






EMPATHY AND COMPASSION IN VETERINARY MEDICINE: A NARRATIVE REVIEW OF CONCEPTS, LIMITS AND POSSIBILITIES IN THE CARING PROFESSION

Empatia e compaixão na Medicina Veterinária: uma revisão narrativa sobre conceitos, limites e possibilidades na profissão do cuidado

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Cite as: GOMES, G. B. *et al.* Empathy and compassion in Veterinary Medicine: a narrative review of concepts, limits and possibilities in the caring profession. **Journal of Continuing Education in Veterinary Medicine and Animal Science of CRMV-SP**, São Paulo, v. 24, e38859, 2026. DOI: <https://doi.org/10.36440/recmvz.v24.38859>.

Como citar: GOMES, G. B. *et al.* Empatia e compaixão na Medicina Veterinária: uma revisão narrativa sobre conceitos, limites e possibilidades na profissão do cuidado. **Revista de Educação Continuada em Medicina Veterinária e Zootecnia do CRMV-SP**, São Paulo, v. 24, e38859, 2026. DOI: <https://doi.org/10.36440/recmvz.v24.38859>.

Article submitted to the similarity matching system



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Abstract

Empathy and compassion are fundamental to ethical veterinary practice, but when neglected or unsupported, they can result in emotional exhaustion. This narrative review analyzed 14 scientific articles on empathy and compassion in Veterinary Medicine, addressing their implications for clinical communication, mental health, and professional training. Empathy, while essential for welcoming relationships with families and patients, can lead to suffering if there are no emotional regulation strategies or institutional support. Compassion, in turn, is seen as a trainable resource that stimulates neural systems linked to reward and resilience. There is a lack of structured teaching on empathic communication and self-regulation in veterinary courses. In addition, inadequate work environments and a lack of compassionate leadership intensify mental health problems. To preserve the well-being of professionals and improve the quality of care, it is crucial to promote empathetic organizational practices, emotional intelligence, and ongoing institutional support.

Keywords: Veterinary Medicine; empathy; compassion; communication; mental health.

Resumo

Empatia e compaixão são fundamentais para a atuação veterinária ética, mas, quando negligenciadas ou não apoiadas, podem resultar em esgotamento emocional. Esta revisão narrativa analisou 14 artigos científicos sobre empatia e compaixão na Medicina Veterinária, abordando suas implicações na comunicação clínica, saúde mental e formação profissional. A empatia, embora essencial para relações acolhedoras com famílias e pacientes, pode levar ao sofrimento se não houver estratégias de regulação emocional ou suporte institucional. A compaixão, por sua vez, é vista como um recurso treinável que estimula sistemas neurais ligados à recompensa e resiliência. Observa-se uma carência de ensino estruturado em comunicação empática e autorregulação nos cursos veterinários. Além disso, ambientes de trabalho inadequados e ausência de liderança compassiva intensificam os problemas de saúde mental. Para preservar o bem-estar dos profissionais e melhorar a qualidade do atendimento, é crucial promover práticas organizacionais empáticas, inteligência emocional e suporte institucional contínuo.

Palavras-chave: Medicina Veterinária; empatia; compaixão; comunicação; saúde mental.

Introduction

The human species exhibits highly social behaviors and characteristics. To coordinate actions and ensure effective and successful communication, individuals rely on language—spoken, written, and nonverbal—to explicitly convey information, as well as on social skills—such as empathy—to understand the emotional and mental states of others. More recently, the human cognitive ability to understand others' intentions and thoughts has been referred to as mentalization, theory of mind, or cognitive perspective-taking (Klimecki; Singer, 2013).

This ability enables individuals to rapidly connect with the emotional state of others and is essential in species that provide extensive parental care and engage in cooperative efforts toward shared goals (Goldman, 2006).

The notion of empathy as an affective fusion with another individual's state, rather than as a rational cognitive deduction, was already discussed in early 20th-century philosophical studies. The philosopher Lipps (1903) introduced the concept of *Einfühlung*—"feeling into," in translation from German—emphasizing the almost automatic nature of this emotional response, which he considered possible without learning, association, or elaborate reasoning. However, only a century later did the rapid and spontaneous nature of human affective empathy gain broader recognition and conceptualization within academia.

