MEDICINE AND THE ARTS

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Abstract: Training to become a doctor has come to be seen from a more complex perspective today. Studies have shown that the introduction of arts and humanities in the curricula of medical schools may actually have a very good impact upon the formation of future doctors. The study of arts and humanities can help medical students to develop skills that are very important in the field of medicine, especially in terms of understanding the patient as an individual, in relation to his / her illness and as part of a particular context that shaped his / her mentality and psychology. This will provide our students with an excellent context to understand all the complexities of human nature. This paper also presents some of these attempts to introduce such topics of discussion at the "Grigore T. Popa" University of Medicine and Pharmacy Iasi (especially with Dental and Pharmacy students). As part of some optional courses or some extra-curricular activities, our medical students are already being exposed to activities that get them involved in understanding the complex relationship between medicine and the arts.

Keywords: medicine, arts, humanities, healthcare profession, medical training.

Though it is not a new idea among specialists (healthcare professionals and artists or people dealing with the humanities), bringing art into medicine seems to have become a constant preoccupation of those who design academic curricula for medical students. Studies have shown that medical students do get many benefits out of some courses that will teach them about arts in general, but equally if they become familiar with some fields of arts that can teach them skills that they need in the field of medicine. Maybe this was not evident right from the very beginning, but as Felice Aull notices in her interesting study ĻWhat the Literature, Arts and Medicine Database is and How to Use Itļ, Ļdoctors traditionally have been taught that their interactions with patients should be strictly objective, concerned but detached. This view is currently being challenged with an emerging new paradigm. In this new model, engagement Ŕ emotional and intellectual Ŕ is valued and encouraged. Understanding the context in which individual illness occurs, and the meaning of illness in a personřs life-world are recognized as being necessary for accurate diagnosis and successful treatment. It is increasingly understood that healthcare workers must be aware of their biases and preconceptions to avoid making judgement errors, and that they must deal creatively with the ambiguities inherent in their work. When working with patients, they must also be aware of their own fears and anxieties, and learn to develop emotional resilience. One could say therefore that a paradigm of detached concern is being replaced by one of engagement, affiliation, reflective practice, and emotional resilienceļ (https://med.nyu.edu/medicine/medhumanities/about-the-literature-arts-and-medicine-database). From the above-mentioned quotation we can easily see the importance of such an endeavor that would make it worth for our medical students to start learning something about the benefits of dealing with art as part of their medical training. Felice Aull, in the same study, tries to make a short history of all the attempts to introduce arts into the medical curricula. ĻThe centrality of story in the medical encounter has long been acknowledged. In the 1960s a field of scholarships and teaching developed Ŕ literature and medicine Ŕ that uses precepts of literary analysis and focuses on a range of literature relevant to illness experience.

This field officially became an academic discipline in 1972 when a professor of English literature, Joanne Trautmann, was appointed to the faculty of a medical school (Pennsylvania State University College of Medicine). By 1995, at least one third of US medical schools offered courses in literature and medicine and in 2012 most medical schools in this country either require or offer as electives, courses that incorporate literature, film, and art to address the many facets of illness experience and of caregiver experience that are outside the field of medical science. To reflect the expansion beyond just literature, to include other humanities, visual and performing arts, and social sciences as they are brought to bear on healthcare interface with healthcare education, has spread to many other countries.ț (https://med.nyu.edu/medicine/medhumanities/about-the-literature-arts-and-medicine-database). It is thus obvious that this has been a preoccupation for some time at medical universities in the US and the Western Europe.

To go on with more recent examples that prove the benefit of such outcomes, we can mention Harvard Medical School where Elizabeth Ann Rider from the Department of Pediatrics, mentions some of the most important benefits of dealing with art in the field of medicine, but especially as part of training the future doctors. As doctors, students need to know they have to be good observers, and by dealing with arts, especially painting, future doctors can learn how to observe things. Nonetheless, there are many more levels that can be explored, levels that can all teach future doctors to acquire different skills. Doctors also need to learn about empathy and compassion and art is a beautiful mechanism to do that (https://www.youtube.com/watch?v=emuj7Sp24dw). Obviously, all these things are not put in relation only to the training of future doctors. Art has become a tool today even in dealing with the healing of patients. Patients may find their balance again by means of various forms of arts. A dancer and a medical researcher, Jill Sonke in a TEDx Talk (ȚWhy Medicine Needs Artț), speaks about the things medicine and arts have in common, exploring how important the relationship between the creative expression and health of the patients is. The conclusion is that medicine and the arts lead to the same place and it is important, both as a patient and as a doctor, to find the way in which pain and anxiety can be transformed into a moment of beauty and bliss (https://www.youtube.com/watch?v=23mve5S90Ws).

