A complex, abstract geometric structure composed of numerous 3D blocks in various colors including red, orange, yellow, teal, and light blue. The blocks are arranged in a way that creates a sense of depth and perspective, with some blocks appearing to overlap or be in front of others. The overall effect is a vibrant, modern, and somewhat chaotic architectural model.

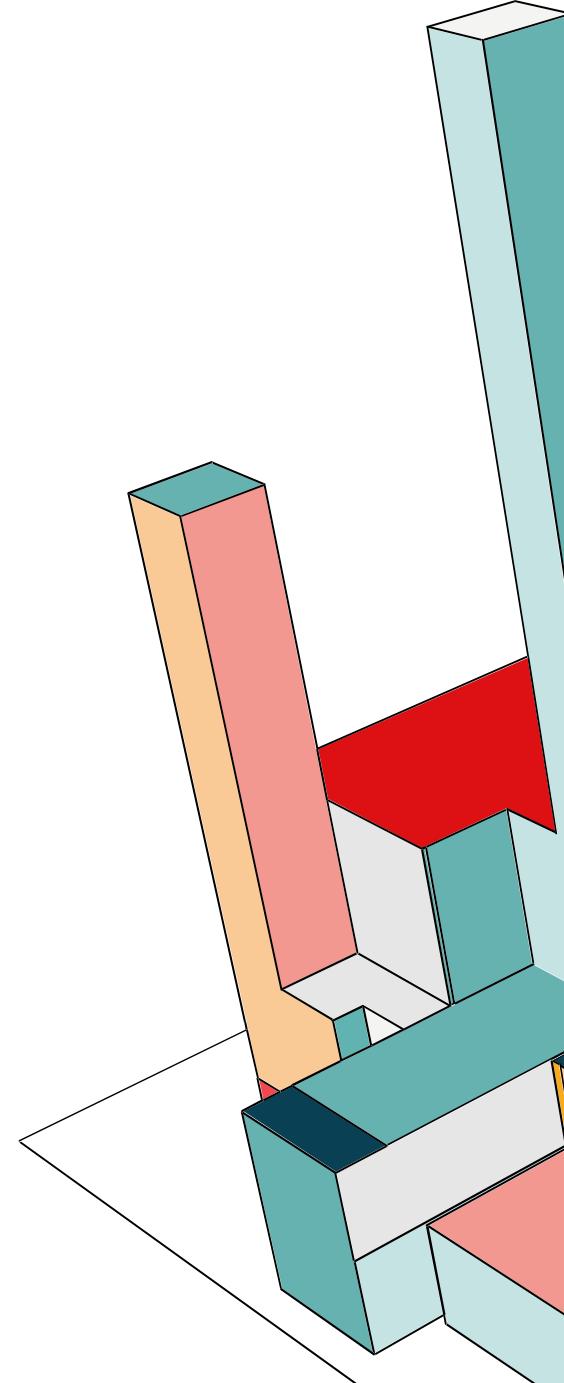
COMPASSIONATE EMPATHY --- CAN ONE TRULY RELATE WITHOUT EXPERIENCING

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Skeffington Symposium -
January 2026

It has been said that one of the key differences between a typical health care practitioner and a behavioral model health care practitioner is their level of empathy and understanding.

Typical Healthcare may focus on physical ailments resulting in treating the body with procedures and medicine.

Behavioral Healthcare is broader addressing thoughts, emotions, and actions that impact health. Integrating therapies, lifestyle changes, and medications as part of mind-body connection, actions, and habits addressing the whole person.