According to Batson (2009), empathy consists of feeling with someone without becoming confused with the other; that is, the individual recognizes that the emotion with which they are

resonating belongs to the other person. In the absence of this distinction, the phenomenon is referred to as emotional contagion—an earlier process than empathy—observed across different species, including humans.

It is important to note that responses to suffering may arise through pathways beyond shared affect and affective empathy. At more complex levels, observers rely on cognitive interpretations of others' emotional states, requiring additional cognitive and executive processes. Even so, these processes—known as cognitive empathy—are still encompassed within the broader concept of empathy (De Waal; Preston, 2017).

As highlighted by Decety and Jackson (2004) and De Vignemont and Singer (2006), although sharing another's happiness is generally a pleasant experience, sharing suffering may be challenging, particularly when there is no clear distinction between the observer's emotions and those of the individual experiencing the situation. This form of emotional contagion can be problematic for care professionals, such as physicians, therapists, nurses, and veterinarians.

In scientific literature, the concepts of empathy and compassion are widely discussed and sometimes used interchangeably. However, several approaches propose relevant distinctions between these emotional experiences, particularly in the context of care professions. To guide the reading of this review, Table 1 presents a synthesis of the main concepts addressed in the selected articles.

Table 1 – Definitions and conceptual distinctions related to empathy

Term	Definition	Source
Empathy	Process that occurs when the observer understands another person's state by activating personal, neural, and mental representations of that state. It includes the capacity to be affected, to share emotions, to evaluate their causes, and to adopt perspectives.	De Waal and Preston (2017)
Affective empathy	Also referred to as emotional empathy. It is the experience of directly feeling another person's emotional state as a perceptual response to that state.	De Waal and Preston (2017)
Cognitive empathy	Derived from a top-down process in which the observer infers or imagines how the other feels, even without direct access to emotional expression.	De Waal and Preston (2017)
Empathic perspective	The ability to adopt another's affective point of view, understanding their situation and specific needs without confusing them with one's own.	Klimecki and Singer (2013)
Emotional contagion	Automatic transmission and matching of emotional states between an individual and an observer, without clear differentiation between them.	De Waal and Preston (2017)
Empathic concern	Concern directed toward the motivational state of caring for another's well-being, accompanied by the desire to alleviate perceived suffering.	Decety and Jackson (2004)

Term	Definition	Source
Consolation	Comforting behavior directed toward someone in distress, aimed at reducing stress or emotional pain.	De Waal and Preston (2017)
Theory of mind	The ability to attribute mental states such as beliefs, desires, intentions, and knowledge to others, even when not explicitly expressed.	Singer and Lamm (2009)
Targeted helping	Helping and caregiving behavior based on cognitive evaluation of another's specific needs, going beyond a simple emotional reaction.	De Waal and Preston (2017)

T Source: Gomes *et al.* (2026).

To prevent the sharing of others' suffering from turning into personal distress, a response grounded in compassion may be adopted. In association with empathy, compassion does not imply directly sharing another's suffering; rather, it is characterized by feelings of care and concern, accompanied by a strong motivation to improve well-being and alleviate the suffering of those experiencing it (Neff, 2003).

The term *compassion* originates from the Latin *com* (with/together) and *pati* (to suffer) and was introduced into the English language through the French word *compassion*. Although empathy has been a subject of philosophical interest for centuries and compassion plays a central role in various religious traditions and secular ethical systems, it was only in the late 20th century that these phenomena began to be scientifically studied within the fields of social and developmental psychology.

According to this line of research, an empathic response to suffering may result in two distinct types of reactions: empathic distress—also referred to as “vicarious suffering”—and compassion, often associated with the terms “empathic concern” or “sympathy” (Goetz; Keltner; Simon-Thomas, 2010). For didactic purposes, these reactions are considered as belonging to two distinct families of emotional responses.

Empathy, in general terms, refers to the ability to resonate with others' emotions, whether positive or negative. Empathic distress, in turn, refers to a strong aversive and self-oriented response to others' suffering, accompanied by the impulse to withdraw from the situation as a form of emotional self-protection.

By contrast, compassion involves a genuine concern for another's suffering, accompanied by the desire and motivation to help. It is therefore a prosocial, action-oriented response, playing a fundamental role in emotional regulation and in the promotion of altruistic behavior (Klimecki *et al.*, 2014). Compassion may function as a secondary self-regulatory mechanism, reducing personal distress triggered by exposure to others' suffering (Keltner; Goetz, 2007).