The Harvard Medical School website, in its section devoted to the Arts and Medicine, presents, in an article published in December 2017, by Juliet Bernini, some of the medical studentsř opinions, who have found the benefits of artistic practice in their medical careers. She speaks about the experience of several music groups on the Harvard Medical School campus, that offer students and other members of the Longwood medical community an artistic outlet outside of their medical training or practices. Thus, an HMS student, Enchi Chang, the current head of the Chamber Music Society, says that Țplaying music serves as a creative outlet that allows me to disengage from medicine and relaxț (https://hms.harvard.edu/news/arts-and-medicine). Pamela Chen, a second-year student at Harvard Medical School, says Țthe art of music relies entirely on listening for the story and emotions in each piece, which is similar to how a physician listens for a patientřs narrative and emotions. […] To me, the parallels between music, especially ensemble music, and the practice of medicine, are endless. Both require a foundational level of skill, built up over years of dedicated practice. But on top of that technical expertise, there is another layer of artistic interpretation. Ultimately, both music and medicine are messy and ever-changing and human, and both can bring people together to healț (https://hms.harvard.edu/news/arts-and-medicine). Further on, Isaac Chua, a Harvard Medical School instructor, says that Țin the arts and as a clinician, the intangibles are very important. You have to be completely present to whatřs going on, otherwise youřre going to miss cues, misdiagnose or not respond appropriately to a patientřs discomfortț (https://hms.harvard.edu/news/arts-and-medicine).

We would not be wrong in saying that, in part, all these changes in perspectives upon the medical training have at their basis the same cultural changes that our world has constantly experienced for some time. People have come to understand their surroundings in their mere complexity and the human being as part of this intricated and sophisticated world. On the one hand, we have understood that the world is complex, and it very much depends on the local features to understand a specific area and, on the other hand, the individual has to be understood the same way. One cannot apply the same rules or recipes being positive that they would work on anyone (and this has been more valid for medicine itself), so we have come to understand that for our patientsř well-being there are more factors that should be taken into account. We can find the same idea in the paper entitled ŗArts in Medicine Literature Reviewŗ, written by Gay Hanna, Judy Rollins and Lorie Lewis, a study that gathers the most important ideas that have been stated in relation to the topic. All these changes that we have experienced in the globalized world have brought about new approaches that have become mandatory even in the field of medicine: ŗLonger life, increasingly diverse ethnic populations, and the redefinition of access to healthcare geographically have profoundly changed the way medical services are now and will need to be delivered (Easterbrook, 2014). Authors agree that the complexities of serving individuals with life expectancies of 100 years (by the end of the 21st century) from diverse cultures across urban and rural settings offer both challenges and opportunities for healthcare, social services, and arts providers (Cliff & Camic, 2016; Kelly, Cudney, & Weinert, 2014).ŗ The study discusses how art can improve the life of patients by giving examples of actions that have been already taken. ŗThe introduction and inclusion of the arts in healthcare environments must reflect the community preferences of the patient and staff while upholding artistic excellence in working with facility design of both public and private spaces (Lambert, 2016).ŗ Among these we can mention the following: exhibit galleries (they provide a diversion from the sterile clinical environment) that remind viewers of life outside the stresses of treatments, art collections, healing gardens (landscape elements in waiting areas, outside on roof tops, courtyards) have proven to be effective in enhancing patient and staff environments for contemplation and spiritual renewal (Tyson, 1998).

In the gallery describing the participatory arts, the article makes mention of performing arts (arts such as music, dance and drama engage the patient, the visitor, and the staff within a healthcare facility in profound ways), literary arts (journaling, storytelling and poetry writing are considered effective, especially in the case of the patients with serious illness who, towards the end of their lives, feel the need to share their life experiences; likewise, the use of imagination is a justified health promoting activity, relieving stress and improving general communication), visual arts (visual art creates empathy) and eventually multimedia arts (the growing use of technology made possible to improve the quality of art making activities, everywhere, especially in rural areas) (Hanna, 2017).