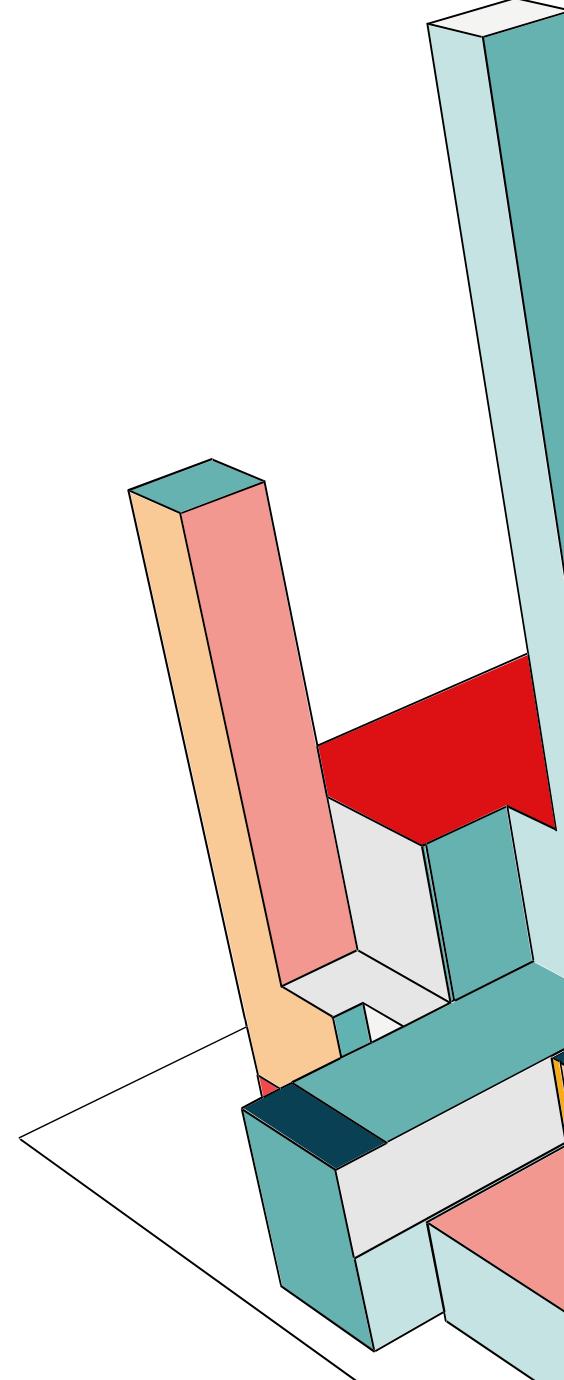
TYPES OF EMPATHY

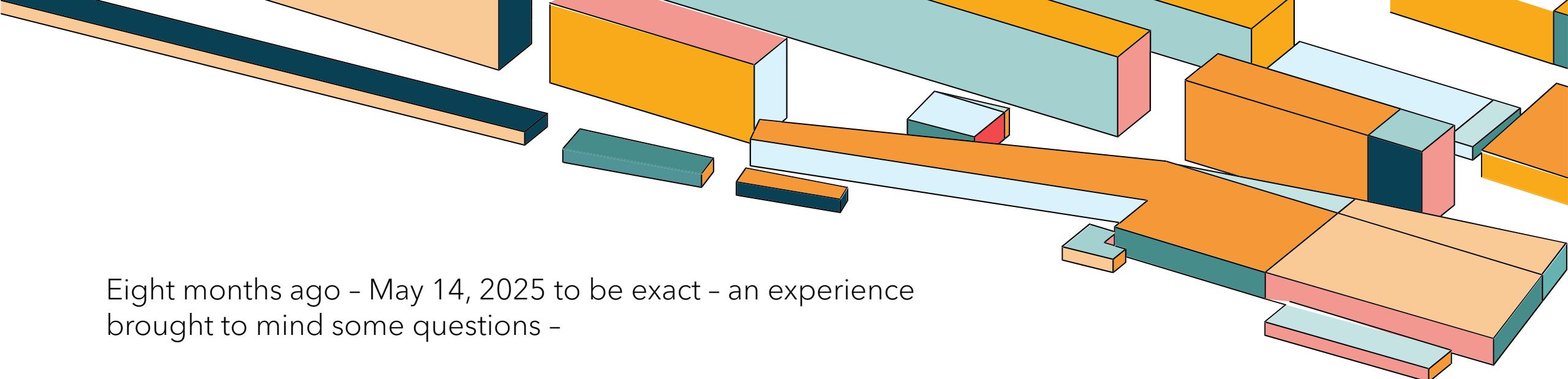
Three types of empathy...

Cognitive Empathy - Understanding another's perspective and thoughts

Affective/Emotional Empathy - Sharing with another's emotional state

Compassionate/Somatic Empathy - Moving from understanding to a desire to help --- feeling what another person is feeling.





Eight months ago - May 14, 2025 to be exact - an experience brought to mind some questions -

- Did I truly have compassionate empathy for my patients all those years or was it simply cognitive empathy?
- I thought I understood what they explained they were experiencing, but is understanding enough?
- Does the healthcare practitioner have to self experience the patient's accounting of complaint(s) to best relate and help guide the patient to resolution?
- If the healthcare practitioner should self experience, how can this be done without harm and are words enough?

THE EXPERIENCE

Picture this --- Morning of May 14, 2025 - I had just finished shaving and went to reach for the after shave. Nothing happened. My right hand was clenched closed, and my right arm was numb and useless. I still struggled to get the aftershave even realizing what was happening. I'm having a stroke and watching it in the mirror!

The next minutes were interesting. I had to get dressed, get Tom's attention, and get to the hospital. Our home is only a short 10-minute drive from the hospital emergency room (ER). We were in the ER within 20 minutes of the episode. Entering the ER you must go through security - amazing saying "having a stroke" gets you past security very fast.