Careers in the veterinary field appear to attract individuals with high levels of compassion—that is, those who find fulfillment and satisfaction in caring for others (Brannick *et al.*, 2015; Moore *et al.*, 2014). However, veterinary practice is often described as paradoxical: it is a profession inherently grounded in compassion, yet it involves multiple sources of suffering and moral and emotional dilemmas (Polachek; Wallace, 2018; Rohlf *et al.*, 2022).

International studies investigating the mental health of veterinary professionals indicate a high prevalence of stress, anxiety, depression, burnout, emotional exhaustion, compassion fatigue, and suicidal ideation (Pohl, 2022). Potential risk factors include excessive workloads, poor work–life

balance, unrealistic client demands and expectations, ethical and moral conflicts, and the frequent practice of euthanasia (Moir; Van Den Brink, 2020).

Given this challenging context, this review aims analyze the scientific literature on empathy and compassion in Veterinary Medicine, highlighting their relationship with clinical communication and the mental health of professionals in the field. It seeks to understand how these competencies impact the emotional well-being of veterinarians and students, particularly in psychologically complex situations that permeate daily professional practice.

In addition, the study aims to identify gaps in professional training related to the development of empathic and communication skills, discussing how the lack of specific preparation may contribute to emotional distress, burnout, and compassion fatigue. Finally, it proposes to highlight approaches and strategies that may strengthen compassionate empathy as an essential clinical resource and as a mechanism of self-protection in contemporary veterinary practice.

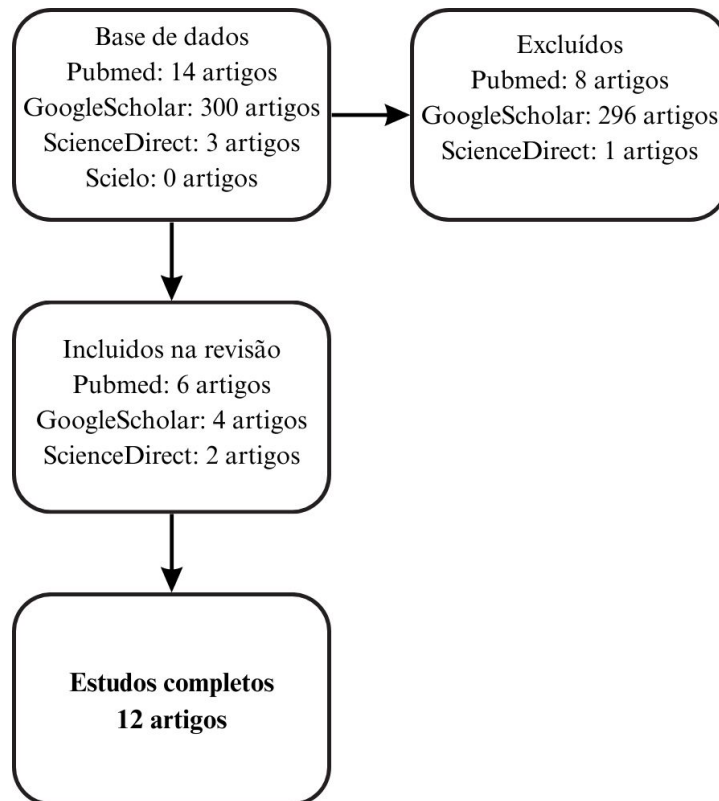
Methodology

This narrative review aimed to gather, analyze, and synthesize recent scientific literature on empathy and compassion in the context of Veterinary Medicine. The literature search was conducted between February and March 2025 using the following databases: PubMed/MEDLINE, ScienceDirect, Google Scholar, and SciELO (Figure 1).

Both free-text terms and controlled descriptors—Medical Subject Headings (MeSH)—were used to ensure breadth and sensitivity in retrieving relevant publications. The main MeSH descriptors employed were: “empathy,” “compassion fatigue,” “veterinary,” “veterinary practice management,” “veterinary medicine,” “veterinary education,” “mental health,” and “burnout.” Search strategies combined these terms using Boolean operators (AND, OR), adjusted according to the indexing characteristics of each database.