Thus we can say that medical universities have started to pay more attention to these details. We can even find nowadays websites created and designed by medical schools in order to facilitate the introduction and study of arts in their schools. A good example in this respect is the LitMed database (Literature, Arts and Medicine Database) created by the faculty of the New York University School of Medicine in 1993, with the purpose of gathering collections of literature, fine art, and performing arts, annotations created as a dynamic, comprehensive resource for scholars, in order to educate students, patients and others interested in medical humanities (http://medhum.med.nyu.edu/about). The authors of the website define their aim as follows: ŗWe define the term <<medical humanities>> broadly to include an interdisciplinary field of humanities (literature, philosophy, ethics, history and religion), social sciences (anthropology, cultural studies, psychology, sociology), and the arts (literature, theater, film, multimedia and visual arts) and their application to

healthcare education and practice. The humanities and arts provide insight into the human condition, suffering, personhood and our responsibility to each other. They also offer a historical perspective on healthcare. Attention to literature and the arts helps to develop and nurture skills of observation, analysis, empathy, and self reflection Ŕ skills that are essential for humane healthcare. The social sciences help us to understand how bioscience and medicine take place within cultural and social contexts and how culture interacts with the individual experience of illness and the way healthcare is practicedț (http://medhum.med.nyu.edu/about).

In this whole new perspective that is strengthened by the American studies carried out by all the above-mentioned specialists, we believe that we should implement our own attempts to introduce such elements as part of our medical studentsř training. Maybe this could take a while until we manage to introduce such topics in the academic curricula, but we do have some alternative solutions that would enable our students to become familiarized with the benefits arts in general could have in their future professions. We can introduce topics of discussions with them, as part of their foreign language courses or we could design optional courses that would focus on the link between medicine. We could equally organize events with artists from various fields, with the purpose of showing our students the impact arts could have on the medical profession. There are so many aspects of the healthcare profession that could benefit from the impact of arts and humanities. Doctors could develop better communication skills (not only with patients, but also with their fellow professionals), they can develop empathy and become better observers.

At the ȚGrigore T. Popaț University of Medicine and Pharmacy, such attempts have already been made, especially with Pharmacy and Dental students. As part of their foreign language courses or seminars, students are often involved in activities that have to do with the field of humanities. Thus 2nd year students in Dental Medicine, who choose to attend the optional course in Communication Skills in English for Healthcare Professionals, besides learning about all the techniques involved in a patient-centered communication type, they may also watch movies whose purpose is to show them glimpses of the American or Western healthcare system. One good example in this respect, though the movie may be considered rather old, is ȚPatch Adamsț (1998), a movie that is based on a true story of a devoted man who is determined to become a doctor because he enjoys helping people. The action is set in the Ř70s, in the US, a time when the American healthcare system experienced the beginnings of the revolution in the patientřs approach. The main character of the movie tries a different approach with the patients, introducing humor and pathos as part of the healing process. The character is determined to find ways to help patients mainly by trying to treat the individual, not a selfless creature who doesnřt even have a name. The movie is interesting to be watched and students can immediately realize how important it is to be able to approach and relate to patients in order to build a strong therapeutic relationship.

Still as part of their training in the above-mentioned optional course, we also have a different activity that is interesting and has some connections with curricular activities that include things that are related to arts. Telling stories, for instance, both as part of developing writing skills and understanding the importance of revealing sad news in healthcare settings. Breaking bad news to a patient requires a thorough preparation from the doctor and, in order to understand that, students are required to tell their stories, their direct experience as patients, when they were given bad news and how this thing took place. Then they share their experiences (by reading their stories) and gain a better understanding of this stage in the doctor-patient encounter.