Interestingly, my hand had begun to unclench but numbness continued for two hours, and the Stroke Team noted my face was sagging on one side.



THE STROKE TEAM



The stroke call went out and within seconds the room filled with doctors and nurses. Limbs were being pulled in all directions, fingers being poked, flashlights in my eyes, and so many demands being ordered. It was amazing orchestrated chaos.

In the ER it was quickly determined there was no need for stroke relieving medication. Initially they felt it was a TIA and that heart medication I take and a soaring blood pressure helped clear the symptoms.

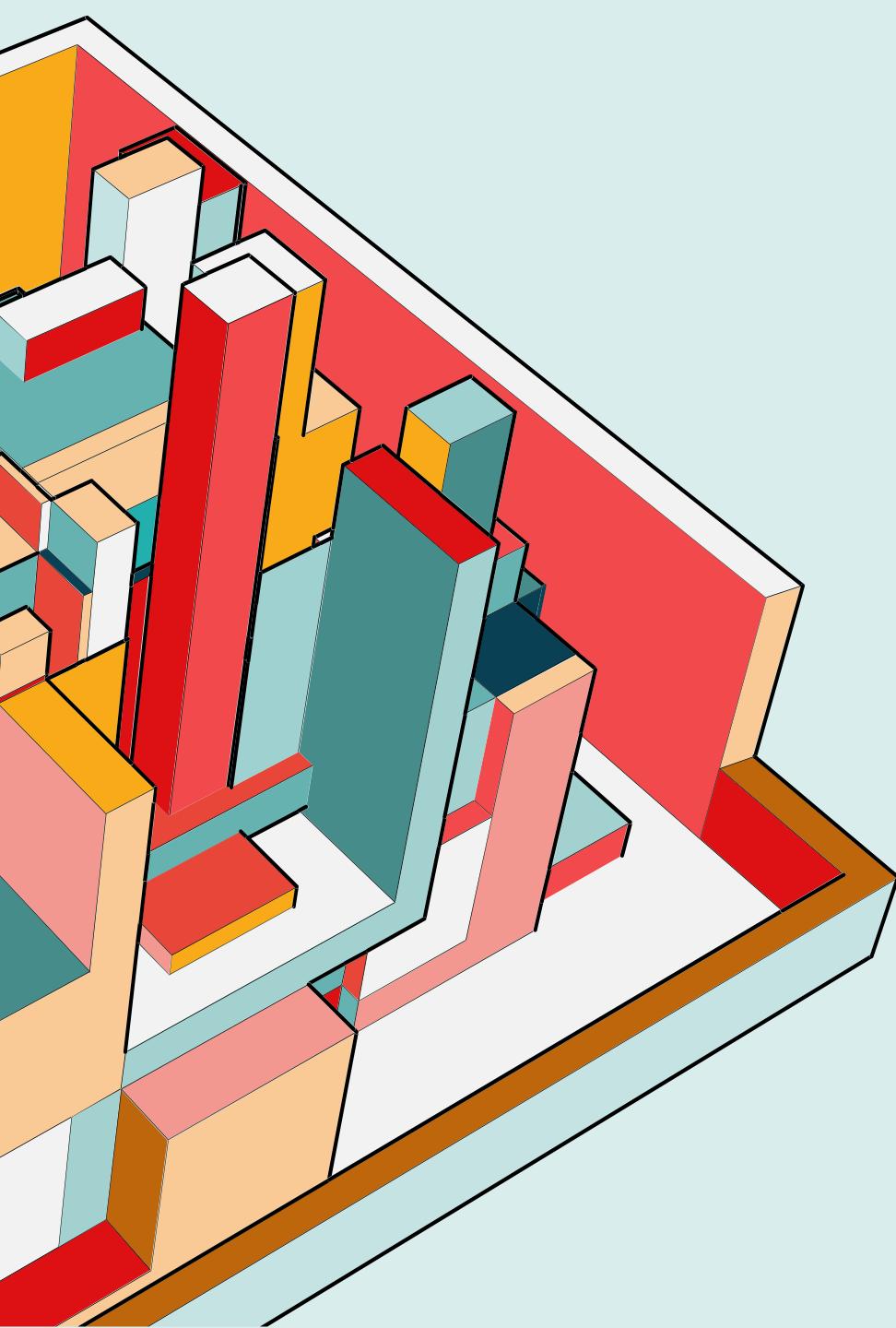
But more test were ordered.





FOLLOW-UP TEAM

The physical symptoms all appeared to clear after about two hours. There were the ongoing evaluations by the Physical Therapist, Occupational Therapist, Neurologist, Speech Language Therapist, Cardiologist, Internist, Social Worker, etc.



