had participated in a survey of acupuncture safety, and had agreed to be contacted again. The main measures included patients' perceptions of their practitioners' empathy using the Consultation and Relational Empathy Measure, the Patient Enablement Instrument, and the Glasgow Homeopathic Hospital Outcome Scale (measuring change in main complaint and well-being).

**Results:** A total of 143 (74%) patients responded (27% men and 73% women) with an average age of 51 years. Comparisons between the population, the sample selected, and the responding sample showed reasonable equivalence. The majority of patients (71%) were in the middle of an ongoing course of treatment at the time of completing the questionnaires for this study. 36% of patients were attending for reasons of "general well-being," 34% for musculoskeletal problems, 11% for emotional or psychological problems, and 19% for other reasons. Empathy and enablement scores were not influenced by age or reason for attendance, but men showed significantly lower scores than women ( $p < 0.05$ ). Patient enablement was significantly positively correlated with perception of their practitioners' empathy (Spearman's  $\rho = 0.256$ ,  $p < 0.01$ ). Enablement in turn was strongly positively correlated with the outcome of both the main complaint ( $\rho = 0.457$ ,  $p < 0.0001$ ) and improved well-being ( $\rho = 0.521$ ,  $p < 0.0001$ ).

**Conclusion:** Patients' perceptions of consultations with their acupuncturists suggest that their experience of empathy is significantly associated with patient enablement, which in turn is highly correlated with improved self-reported health outcomes.

## INTRODUCTION

The importance of the role of the therapeutic relationship in enhancing healing has been receiving attention in the medical litera-

ture (Reilly, 2001). It is also known that acupuncture patients place a high value on their relationship with their acupuncture practitioner (Gould and MacPherson, 2001). In the present study we examined two important as-

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pects of the therapeutic relationship, empathy and enablement, by assessing the perceptions of acupuncture patients. We also explored whether empathy and enablement within the therapeutic encounter were associated with changes in patients' perceptions of outcome from treatment.

Empathy in the clinical context has been described as the ability to communicate an understanding of a patient's world and to act on that understanding in a therapeutic way, and is said to be a crucial component of the helping relationship (Mercer and Reynolds, 2002; Reynolds and Scott, 1999). Recently Mercer (2003) has developed and validated an instrument—the Consultation and Relational Empathy (CARE) measure—that assesses the patient's perception of the practitioner's empathy in the clinical encounter (Mercer and Reynolds, 2002). This instrument provides a valid measure of patient's views in not only conventional but also alternative and complementary care.

Enablement describes the effect of the clinical encounter on a patients' ability to cope with and understand his or her illness (Howie et al., 1997, 1999). The Patient Enablement Instrument (PEI) is a validated consultation outcome measure that was developed in primary care in the United Kingdom. While this instrument was designed for use in primary care, it has also been used at the Glasgow Homeopathic Hospital (Mercer et al., 2002)

Researchers at the Glasgow Homeopathic Hospital have also developed an outcome measure, known as the Glasgow Homeopathic Hospital Outcome Scale (GHHOS), which has two components: patient assessments of changes to the main complaint and to well-being (ADHOM, 2003). We did not collect baseline measures because we used this instrument to assess patients' perceptions of change retrospectively.

The aim of the present study was to measure empathy and enablement within the therapeutic relationship between acupuncturists and their patients. We utilized the instruments and methodology of research undertaken in primary care (Howie et al., 1999) and at the Glasgow Homeopathic Hospital (Mercer et al., 2002). By measuring patients' perception of outcomes, we also retrospectively explored

possible relationships between empathy, enablement, and outcome.

## MATERIALS AND METHODS

Our patients were selected from a database of 6348 acupuncture patients, all of whom had been consecutively invited to participate in a survey of adverse events associated with acupuncture provided by 638 practitioner members of the British Acupuncture Council. This is the professional body that represents acupuncturists in independent practice in the United Kingdom, with a minimum of 3 years full-time training or the equivalent. We excluded National Health Service patients, who made up only 4.4% of this population of patients, and then computer-generated a random sample of 192 from the remaining patients who had given their agreement to be contacted again.

