

The Art and Science of Health Care

I have learned many things about health care during my three short years at Dalhousie Medical School. The most significant of these, I believe, is the realization that medical practice is both an art and a science. Medicine is known and experienced as a science by the countless hours spent in tutorial, textbook, laboratory and seminar. It is practiced with manuals of lab values and algorithms to assure consistent and effective care. The person receiving this care appreciates the medical terminology, prescriptions and technology as the products of this science. The art of practicing and experiencing medical care is more difficult to illustrate by analogy. However, those who are unaware of this art are working with a diagnosis as opposed to a person, or understand clinical therapeutics as the writing on a prescription pad. They are also the unfortunate sort of care provider or patient who believe that objectivity and interpersonal distance are crucial to medical professionalism: such individuals may be depriving themselves of the most rewarding aspects of their experience.

There are many reasons why clinicians and students, in particular, are less conscious of the art of medicine. While the training of health care professionals in the 90s is theoretically based on a "biopsychosocial" model of health care, a disproportionate emphasis is directed to understanding the biology of disease. While emphasis on the biological aspects of disease has provided significant advancements in medical care, it has dissuaded from our understanding of the social and psychological factors which constitute not only the experience, but the course of disease. While it is counterproductive to de-emphasize the importance of the biosciences to health, it is prudent to increase the visibility of the humanistic aspects of health and care to facilitate a balance in our understanding of what constitutes health and how health care should be provided. To acknowledge the inseparability of the biological, the social and psychological aspects of the person in health research and education, the *DMJ* has chosen a Focus on the Medical Humanities for this Edition.

The articles featured in the Focus reflect diverse aspects of the humanities in medicine. A striking commentary on the importance of a humanities curriculum during the training of health care professionals is provided by Dr. T.J. Murray. Through historical examples, he asserts that humanities (ie. philosophy, ethics, theology, history, literature, art, music and the social science) provided the foundations for medical knowledge and practice and are as integral now as they have always been. As a caution, he suggests that medicine integrate a balance of art and science in practice lest there be a de-scientification of medicine by dissatisfied patients and practitioners.

An exploration of the meaning of illness through art is considered by Lynne Peters. Lynne's commentary is on the art of Robert Pope, a posthumously world-renowned local artist who illustrated his experience of treatment for cancer through painting, sketch and sculpture. Through his works, she considers not only the representation of pain, waiting and fear experienced by patients and their families, but its significance as a mirror for the emotions of health care professionals who try to provide physical and psychological care. Peters suggests that Mr. Pope, and other historical figures discussed in her essay, could be remembered by many as both an artist and a therapist.

The final contribution by Jeff Gattrall is an anything-but boring essay on the psychological distress experienced by the protagonist in Anton Chekhov's novel "A Boring Story". The protagonist is a physician who is acutely aware of his terminal illness and experiences symptoms ranging from numbness to loss of control. It is unclear to the reader whether these symptoms are physiological or psychological manifestations of his disease process or of a man experiencing personal and existential distress. Jeff's question to the reader is this: whether the man's symptoms are reflective of mental illness or awareness of his own mortality. As this is a question of potential relevance to all people, the answer is crucial for providing health care; in particular, the historical and future practice of psychiatry.

Appreciating a balance of both art and science in medicine will require a moderate paradigm shift in the way education, research and health care delivery is structured. Within medical and health profession training programs, students will benefit from structured and informal curricula imparting knowledge of the historical and philosophical origins of contemporary practice. Within institutions, efforts to integrate the representation of humanities and science-based topics within conferences, textbooks, journals and seminars will facilitate the "mindshift" as to their interdependence in research and practice. Of perhaps greater impetus in this regard will be research investigating the therapeutic benefits of humanistic principles such as quality of personal relationships, cultural sensitivity and deriving meaning from illness experience to health outcome measures. Many well-designed clinical trials are currently being conducted to investigate these topics and some have demonstrated significant health benefits for participants. Ideally, the commitment to the art and science of health care will enable us to provide and substantiate the value of whole person care.

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SECTION COVER ART

Sparrow, 1989
by Robert Pope
Acrylic on canvas, 61.0 x 76.2 cm