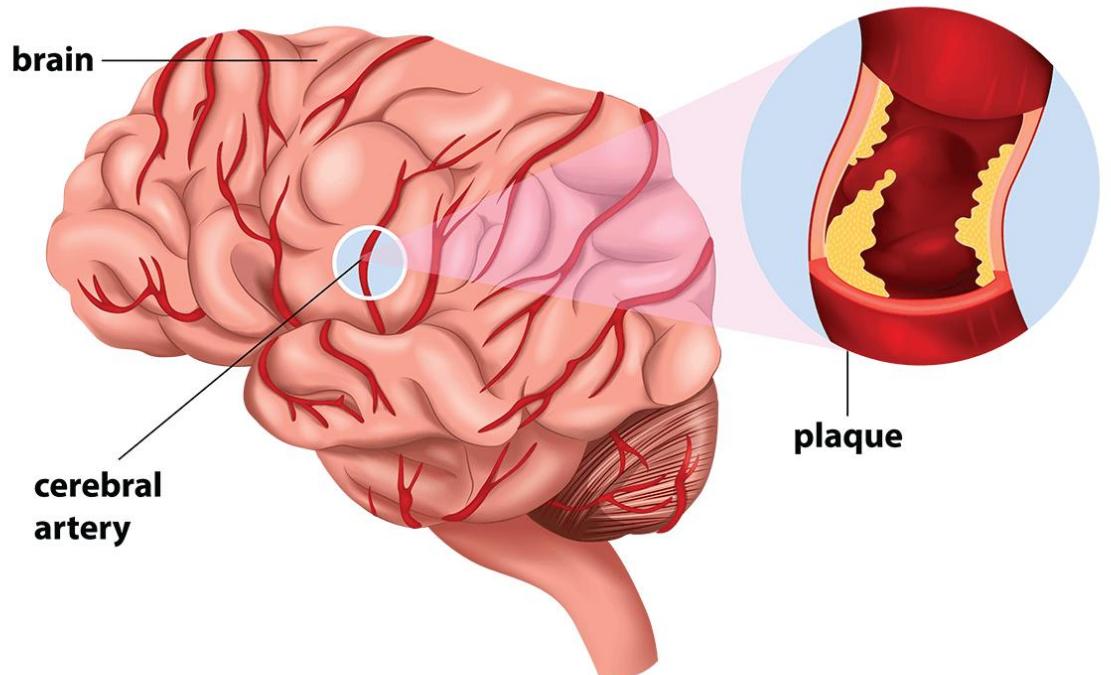
MAGNETIC RESONANCE IMAGING – MR OR MRI

While the Stroke Team determined the episode was a TIA (Transient Ischemic Attack) - TIA has stroke-like symptoms that resolve with no permanent damage.

The MRI determined it was a stroke. Meaning that there was prolonged blockage causing lasting brain injury.

I like saying there was a CVA - Cerebral Vascular Accident.

Cerebrovascular Accident



CVA

Key symptoms include sudden numbness or weakness on one side of the body, difficulty speaking or understanding, vision problems, dizziness, and a severe headache. Prompt medical treatment is crucial, as a cerebrovascular accident can cause permanent disability or death.

MRI WO CONTRAST TEST RESULTS

Impression

Very small acute infarcts in the left parietal lobe cortex.
Mild chronic small vessel disease.

Narrative

EXAM: MRI BRAIN WO CONTRAST

FINDINGS:

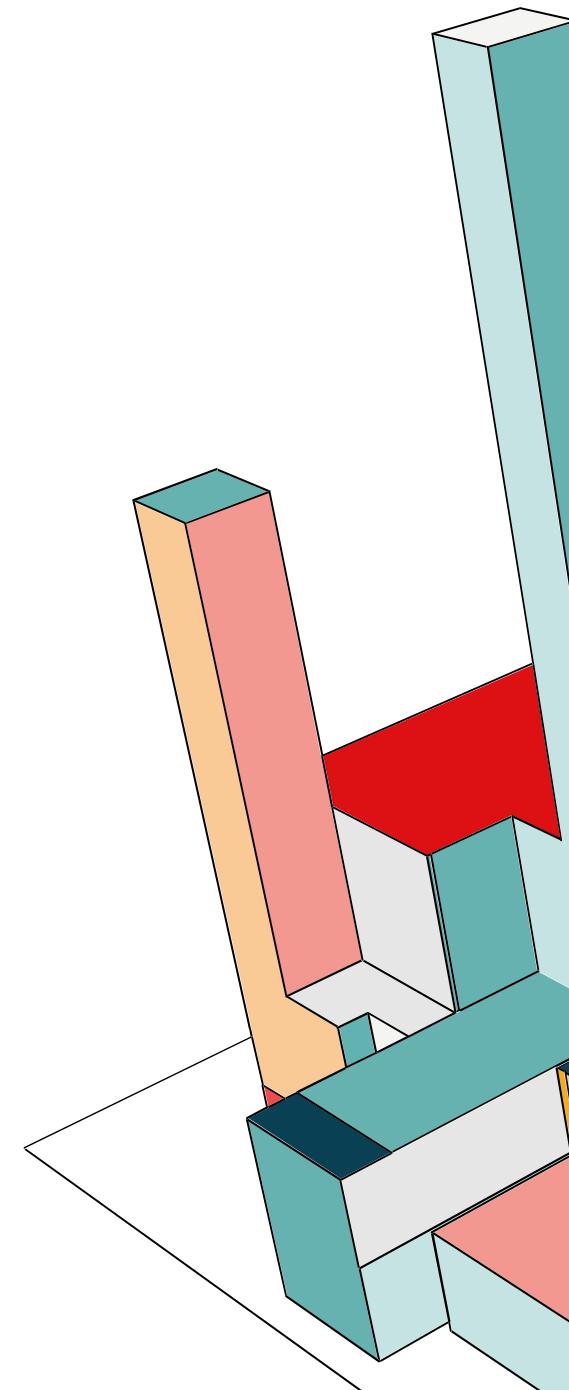
Brain: Two small foci of restricted diffusion in the left parietal lobe with corresponding FLAIR hyperintensity in keeping with acute infarcts. No acute intraparenchymal hemorrhage. No mass. No midline shift. Scattered foci of T2/FLAIR hyperintensity in the periventricular and deep white matter most compatible with mild chronic microvascular ischemic changes. Mild generalized parenchymal volume loss. Dilated perivascular spaces versus chronic infarct in the right frontal corona radiata.

Ventricles/extra-axial spaces: No hydrocephalus. No extra-axial fluid collection.

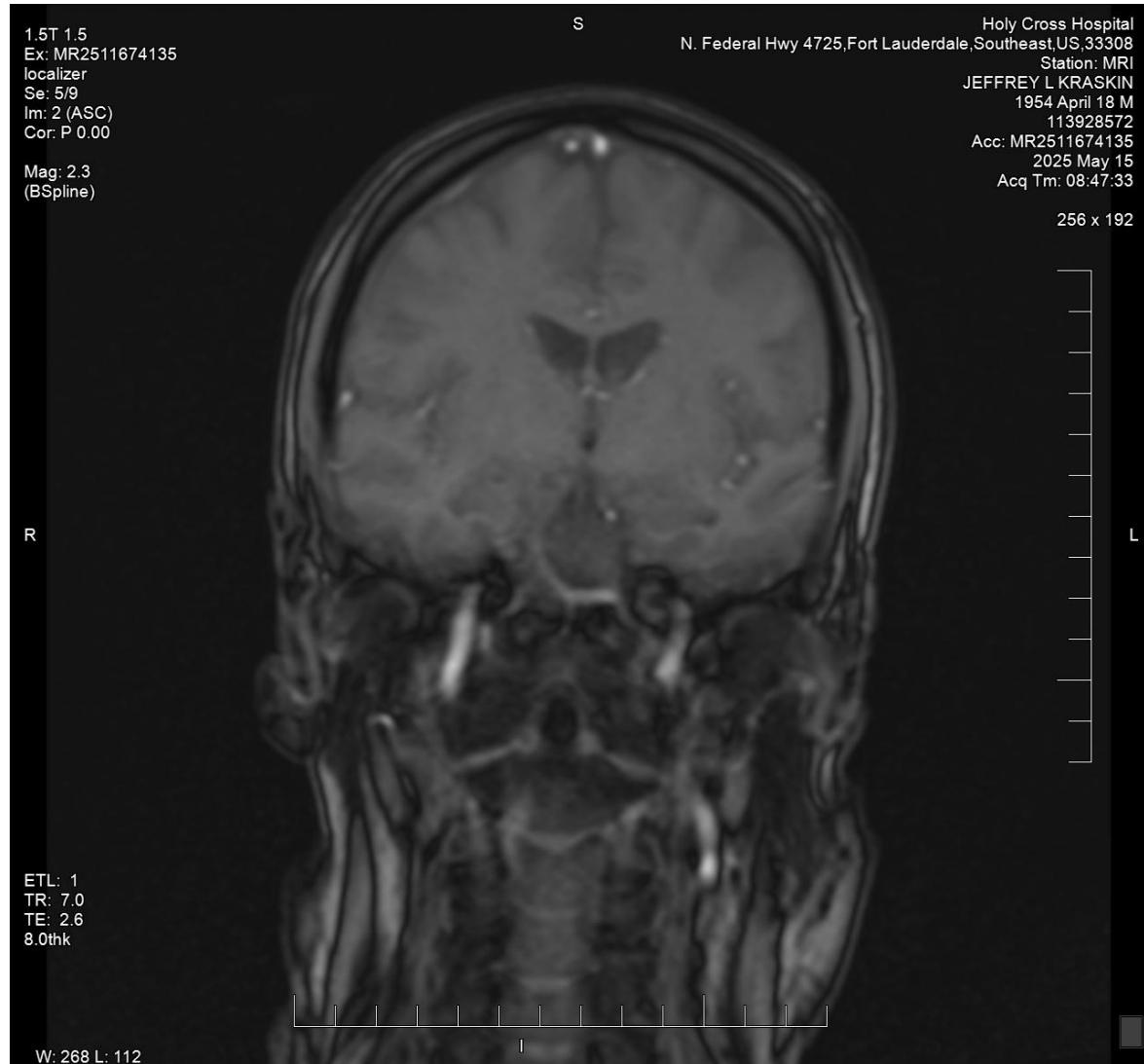
Intracranial flow voids: Arterial and venous sinus flow voids appear normal.