Participants were sent a covering letter along with a short questionnaire that they were asked to complete and return to the research center. The questionnaire, which was first piloted with a sample of 42 patients, included questions on how recently the patient last had acupuncture, and was it the end or middle of an episode of care, or part of ongoing and long-term health care. From this point onwards, questions used the phrase "your most recent episode of acupuncture" as a generic context, on the basis that some patients had discontinued treatment, but many were either in the middle of either an episode of treatment or ongoing health care. A question was asked about the nature of their current main complaint, and their expectations (level of confidence in the treatment in relation to this complaint) before starting their course of acupuncture.

Within the CARE measure, 10 questions asked patients to rate aspects of empathy, each question scoring a maximum of 5 points, and together making up a maximum of 50 points on the scale (Mercer and Reynolds, 2002). These 10 items, which were based on the question "Thinking about your most recent episode of acupuncture, how was your acupuncturist at . . . ?," are:

1. Making you feel at ease.
2. Letting you tell your "story."

3. Really listening.
4. Being interested in you as a whole person.
5. Fully understanding your concerns.
6. Being caring and compassionate.
7. Being positive.
8. Explaining things clearly.
9. Helping you to take control.
10. Deciding on a treatment plan with you.

Each item includes a statement that gives examples of the sorts of behaviors, attitudes, and skills that the practitioner might show. Missing data or "not applicable" responses were excluded except for respondents with 2 or less missing or "not applicable" responses who were given a score based on the average of the other empathy scores for that patient.

Within the PEI, six questions asked patients to rate whether, as a result of their most recent episode of acupuncture treatment, they now felt able to cope with life, able to understand their illness, able to cope with their illness, able to keep healthy, confident about their health, and able to help themselves. Each question contributed a two ("much better" or "much more"), a one ("better" or "more") or a zero ("same or less" or "not applicable") to the overall enablement score, with up to two missing values being allowed (and given a score of zero) (Howie et al., 1999). In a modification of the original scoring, if there were "not applicable" data for three or more of the six questions, the patient's data were removed from the analysis. This provided an adjusted enablement score that gave less weight to the zero scores for "not applicable" responses, on the basis that such responses were unlikely to be equivalent to a "same or less" response (which is scored as zero to reflect a failure to enable on the part of the practitioner).<sup>\*</sup> This adjustment to the enablement scoring therefore seemed important for small samples such as in the present study, as it increased the proportion of relevant responses and also reduced the skewed distribution of the measure. We report the enablement

findings in terms of both the original scoring method and the adjusted method.

The GHHOS is a scale that relates outcome to the patient's experience of daily living. It is a generic scale, and therefore, can be applied to different targets but in the present study it was used to capture patient's assessment of change both to the main complaint and to well-being. Both are scored by the patient from the following values:

+4: Cured/Daily living is back to normal

+3: Major improvement (that has a major effect on your daily living)

+2: Moderate improvement (that has an effect on your daily living)

+1: Slight improvement (but it has no effect on your daily living)

0: No change/Unsure whether a change occurred

-1: Slight deterioration (but it has no effect on your daily living)

-2: Moderate deterioration (that has an effect on your daily living)

-3: Major deterioration (that has a major effect on your daily living)

-4: Disastrous deterioration

The data were analyzed with SPSS (SPSS, Inc., Chicago, IL). Comparisons of mean scores for empathy and enablement were made with the independent samples *t* test and analysis of variance (ANOVA). Associations between the scores for empathy, enablement, and outcomes were analyzed using Spearman's rank correlation coefficient.