The main free-text terms used included: “empathy,” “compassion fatigue,” “veterinary medicine,” “veterinary practice,” “veterinary education,” “burnout,” “mental health,” “compassion,” “well-being,” “cognitive and affective empathy,” and “health communication,” among others. The combinations followed platform-specific criteria, respecting the language, format, and structure of each search engine. The search focused on articles published over the last 20 years (2004–2024), in English, Portuguese, and Spanish, that directly or indirectly addressed the emotional, communicational, educational, or clinical aspects of empathy and compassion in veterinary practice, as well as their relationship with professionals’ emotional well-being. Empirical studies—both qualitative and quantitative—as well as literature reviews were included, provided they contributed to a deeper understanding of the proposed topic.

Letters to the editor, conference abstracts, editorials, and duplicate publications were excluded. Selection, critical reading, and content analysis were conducted manually by the authors, considering thematic relevance, methodological consistency, and alignment with the objectives of the review.

Figure 1 – Flow diagram for study selection

T Source: Gomes (2025).

Results

In the PubMed database, 14 articles were identified using the previously established controlled descriptors. Of these, eight were excluded after critical reading for not directly addressing empathy or compassion, or for only tangentially mentioning these topics without in-depth conceptual discussion. Thus, six articles from PubMed were included in the review.

In the Google Scholar database, more than 300 articles were identified using combinations of the terms “veterinary,” “empathy,” “compassion,” “burnout,” and “mental health.” However, after screening titles and abstracts, followed by full-text reading, only 4 articles met the inclusion criteria: studies with an explicit focus on empathy and/or compassion in veterinary practice, directly linked to mental health aspects, including burnout and compassion fatigue.

In the Elsevier (ScienceDirect) database, 3 relevant articles were identified, of which 2 were included for meeting the proposed criteria. The third article was excluded due to the lack of substantial relevance to the review topic.

In the SciELO database, no relevant articles meeting the thematic and methodological criteria were identified.

In total, 12 articles comprised the review *corpus*, including empirical studies, systematic reviews, theoretical essays, and scientific editorials addressing topics such as cognitive and affective empathy, compassion as a protective factor, compassion fatigue, clinical communication, and interventions aimed at promoting the mental health of veterinary professionals.

Empathy, Self-Compassion, and Mental Health

Recent studies, such as that by Hernández-Esteve, Zumbado, and Henríquez-Hernández (2025), demonstrate a significant correlation between low levels of self-compassion and high rates of burnout and emotional distress among veterinarians. The data indicate that younger professionals—especially women and those living in urban areas—are particularly vulnerable. In this context, self-compassion emerges as a potential protective factor against exhaustion and is also positively associated with efficiency and professional satisfaction. These findings underscore the importance of incorporating practices that promote self-compassion and emotional care into both academic training and daily clinical practice.

The review conducted by Liu and Van Gelderen (2020) also shows that interventions aimed at promoting mental health—such as mindfulness, self-care strategies, and resilience development—produce positive effects in reducing levels of stress, anxiety, and depressive symptoms among veterinary students. Although empathy and compassion were not the central focus of these interventions, the observed benefits in emotional self-regulation and the strengthening of supportive environments indicate a direct interface with the promotion of healthy and functional empathy.

Complementarily, the study by Laura *et al.* (2024) reinforces that empathy is a central element of veterinary practice, mobilized both in interactions with animals and with their owners. However, empathic engagement without self-regulation mechanisms may become a source of emotional strain. The article highlights that highly empathic professionals may be more susceptible to internalizing others' suffering, thereby increasing the risk of anxiety, depression, and burnout.

These findings support the central hypothesis of this review: veterinary professionals who are emotionally engaged with their patients and clients are more exposed to psychological distress, particularly when they lack institutional support or personal strategies for emotional regulation. In this scenario, self-compassion emerges as a protective tool that should be encouraged and valued from the early stages of academic training, constituting an essential resource for emotional sustainability in veterinary practice.

Empathic Communication and the Challenge of Training

The lack of preparation among veterinary professionals regarding clinical communication not only compromises the quality of care but also weakens the emotional resilience of veterinarians and all those involved in the care process. Recognizing empathy as a trainable skill rather than merely an innate trait has transformative potential: it enables difficult situations to be addressed with greater confidence, turning communication into a protective tool rather than an additional source of stress.