Cranium/scalp: Normal.

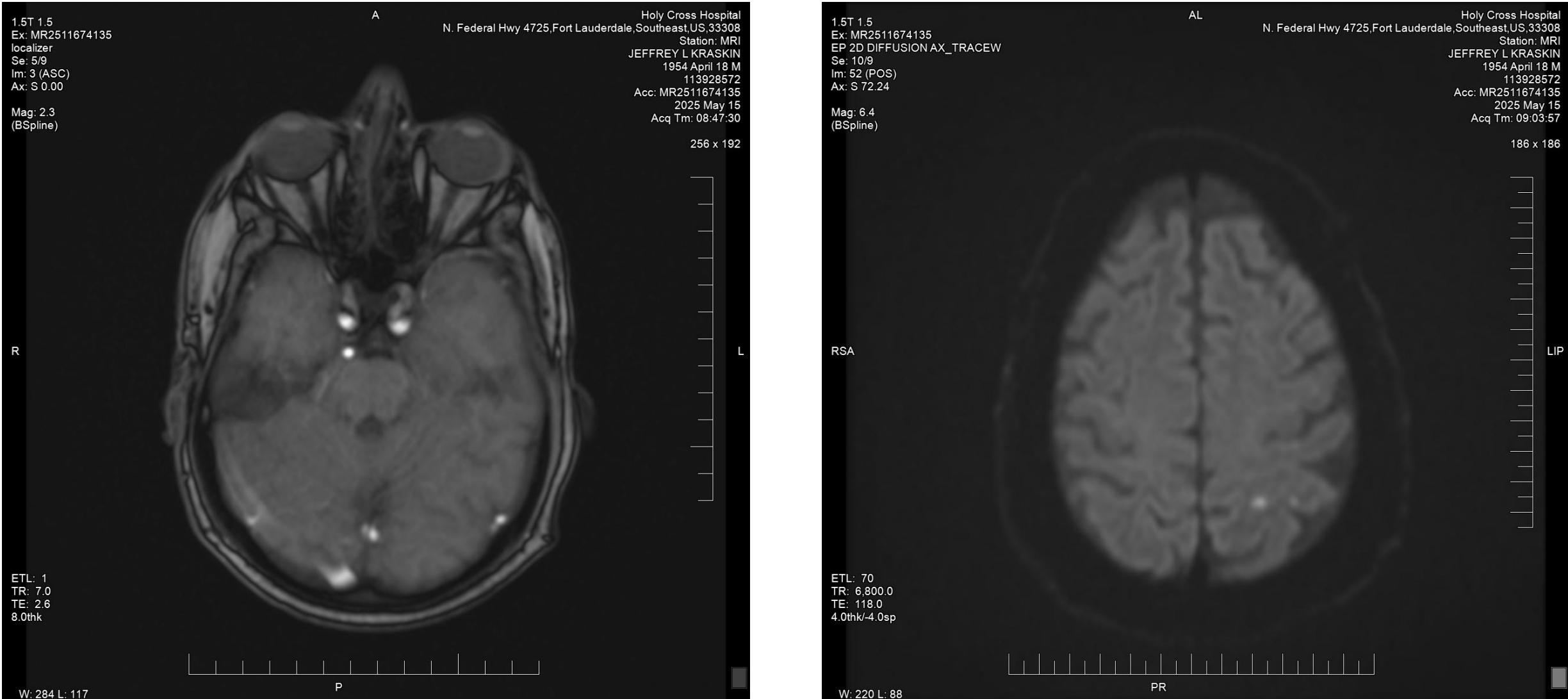
Other findings including visualized face: None.