## RESULTS

Of the 192 patients invited to respond, 143 (74%) completed and returned a questionnaire. In Table 1 we compare proportions for gender and age in the population of 6348 patients, the selected sample of 192 and the achieved sam-

<sup>\*</sup>This assertion was supported by the results, which indicated that respondents with three or more "not applicable" enablement responses had significantly higher mean empathy scores than those with three or more "same or less" enablement responses (mean CARE score 48.1 versus 42.9, respectively,  $p < 0.05$  by independent samples *t* test (two-tailed)).

TABLE 1. REPRESENTATIVENESS OF PATIENTS

	Total population	Sample selected	Sample achieved
Number of patients	6348 (100%)	192 (100%)	143 (100%)
Gender			
Male	2446 (26%)	55 (29%)	38 (27%)
Female	6596 (74%)	137 (71%)	105 (73%)
Age of patients			
29 and under	552 (6%)	9 (5%)	5 (4%)
30 to 39	1817 (19%)	29 (20%)	21 (15%)
40 to 49	2028 (22%)	39 (20%)	33 (23%)
50 to 59	2342 (25%)	62 (32%)	51 (36%)
60 to 69	1358 (14%)	28 (15%)	15 (11%)
Over 70	1218 (13%)	23 (12%)	16 (11%)

ple of 143. The respective average ages were 51.9, 51.8, and 51.3. Regarding when patients had had their most recent acupuncture treatment, for 23% it had been in the previous week, 40% between 1 week and 1 month, 22% between 1 and 3 months, and 15% more than 3 months ago. For 13%, their most recent treatment had been at the end of an episode of care, for 11% it was in the middle of an episode of care, for 71% it was part of their ongoing health

care and for 5% none of these. Details of the patients' main complaints at the start of their most recent episode of care, and the confidence that their acupuncturist would be able to help them, are presented in Table 2.

Mean scores for patients' empathy, enablement and adjusted enablement scores are also presented in Table 2. These scores were not significantly different between groups in terms of the type of main complaint ( $p > 0.05$  by

TABLE 2. MEAN SCORES FOR EMPATHY AND ENABLEMENT

	Breakdown of sample (n = 143)	Mean empathy score (maximum possible score = 50)	Mean enablement score (maximum possible score = 12)	Mean adjusted enablement score (maximum possible score = 12)
Overall means and standard deviation (SD)		45.50 (n = 135) SD 6.71	5.39 (n = 131) SD 3.49	5.80 (n = 199) SD 3.35
Gender				
Male	38 (27%)	43.58 (n = 36)	4.49 (n = 37)	4.61 (n = 36)
Female	105 (73%)	46.20 (n = 99)	5.75 (n = 94)	6.31 (n = 83)
Age of patients				
29 and under	5 (4%)	44.80 (n = 5)	6.40 (n = 5)	6.40 (n = 5)
30 to 39	21 (15%)	45.89 (n = 19)	3.40 (n = 20)	4.13 (n = 15)
40 to 49	33 (23%)	43.97 (n = 32)	5.59 (n = 32)	6.33 (n = 27)
50 to 59	51 (36%)	45.20 (n = 49)	5.25 (n = 47)	5.44 (n = 45)
60 to 69	15 (11%)	48.57 (n = 14)	6.50 (n = 12)	6.50 (n = 12)
Over 70	16 (11%)	46.33 (n = 15)	6.31 (n = 13)	6.31 (n = 13)
Main complaint				
Musculoskeletal	48 (34%)	44.09 (n = 47)	5.26 (n = 43)	5.69 (n = 39)
Emotional/psychologic	15 (11%)	44.33 (n = 15)	5.27 (n = 15)	5.43 (n = 14)
General well-being	51 (36%)	46.19 (n = 48)	6.04 (n = 46)	6.30 (n = 43)
Other	27 (19%)	47.78 (n = 23)	4.68 (n = 25)	5.23 (n = 22)
Prior confidence				
Not/slightly confident	14 (10%)	47.55 (n = 11)	5.54 (n = 13)	6.09 (n = 11)
Moderately confident	63 (45%)	44.45 (n = 60)	4.97 (n = 58)	5.33 (n = 54)
Very confident	39 (28%)	45.63 (n = 38)	4.64 (n = 36)	5.23 (n = 31)
Completely confident	26 (18%)	46.76 (n = 25)	7.46 (n = 24)	7.52 (n = 23)

SD, standard deviation.