The study by Yelland and Whittlestone (2022) reveals a significant disconnect between the emotional expressions of animal owners and the responses of veterinary students. Even in the presence of expressions of fear, sadness, or guilt by owners, students often adopt a strictly technical stance, overlooking opportunities for empathic connection. The scarcity of Complete Verbalizations of Compassionate Empathy (CVCE) points to a curricular gap in the teaching of emotionally sensitive communication. These findings are particularly concerning, as the failure to recognize and respond to emotions may compromise the professional–client relationship and negatively affect the well-being of both parties.

Similarly, the study by Shaw and Lagoni (2007), which addresses communication in end-of-life situations, emphasizes that empathy is an essential component in delivering bad news. Clarity, sensitivity, and emotional support form a protective triad for both clients and professionals, minimizing

negative emotional impact. The lack of adequate technical and emotional preparation in such situations may lead to ethical distress, stress, and burnout. The authors advocate for the inclusion of specific training in clinical communication as an essential component of veterinary education.

Veterinary training still presents significant gaps in the teaching of empathic communication and emotional intelligence. The systematic absence of these components may compromise students' mental health from the early stages of their education, fostering processes of desensitization to animals and human suffering. Paradoxically, this may reduce empathy as a form of psychological and emotional self-protection, ultimately compromising the quality of care.

Compassion as a Sustainable Emotional Resource

Dowling (2018), based on neuroscientific evidence, argues that compassion is a regulated, prosocial, and sustainable emotional response that acts as a protective factor against burnout, in contrast to dysregulated empathy. The author distinguishes compassion from empathic distress, emphasizing that the former activates brain circuits associated with reward and positive affect, whereas the latter may lead to emotional overload and professional exhaustion. Interventions based on mindfulness and compassion training have demonstrated effectiveness in reducing stress and strengthening affective resilience.

In addition, the study by Stackhouse *et al.* (2020) reinforces that empathy can be trained and objectively assessed using instruments such as the Empathy and Compassion Evaluation Index (ECEX), which shows a positive correlation with compassion satisfaction and a negative correlation with burnout levels. Clinical experience, when properly supervised, may act as a restorative agent for empathic skills that may have been compromised during pre-clinical training.

The distinction between dysregulated affective empathy and structured compassion emerged as a key finding of this review, broadening its conceptual understanding. The results confirm that it is possible to "feel with" others without absorbing their suffering in a destructive manner. Moreover, compassion can be trained as an emotional response and can function as both a clinical and protective emotional resource, essential for emotional sustainability in veterinary practice.

Work Environment, Team Dynamics, and Institutional Support

Emotional distress in Veterinary Medicine does not arise solely from empathic and compassionate relationships with patients and/or clients, but also from how these relationships are embedded within organizational systems. Environments that validate professionals' emotional experiences function as containment mechanisms, reduce psychological overload, and enhance caregiving capacity. These findings are consistent with the study by Pizzolon, Coe, and Shaw (2019), which highlights the importance of the organizational environment as a determinant of mental health.

Engaged teams and collaborative work environments have been shown to protect against burnout and secondary traumatic stress, whereas toxic environments amplify individual suffering. Empathic concern, when supported by a well-structured and functional team, contributes to increased job satisfaction, demonstrating that empathy need not be viewed as a burden; rather, it can be sustained in a healthy manner within appropriate organizational contexts.

Hunt (2017) further emphasizes that the absence of institutional support, combined with long working hours and professional devaluation, are factors directly associated with exhaustion. The

presence of compassionate leadership and the recognition of team members' emotional needs are essential for preventing compassion fatigue.

In the same vein, Cohen (2007) highlights the risks of emotional exhaustion resulting from continuous empathy in the absence of adequate self-regulation strategies and institutional support. The author proposes simple practices such as daily self-care, active institutional listening, and the establishment of professional boundaries as fundamental measures for emotional protection.

Compassion Fatigue, Vulnerability, and Prevention Strategies

Dysregulated empathy—particularly in the early years of a professional career—emerges as a recurrent risk factor. The study by Schoenfeld-Tacher *et al.* (2017) identified significantly elevated levels of personal distress among veterinarians with less than five years of experience, accompanied by higher scores in “empathic fantasy,” a subcomponent reflecting the tendency to imagine oneself in another’s situation and to experience their emotions indirectly. Although this trait may contribute to deeper empathy, it can become a vulnerability factor when not accompanied by emotional self-regulation strategies.

