Empathy is not just understanding symptoms, it's understanding vulnerability

Anindyo Chakraborty

Université Laval, Quebec, QC, Canada

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This was going to be a standard procedure.

The patient was a man who had been dealing with bothersome symptoms for some time and was tired of relying on the intermittent use of a foreign object to manage them. He sought surgical care to improve his quality of life and regain the autonomy to pursue activities that mattered deeply to him. It was a common procedure — performed approximately one hundred thousand times annually in Canada, and over ten thousand times by his treating surgeon.

He had received clear guidance during the preoperative period. All his questions had been answered, and his concerns thoroughly addressed. He was in excellent general health, making him an ideal candidate. The condition was common, especially among people his age — many of whom had undergone similar procedures, offering him added reassurance.

Just before surgery, he wore a stone-cold expression, his composure intact. The surgical staff guided him kindly. He spoke briefly with the surgeon, who reviewed the procedure, outlined what to expect, and — most importantly — offered reassurance.

Although the operation was short, the patient, under local anesthesia, was fully aware. He felt every sensation. He watched, listened, and tried to read the operating team's body language — searching for signs of calm or hints of concern. The surgeon remained steady and efficient, reinforcing essential points with quiet confidence. The procedure went well, and after a smooth recovery, the patient returned home with instructions in hand.

That patient was me.

In April of my first year as a urology resident, I underwent refractive laser surgery for my myopia and astigmatism. Until then, I believed I had a solid understanding of the patient journey. I had spoken to patients about surgical options in the clinic and emergency room. I had cared for them pre- and postoperatively, and had gained additional perspective during my off-service anesthesia rotation. I had managed complications in the emergency department and followed patients throughout their recovery. I believed that seeing the surgical process from all angles gave me the insight I needed to empathize with patients.

But being the patient was entirely different.

Lying on the table, I finally understood the quiet, persistent anxiety many patients carry — even during routine procedures. I understood the hyper-awareness, the powerlessness, and the complete reliance on the care team. Every calm word, every confident gesture from the surgeon felt enormous. It reminded me that under the knife, we surrender not only our bodies, but also our sense of control. And in return, we give our trust — often without fully knowing what lies ahead.

That trust is not automatic. It is built through words, actions, and presence. And it is a profound privilege to be on the receiving end of it as a surgeon. My brief experience as a patient reshaped how I see my role as a caregiver. It taught me that empathy is not just understanding symptoms, it's understanding vulnerability.

This was the unexpected lesson of my first year in surgical training: that trust is sacred, and vulnerability is not theoretical — it's deeply felt. As a resident, I thought I understood what it meant to care for patients. But as a patient, I learned what it takes to feel cared for.

It shouldn't take an operation to teach that. We owe it to our patients — and to ourselves — to find better ways of nurturing empathy in medical training. Because sometimes, the most transformative lessons aren't in the textbooks or the OR. They're in understanding what it means to lie on the table, not stand beside it.