TABLE 3. GLASGOW HOMEOPATHIC HOSPITAL OUTCOME SCALE

	Score	Mean complaint (n = 142)	Well-being (n = 137)
Disastrous deterioration	-4	1 (1%)	1 (1%)
Major deterioration	-3	0	0
Moderate deterioration (effect on daily life)	-2	0	0
Minor deterioration (no effect on daily life)	-1	0	0
No change	0	18 (13%)	1 (1%)
Minor improvement (no effect on daily life)	1	10 (7%)	20 (15%)
Moderate improvement (effect on daily life)	2	23 (16%)	9 (7%)
Major improvement	3	58 (41%)	32 (23%)
Complete resolution	4	32 (22%)	46 (34%)

ANOVA), and were not related to expectations (confidence in treatment before starting) ( $p > 0.05$  by ANOVA). However, there was a significant difference between men and women in their mean scores of empathy ( $p < 0.05$ ) and adjusted enablement ( $p < 0.05$ ) as assessed by independent samples *t* test (two-tailed).

The changes in main complaint and well-being as a result of treatment, as measured by the GHOS, are presented in Table 3. For the main complaint 79% of patients reported a score of 2 or above, indicating a significant improvement (enough to affect daily life) and for general well-being the equivalent value was 64%.

Positive correlations between the patient's perception of the practitioner's empathy, and both the enablement ( $n = 131$ ) and adjusted enablement ( $n = 119$ ) scores are shown in Table 4. Empathy scores were significantly associated with the patient's adjusted enablement scores ( $p < 0.05$ ), but not the unadjusted enablement

scores. Within the empathy instrument, the items "Letting you tell your story," "Really listening," "Fully understanding your concerns," "Helping you take control," "Being positive," "Explaining things carefully," and "Deciding on a treatment plan with you," were all significantly correlated with the adjusted enablement score ( $p < 0.05$ ). The patient's age was not significantly related to their scores for empathy, enablement, or adjusted enablement ( $p > 0.05$ , results not shown).

Positive correlations between enablement and outcome for the main complaint and well-being are shown in Table 5. Both the enablement and the adjusted enablement score were strongly associated with the outcomes of both the main complaint and well-being ( $p < 0.0001$ ). Among the individual enablement items, "Able to cope with life," "Able to understand your illness," "Able to keep yourself healthy," and "Able to cope with your illness"

TABLE 4. CORRELATION BETWEEN EMPATHY AND ENABLEMENT

	Enablement score (n = 131)	Adjusted enablement score (n = 119)
Empathy items:		
Making you feel at ease	$\rho = 0.064, n = 131, p = 0.465$	$\rho = 0.146, n = 119, p = 0.114$
Letting you tell your "story"	$\rho = 0.214, n = 131, p = 0.014$	$\rho = 0.281, n = 119, p = 0.002$
Really listening	$\rho = 0.165, n = 130, p = 0.061$	$\rho = 0.260, n = 118, p = 0.004$
Being interested in whole person	$\rho = 0.101, n = 131, p = 0.252$	$\rho = 0.178, n = 119, p = 0.052$
Fully understanding your concerns	$\rho = 0.117, n = 131, p = 0.183$	$\rho = 0.194, n = 119, p = 0.034$
Being caring and compassionate	$\rho = 0.095, n = 130, p = 0.283$	$\rho = 0.158, n = 118, p = 0.087$
Being positive	$\rho = 0.200, n = 131, p = 0.022$	$\rho = 0.263, n = 119, p = 0.004$
Explaining things carefully	$\rho = 0.134, n = 130, p = 0.129$	$\rho = 0.211, n = 118, p = 0.022$
Helping you take control	$\rho = 0.163, n = 128, p = 0.066$	$\rho = 0.234, n = 113, p = 0.006$
Deciding on a treatment plan with you	$\rho = 0.150, n = 124, p = 0.097$	$\rho = 0.256, n = 113, p = 0.006$
Total empathy score	$\rho = 0.150, n = 124, p = 0.097$	$\rho = 0.256, n = 113, p = 0.006$