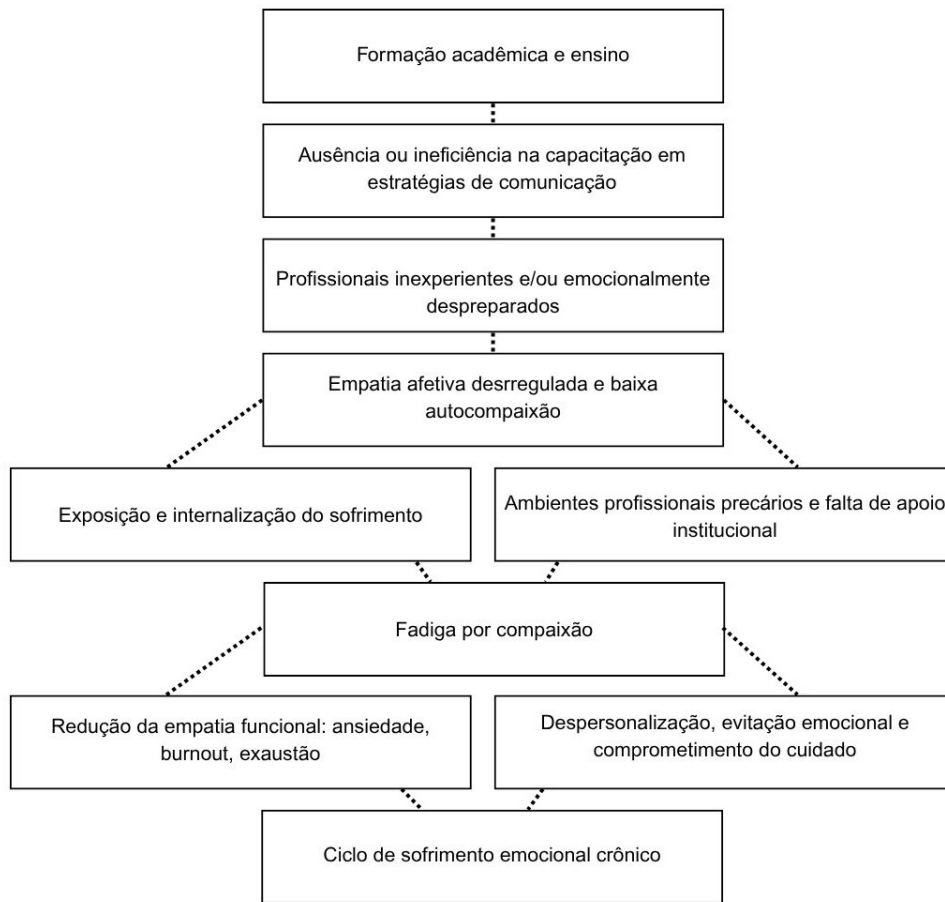
Over time, a reduction in personal distress levels was observed, which may reflect both emotional maturation and a process of desensitization resulting from continuous exposure to animal and human suffering. Despite the persistence of components such as empathic concern and cognitive perspective-taking, environmental factors may hinder the full activation or maintenance of these capacities in adverse professional contexts.

Furthermore, Hess-Holden *et al.* (2019) indicate that aggressive or manipulative communication styles are associated with a higher risk of compassion fatigue. The lack of emotional preparedness and self-regulation tools may transform empathy into a factor contributing to psychological distress. Impression management and exposure to intense emotional situations without institutional mediation further exacerbate this condition.

These findings reinforce that empathy, if not properly trained and regulated, may become a trigger for emotional distress. In this context, promoting compassionate empathy—combined with supportive environments and institutional practices—emerges as the most effective strategy to reframe empathic experience as a sustainable resource rather than a source of psychological burden.