MY MRI PORTRAITS



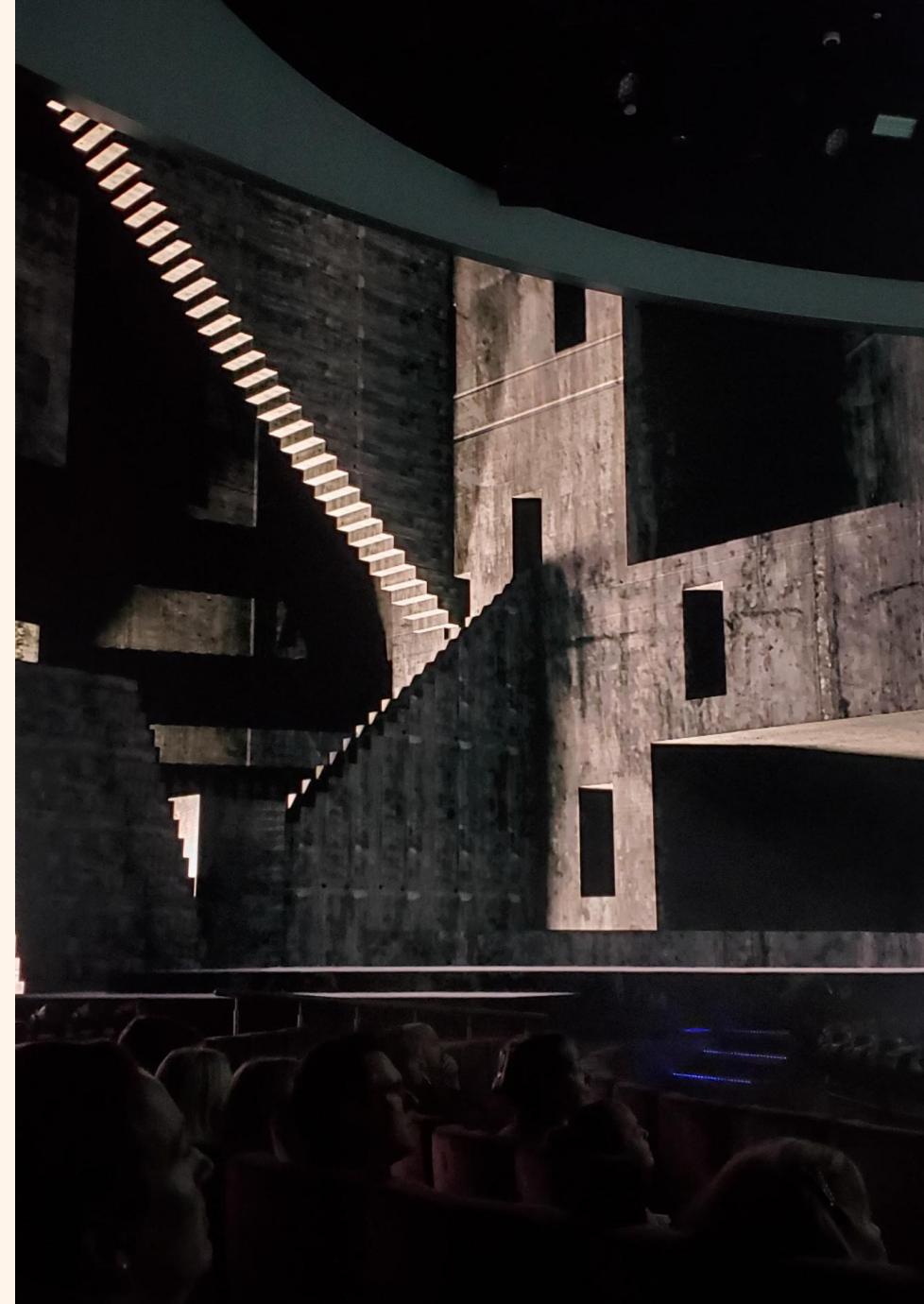
INDICATION OF INFARCT



LIFE AFTER THE CVA

The following days and weeks were interesting with

- 1) Ocular migraines - right lower quadrant with scintillating zigzag lines and beautiful colors, no macular involvement - that would last for about 15 to 20 minutes over the first week;
- 2) Three days after the CVA I had a day where I could not understand why people were using the names they used or I could not recall a person's name -- other than annoying it was funny;
- 3) Reading continued to be challenging from a sustaining point of view and required holding material higher;
- 4) Overstimulation in my environment - visual, sound, and movement (around me, movie, TV, computer) - can become rather disturbing and I just simply must leave the situation; and
- 5) I now have greater compassionate empathy for patients who would wear a brim as lighting and glare can be disturbing issues even to this day. I do find closing an eye (doesn't matter which but I seem to prefer closing left) will allow me to continue reading and will reduce the impact of the lighting conditions.