TABLE 5. CORRELATION BETWEEN ENABLEMENT AND OUTCOMES

	<i>Glasgow Homeopathic Hospital Outcome Scale—Changes to main complaint</i>	<i>Glasgow Homeopathic Hospital Outcome Scale—Improvement to well-being</i>
Able to cope with life	$\rho = 0.606, n = 116, p < 0.0001$	$\rho = 0.593, n = 112, p < 0.0001$
Able to understand your illness	$\rho = 0.428, n = 116, p < 0.0001$	$\rho = 0.433, n = 108, p < 0.0001$
Able to cope with your illness	$\rho = 0.521, n = 112, p < 0.0001$	$\rho = 0.548, n = 108, p < 0.0001$
Able to keep yourself healthy	$\rho = 0.421, n = 124, p < 0.0001$	$\rho = 0.517, n = 119, p < 0.0001$
Confident about your health	$\rho = 0.269, n = 124, p < 0.005$	$\rho = 0.359, n = 123, p < 0.0001$
Able to help yourself	$\rho = 0.242, n = 127, p < 0.01$	$\rho = 0.358, n = 123, p < 0.0001$
Enablement score	$\rho = 0.477, n = 126, p < 0.0001$	$\rho = 0.524, n = 126, p < 0.0001$
Adjusted enablement score	$\rho = 0.457, n = 118, p < 0.0001$	$\rho = 0.521, n = 114, p < 0.0001$

were the items that most strongly correlated with the GHHOS, whereas “Being confident about your health” and “Able to help yourself” were least well correlated. Neither the patient’s expectations scores nor the empathy scores correlated significantly with either of the GHHOS scores ( $p > 0.05$ , results not shown).

## DISCUSSION

The participants of the present survey appear to be fairly representative of acupuncture patients from the total population that was sampled (Table 1). Where the sample may differ is in that 71% of the sample reported that they were consulting an acupuncturist because they are seeking ongoing care rather than seeking specific help in a course of treatment. This high percentage can be explained from previous research that found that ongoing patients tend to change their primary reason for attending away from their initial physical concerns and toward their general health and well-being (Gould and MacPherson, 2001). Additionally, because the original study used consecutive invitation of all patients rather than new patients only, the resulting population contained proportionately more long-term patients resulting in an incidence-prevalence bias. This may also explain the high GHHOS scores. While the instruments tell us about this group of patients, we must be cautious in drawing conclusions about the generalisability of the results to other populations. In addition, this is a small-scale retrospective study, and therefore more robust

results will be required from prospective studies with larger sample sizes before firm conclusions can be drawn about process and outcome.

A second limitation to the present study was that the empathy measure was designed for use immediately after a consultation (Mercer and Reynolds, 2002), whereas in the present survey patients were asked about their perception of their practitioners’ empathy in the context of their “most recent episode of acupuncture treatment.” Therefore, the empathy questions were used in a slightly different way than originally intended. However, given that this is the first time this new instrument has been used in acupuncture patients, it is interesting to note that they had no difficulty in completing the questions, with only 8 of 143 patients (6%) putting at least one “not applicable” as a response to the 10 questions. This suggests that the CARE measure can be considered to have high face validity in acupuncture, at least within the context of patients who are receiving ongoing care.

