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Challenges of Generous Listening in Medical Care

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ABSTRACT:

Generous listening, as Dr. Rachel Naomi Remen describes it, means listening not "to analyze… but simply to know what's true for that other person." It is widely recognized as crucial to promoting trust, safety, and shared decision-making in medical care. However, physicians frequently struggle to practice generous listening in the manner they are trained or would like to. This commentary argues that the reason is structural, not personal. Current evidence suggests that short visit times, mounting documentation demands, and productivity-based payment models make it highly challenging for physicians to truly hear a patient's full story, and communication barriers like jargon and language discordance compound the problem further. Drawing on Walter Rodney's theory of underdevelopment, I argue that health systems and payers prioritize efficiency and control, which limits physicians' ability to listen generously and provide patient-centered care. Rather than solely individual improvements, restoring generous listening will require structural fixes, including team-based care, protected visit time, and documentation support. Ambient AI scribes may also help, but they cannot fix the underlying time and reimbursement pressures alone.

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Keywords: generous listening, patient-centered communication, physician time constraints, clinical documentation burden, shared decision-making, ambient AI documentation

A primary care physician sits down with a patient who has several concerns to discuss, but the appointment is already running behind. The patient starts explaining her story and the symptoms she has noticed, while the physician tries to listen, parse out the relevant medical details, type out notes, and stay on schedule all at the same time. The physician's engagement is not hostile or even careless, but the structure of the encounter makes it difficult for both parties to listen as fully as they might want.

It is evident that there are difficulties limiting physicians' ability to listen carefully when meeting patients. As articulated in a 2023 paper by Kishton and colleagues, focused and empathetic listening is a crucial multifaceted healing technique in medicine. It creates a space where connection and trust can be built, people share their stories and perspectives, and they feel comfortable displaying emotions and being vulnerable. This enables shared decision-making and patient-centered care.[1] Patient-centered communication is associated with higher satisfaction, quality of care, and health outcomes, and patients in primary care identify being heard and treated holistically as central to both safety and trust.[2,3]

Unfortunately, physicians do not always practice the type of focused and empathetic listening required of them. As such, poor listening in clinical care warrants attention as a patient safety concern, with recent qualitative research in U.S. primary care indicating that physicians face a structural mismatch between the work expected of them and the time allocated to them.[4] This leaves physicians with the challenging task of managing organizational and systemic problems individually.

In an ideal world, clinicians would practice what scholars refer to as generous listening. Dr. Rachel Naomi Remen explains generous listening as listening not "to analyze…but simply to know what's true for that other person."[5] When it is practiced, the listener should seek to understand the humanity behind what the other person is saying, which, for physicians, means attending to the patient's story, not just their biomedical problem.[6,7] It is essential for us to develop a better understanding of what factors make it difficult for physicians to practice generous listening in care.

The central problem is not that individual physicians lack effort or empathy. It is that contemporary clinical practice too often fails to provide the conditions that generous listening requires.

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Across the literature, the practice of listening is often shown to promote patient safety, trust, and participation in decision-making.[2,3,8,9] However, individual reluctance does not seem to adequately explain why physicians often fail to practice generous listening. Instead, systemic mismatches between physician responsibilities and the time or administrative resources given to them may be important contributors.[4] Time scarcity appears to be a prominent barrier, with short visits preventing physicians from educating patients, building rapport, and hearing patients' full stories: critical aspects of providing holistic care.[4,10,11] At the same time, the administrative documentation burden seems to exhaust physician capacity further, leaving little emotional reserve for empathy and building relationships with patients.[12] These factors are then compounded by productivity demands and payment models, which prioritize high-volume throughput and push generous listening and dialogue to the periphery.[4,11]

Additionally, generous listening is often impeded by communication problems, including language discordance, jargon, and inadequate information. This prevents patients from understanding or appropriately participating in their care. Even when interpretation services are provided, language discordance commonly leads to miscommunication, confusion, lower patient engagement, and even diagnostic and treatment errors, essentially halting the listening process before it has an opportunity to begin.[8,13] Moreover, when the information patients receive is in overly technical jargon, they often struggle to understand their options and care. This then limits their ability to partner in decision-making.[9,14] When physicians do not fully explain the processes and options of care, patients may lack knowledge, which ultimately impacts outcomes.[9,14]

Despite these challenges, health systems can better support listening through certain structural interventions that reduce physician burden, protect time, and enhance coordinated care. Redesigning practices to incorporate care managers and team-based care can free up physicians to focus on relational work, significantly improving continuity and the patient-centered experience.[9,15] Ambient AI and automated clinical documentation tools also offer promising ways to reduce notetaking distractions. They allow physicians to focus their attention on the patient and practice true, generous listening.[16,17,18] Other supports, such as providing reliable written information, utilizing interpreters, ensuring follow-up coordination, and labor condition improvements may also be helpful.[9,15,19]

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These constraints make it apparent that whether generous listening is exercised is affected by systems and not just by physician personality or effort. Short visits, paperwork, productivity pressure, and communication barriers create conditions where listening becomes extremely difficult, even for physicians who understand its importance.

Walter Rodney's theory of underdevelopment serves as a strong framework for understanding these structural barriers. In *How Europe Underdeveloped Africa*, Rodney does not use underdevelopment to mean that African societies lacked capacity or ambition. Instead, he argues that European colonialism actively extracted resources from African societies while limiting their ability to develop their own strong systems across contexts.[20] In essence, underdevelopment is relational in that one party's development is enabled through processes that weaken another party's ability to flourish.

This relational insight clarifies why generous listening should not be thought of as purely dependent on individual physicians. In many clinical settings, physician attention and time have been redirected towards documentation and productivity targets. This benefits health systems and payers through compliance, volume, and data capture; meanwhile, physicians' capacity for generous listening is constrained. In this specific sense, Rodney's framework illuminates how the consequence is not merely that physicians lack empathy, but rather how systems that prioritize efficiency and control may impair the very practices of human-centered care they ask physicians to display.

It is also clear that these structural problems call for structural responses. Care managers, team-based workflows, longer visits as needed, and documentation support can create an environment that promotes generous listening.[10,11,15-18] Together, these solutions seem to be what can make holistic care possible today and are not just optional extras. Regarding ambient artificial intelligence, while it may be useful, it is a partial fix. After all, it may reduce distraction and free physicians' attention towards patients, but it still cannot solve the remaining issues of time scarcity or reimbursement pressure alone.[16,17,18]

Therefore, generous listening should not be understood merely as a communication style; it is an issue of quality of care and safety. When patients lack full understanding, trust, or participation in their care, it can become less effective and safe.[2,3,8,9] It is for these reasons that healthcare systems should be

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evaluated on whether they create an environment where physicians can practice generous listening, not only on whether they ask physicians to do so.

That conclusion should nevertheless be understood in light of the scope of the evidence considered here. This commentary draws on a targeted literature search rather than a full systematic review, and much of the source material was qualitative and U.S.-focused. Its claims should therefore be read as an interpretive argument rather than a comprehensive estimate of the relative contribution of each barrier. Its conclusions are most applicable to similar care settings and may not generalize to all health systems. Even so, the available evidence supports a key point: if health systems expect physicians to practice generous listening, they must prioritize it by designing systems that allow physicians to do so, including team-based care, documentation support, longer visits when needed, and workload management.

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