LOW CEILINGS ARE A PAIN - LITERALLY



As a passenger or driving in a parking garage with low ceiling or concrete beams or having that entry height restriction bar, I will immediately experience pressure in the head some might say a tightening band. Lowering the visor to block awareness relieves the experience.



ADDITIONAL OBSERVATIONS

Issues or environmental conditions that may continue to create immediate discomfort
feeling the tightening around my head...

- Sensory Overload - brightness with loud sounds that do not relate to what I see.
Includes airports with announcements, travelers talking, seeing movement of people, and lighting conditions
- The red brake lights and red traffic lights are overwhelming.
- Riding in a vehicle as a passenger - need to hold on to the vehicle to become one with the movement like what happens as being the driver.
- Extreme ocular motor in any direction creates dizzy type disturbances. (I continue to do ocular motor activities to help alleviate this problem.)
- Reading while miscellaneous sounds occur - people talking, low volume music, etc.
- Attending theatre with multiple actions on the stage (as an example this next slide is a video from a recent show on a cruise ship)



FINAL TIPS & TAKEAWAYS

Left parietal lobe stroke can lead to these complications:

1. Disrupted sensory integration

The parietal lobe is a critical hub for integrating sensory information from different parts of the body and creating a coherent understanding of your surroundings.

- A stroke can damage this ability, causing a disconnect between what you see, what your inner ears detect, and how your body feels.
- This sensory mismatch can lead to a feeling of disorientation, dizziness, and sometimes nausea.

2. A left parietal lobe stroke can lead to visual hypersensitivity, where lights appear brighter with higher contrast, because the stroke damages the brain's ability to process sensory information. The parietal lobe is crucial for constructing a spatial map of the world and processing sensory input, and damage can disrupt the normal processing of visual stimuli, making them seem overwhelming and causing discomfort.



FINAL TIPS & TAKEAWAYS - CONTINUED

3. How a parietal lobe stroke affects vision

- Disrupted sensory processing: The parietal lobe is involved in interpreting sensory information, including visual cues like contrast and brightness. A stroke in this area can interfere with this processing, leading to an altered perception of light.
- Difficulty adjusting to light levels: The brain may have trouble adjusting to different levels of light, making it difficult to adapt to both bright and dim conditions.
- Impact on spatial awareness: This lobe helps create a mental representation of the world, so damage can affect your spatial awareness and how you interpret your surroundings, including visual details like contrast.
- Overwhelming stimuli: The brain may be unable to filter out or selectively attend to visual stimuli, making even normal lighting seem intense and causing a feeling of being overwhelmed.
- Energy expenditure: The brain may expend extra energy trying to process these intense visual signals, which can leave less energy for other functions.



FINAL TIPS & TAKEAWAYS - CONTINUED

4. Asymmetrical vestibular processing

The vestibular cortex, which processes balance and spatial orientation information from the inner ear, includes areas within the parietal lobe. While balance disorders are often associated with the right parietal lobe, vestibular symptoms can result from a stroke in either hemisphere.

- A stroke in one hemisphere can create a vestibular asymmetry, where one side of the brain is no longer processing vestibular signals effectively.
- This imbalance can cause vertigo or dizziness, which can manifest as motion sickness.

5. Increased sensitivity to visual motion

The brain's visual and vestibular systems have a reciprocal relationship. After a stroke, the brain may develop an over-reliance on visual cues to compensate for a faulty vestibular system.

- Increased visual sensitivity and sensitivity to light can worsen feelings of dizziness and motion sickness.
- This is especially true in visually complex or stimulating environments, where the visual and vestibular information are mismatched.



B

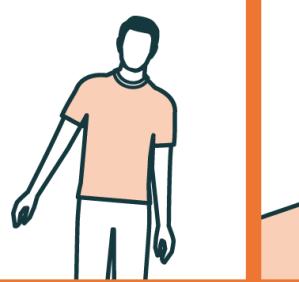
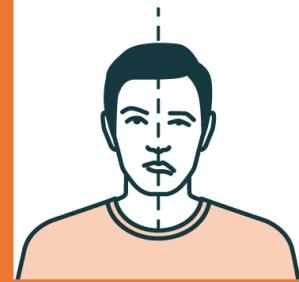
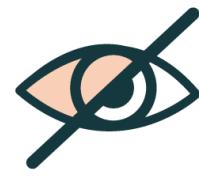
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F

A

S

T



BALANCE

EYES

FACE

ARMS

SPEECH

TIME

THANK YOU