The PEI was also designed for use at the conclusion of individual consultations (Howie et al., 1997), and therefore its use in this survey has the same limitations as the empathy instrument discussed above. The average unadjusted enablement score in the present survey, as a percentage of the maximum, was 45%, which compares to a 26% average in primary care (Howie et al., 1999), based on a large sample of general practices in the United Kingdom, and 39% in outpatients at the Glasgow Homeopathic Hospital (Mercer et al., 2002). In the

study by Little et al. (2001) of patient centeredness and enablement in primary care, the best predictors of enablement were found to be the doctor's interest in the effect of the patient's problem on their life, health promotion, and having a positive and clear approach to their problem. These results seem to overlap with our findings in the present study in which the most enabling dimensions of the practitioner's empathy were "Letting you tell your story" and "Really listening," "Being positive," "Helping you take control," and "Deciding on a treatment plan with you."

It is also of considerable interest that the enablement scores in the present study correlated well to the GHHOS items. However, prospective studies are required to test the hypothesis that enablement at consultation is predictive of health outcome. Similarly, the lack of correlation between the CARE measure and the GHHOS should not be regarded as indicating a lack of predictive validity of the CARE measure; the relationship between CARE, enablement, and outcomes needs to be tested prospectively in patients starting a new episode of treatment, and we hope to investigate this in future studies.

The results of the present study are similar to those found among patients of the Glasgow Homeopathic Hospital in which researchers found an association between empathy and enablement ( $\rho = 0.371$   $p < 0.001$ ), with empathy accounting for 66% of the explained variation in enablement, with the doctor's own confidence in the therapeutic relationship and patient expectation measured before the consultation accounting for the remainder (Mercer et al., 2002). The perceptions of the therapists could not be measured in the present study, nor could patient empathy be assessed before the consultation (as was done in the study by Mercer et al., 2002). The apparent lack of correlation between empathy and enablement should therefore be treated with caution, because it may relate to study size or the retrospective nature of the current work. Although the enablement instrument has been widely used in general practice, and in the setting described above, concerns have been raised about its scoring system (Mead et al., 2002). Given the relatively high proportion of "not applicable" re-

sponses that are recorded, it is questionable whether these should be treated as "same or less" and given the same score of zero. In this sample, 24 of 143 patients (17%) had missing data or recorded "not applicable" for three or more of the six enablement questions. As indicated in the Materials and Methods section, the empathy scores for these patients were significantly different (higher) than those who had recorded three or more "same or less" responses. After reducing the sample to those patients for whom this instrument was more relevant, the adjusted enablement score for the remaining 119 patients (83%) established clearer associations with the CARE measure than the original instrument. Thus, in using the PEI in association with other measures, in order to establish links between them (as in the present study), the adjusted scoring system may be a more accurate method, especially when dealing with relatively small samples. However, the trade-off may be the need to accept a reduced sample size. Further work, including qualitative studies on how patients perceive the enablement items and responses, is required to address this issue more fully.

Recent unpublished work on the CARE measure in general practice has found similar links between empathy and enablement as found in the present study.\* This strengthens the proposal that the instrument may be useful as a measure of a core aspect of quality in the consultation in either CAM or conventional care settings (Mercer, 2003), with possible uses in clinical governance, accreditation, audit, and medical education. The CARE, the PEI, and the GHHOS may all be useful (either alone or in combination) in the design of clinical trials of acupuncture where the aim is to assess the full benefits of the therapeutic encounter.

## CONCLUSION

In this retrospective study of acupuncture we have measured the patients perceptions of the

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\*Mercer SW, unpublished study of empathy and enablement and their relationship to outcome in general practice.

practitioner's empathy and its relationship with patient enablement—two important characteristics of the therapeutic encounter—and demonstrated a significant association. There is also a highly significant association between enablement and self-assessed health outcomes in terms of the main complaint and general well-being. Although further prospective work is needed, these results support the use of these tools in an acupuncture setting and have important implications for clinical practice, education and research.

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