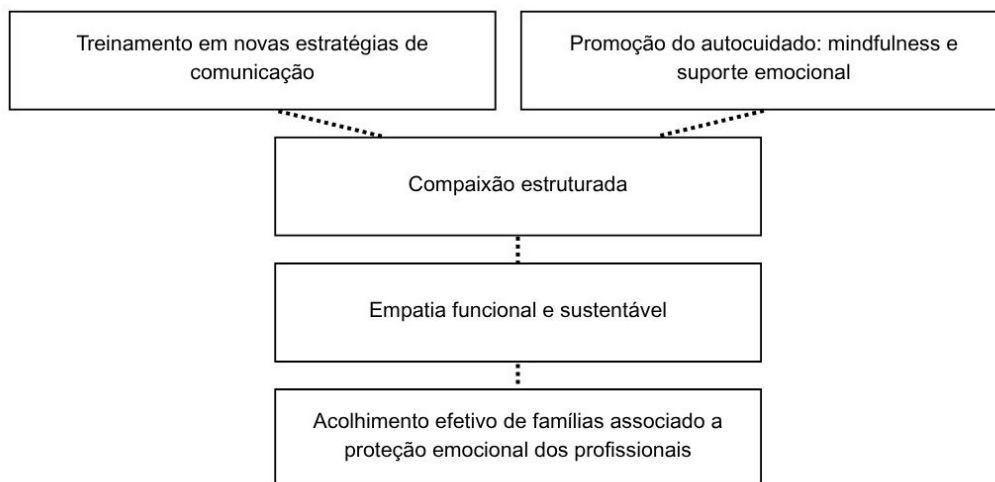
This evidence supports the central hypothesis of this review: empathy and compassion, when poorly understood or neglected during professional training, lose their therapeutic potential and instead become risk factors for mental health and sources of distress (Figure 2). The development of specific emotional self-regulation strategies—combined with the teaching and practice of empathic and compassionate communication—is crucial to ensure that these resources are applied in a balanced and protective manner (Figure 3).

Figure 2 – Sequence of factors, from training to their impacts on professionals’ mental health and their contribution to a cycle of emotional vulnerability



T Source: Gomes (2025).

Figure 3 – Educational and institutional interventions aimed at strengthening regulated empathy and compassionate communication as strategies for emotional protection and connection with families



T Source: Gomes (2025).

Final considerations

The analysis of the reviewed studies confirms that empathy and compassion are essential elements for ethical, affective, and sustainable veterinary practice. However, when present in isolation—without adequate emotional regulation, technical preparation, and institutional support, they may significantly contribute to professionals' psychological strain.

Emotional distress experienced by veterinarians is often attributed solely to “compassion fatigue,” but the data suggest a deeper structural issue: the lack of adequate training in empathic clinical communication. When properly developed, this skill not only strengthens the relationship with clients and improves patient care, but also serves as a self-protective resource, enabling professionals to engage with others' suffering without becoming emotionally overwhelmed.

Investing in the development of communication skills among veterinary professionals—from undergraduate education to clinical practice—represents a promising pathway to promote well-being, prevent burnout, and enhance the quality of veterinary care. Further studies exploring the intersection between communication, empathy, and mental health are needed to support more effective educational and institutional policies and to meaningfully transform the reality of the veterinary profession. &

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T Received: September 18, 2025. Accepted: October 30, 2025.

CRediT Author Statement

- **Acknowledgments:** The authors thank the Laboratory for Studies in Attention, Communication, and Health (LEACS) for its academic support and contributions to the fields of communication and healthcare. They also express their gratitude to the *Journal of Continuing Education in Veterinary Medicine and Animal Science of CRMV-SP* for providing a platform dedicated to the dissemination of scientific knowledge and to the promotion of continuing education in Veterinary Medicine.
 - **Funding:** This study received no funding from any institution.
 - **Conflicts of interest:** The authors declare no conflicts of interest.
 - **Ethical approval:** This study consists of a narrative literature review and did not involve primary data collection, human participants, or the use of animals in experimentation. Therefore, submission to or approval by a Research Ethics Committee was not required.
 - **Data and materials availability:** All data used in this study were obtained from publicly available sources and are accessible in the scientific articles included in the review. No additional datasets were generated during the development of this work.
 - **Author contributions:** GOMES, G. B. contributed to the study conception, definition of the review scope, critical analysis of the literature, and manuscript writing. ROCHA, A. M. de O. participated in the analysis of the included articles, organization of results, and critical review of the intellectual content. HENRIQUE, E. A. participated in the analysis of the included articles, organization of results, and critical review of the intellectual content. FLORIO, L. participated in the analysis of the included articles, organization of results, and critical review of the intellectual content. CRISPIM, D. H. participated in the analysis of the included articles, organization of results, and critical review of the intellectual content. All authors approved the final version of the manuscript.
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