Another activity that was very much enjoyed by our students was when we had as a guest one of the actors from the National Theatre in Iași. The title of the activity was ȚThe Encounter between Hippocrates and Thaliaț and it was mainly meant to be a dialogue about

how arts can mingle with the field of medicine. Haruna Condurache, the actress who was invited to share her own experience on stage, began her speech by saying how often she had seen people in the audience who had felt a relief or had just felt better after having watched a play. She allowed herself to say that the audiences that come to the theatre may resemble, in a way, the patients who come to the doctor in order to seek for physical health. The theatre and the arts in general can definitely offer more of a spiritual healing, but, by and large, the artistřs role may, up to a certain extent, resemble the doctorřs role in his / her attempt to help patients. 2nd year students enjoyed asking questions about all sorts of situations that had to do with this mix between arts and medicine. Haruna Condurache spoke about her roles when she had to play some healthcare professionals (a nurse or a psychiatrist) and how she approached these roles, trying to observe and to learn about some features belonging to these professions. Likewise, she mentioned times of crisis when actors were injured in accidents and how the paramedics came and intervened in order to fix all the problems they had in their tour. Haruna Condurache also mentioned the fact that, just like doctors, actors have to be very attentive on stage, good observation skills being required. If they are not constantly attentive to their partners on the stage, they may easily lose track of one of their colleagues, miss a line, forget about a certain gesture and so on. At a different scale, of course, the doctor, along with his / her team, has to work in the same solid partnership in order to help the patient (imagine, for instance, an operating theatre). Some of the students who asked questions in the meeting won tickets to a play in which Haruna Condurache had a leading role. This opportunity was very much appreciated by students who wanted to repeat the experience, being joined by other colleagues of theirs.

Dealing with fiction is definitely another useful exercise for our medical students. Besides developing the already-mentioned observant skills, by reading fiction, students will understand more about the world and the human psychology. In order to understand all these, we can come up with various examples (however, we should have to check first to what kind of fiction our students are more responsive). We can choose to discuss things about the tragic typologies in fiction, starting with ancient literature (Sophoclesř **Oedipus Rex** Ŕ with the Blind Destiny overwhelming the individual fate), going all the way to romantic fiction (**Le Cid** by Cervantes, with the romantic split personalities between passion and duty) and eventually coming to more modern examples of the tragic of the limit (or hybris Ŕ A. Millerřs **Death of a Salesman**, Th. Hardyřs **Tess of the d'Urbervilles**). If they like postmodern authors and poetry, they could easily pick up Ioana Nicolaieřs poems (**Autoimun**, Cartea Românească, 2013) or Marius Chivuřs **Vîntureasa de plastic** (Humanitas, 2019). They are younger authors whom they may know and even follow on social media. In her poetry volume, **Autoimun**, Ioana Nicolaie describes her experience with dealing with an autoimmune disease in a Romanian hospital, all the trauma of dealing with the Romanian medical services, but also in terms of describing the challenges of accepting the disease and communicating about it. In Marius Chivuřs **Vîntureasa de plastic**, we get a glimpse of the Romanian medical system from the point of view of the son who is supposed to help his mother who is admitted in a hospital as a result of a stroke. Obviously, all these books can be interpreted on so many levels. On the one hand, we have all these hints at the medical system (seeing how the patient and his / her family copes with the disease, how patients communicate with healthcare professionals), but we can also read the poems from other perspectives: Ioana Nicolaieřs book as the authorřs attempt to come to terms with her disease, finding the strength to go on with her life and eventually writing about all these as a form of catharsis. Marius Chivuřs poems, on the other hand, could also be seen as love poems that describe all this ordeals of a son whose mother is sick in a hospital, seeing thus the sonřs limitless love for her.

Moreover, starting with the 6th edition of FILIT (the Iași International Festival of Literature and Translation), the ALECART meetings with authors began to take place at the Center for Foreign Languages and Cultural Integration at the ȚGrigore T. Popaț University of Medicine and Pharmacy, this being a great opportunity for our medical students to meet authors who shared their experiences and talked about their latest writings. Medical students may understand the importance of reading fiction in a world that is assaulted by technology and loses interest in real values.

We may thus conclude that our medical students would benefit a lot from this attempt to integrate arts and humanities in their medical training. We have seen how the study of arts and humanities can help them to develop skills that are very important in the field of medicine, especially in terms of understanding the patient as an individual, in relation to his / her illness and as part of a particular context that shaped his / her mentality and psychology. This will provide our students with an excellent context to understand all the complexities of human nature. They will become better communicators with their patients, develop empathy in a more effective way and, eventually, all these will lead to a better medical treatment.

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