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Dear Editor

We read with great interest the article by Spatoula et al. (2019) which concluded that self-ratings of empathy change across the years of medical education. In our opinion, such conclusion still awaits the clarification of important conceptual, cultural and relational issues of empathy in the context of healthcare.

First, empathy embodies a complex concept to define and measure. The study analyzed data from 12 research papers using 5 psychometric instruments, based on different constructs of empathy. Instruments are useful “empathy meters”: However, scores from each primary study might reflect different empathy representations. Recent reviews that considered instruments’ heterogeneities did not find clear trends on the development of empathy in medical students (eg Ferreira-Valente et al. 2017). As the empathy captured by instruments is different, the interpretation of this meta-analysis may not be straightforward. Second, the scores in the meta-analysis covered 9 countries and could be sensitive to geo-sociocultural contexts, as there are contrasts in the ways undergraduate students progress through medical training in different parts of the world (Ponnamperuma et al, 2019). Third, we argue that understanding how the relational dimension of empathy develops in medical students is key to inform curricula and organizational change. Recent studies suggest that the coincidence between self-reported and patients’ appraisals of empathy is relative low. Therefore, self-reported scores do not fully capture empathy and conclusions related to empathy development based solely on self-reports are delicate.

In conclusion, understanding how empathy evolves across educational contexts requires attention to local particularities that cannot be only seized by quantitative data.

Therefore, we claim for qualitative studies to better characterize what is being measured by each instrument in each context.

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