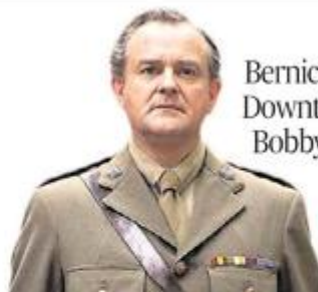


# Arts & Books



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THE IRISH TIMES

irishtimes.com

Arts Editor Shane Hegarty Books Editor Caroline Walsh

Phone 01 6758000 Fax 01 6758088

E-mail arts@irishtimes.com and books@irishtimes.com



State of rest: a donor body prepared for an exam in the anatomy department at Trinity school of medicine, drawn by Megan Eustace

## Is there an artist in the house?

It's not just patients who benefit from paintings: medical students who study art can increase their observational and diagnostic skills. Gemma Tipton examines the relationship between art and medicine, and probes a pioneering course at Trinity College Dublin

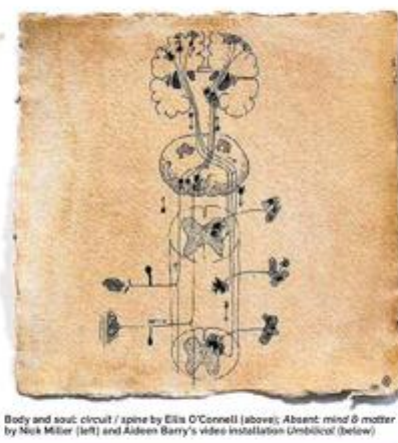
**C**AN ART HELP us to live better lives? The joy's still out on that one, but, as projects at Yale and Trinity College Dublin are discovering, it might help us to live longer. Art and medicine have a long association. Before microscopes, X-rays, scans and cameras, doctors needed art to show the structure of the human body, inside and out. Famous artist-anatomists include Michelangelo and Raphael, although Leonardo da Vinci surpassed them both in the scale and detail of his inquiries. In the 19th century, Joseph Mallord William Turner was both a surgeon and an anatomical artist. Perhaps, then, it's no wonder that artists, physicians and teachers share a parson saint: St Luke.

Fast-forward to the 21st century, and art tends to appear in hospitals as a palliative, almost exclusively aimed at patients. During a stay in intensive care, I remember a rather scary image of the Sacred Heart haunting my dreams, and I found myself appreciating the work of the contemporary artists there all the more. That experience underlines the problems of art in hospitals: another patient could have been deeply comforted by an image that I found disturbing. A little like art on motorways, art in hospitals must, of necessity, exclude many subjects and forms.

Another problem for those working in the area of art and health is that art is generally regarded as a soft subject, meaning that any benefits are hard to quantify and usually studied the hard way that doctors and scientists love by. (See, for example, Waterford Healing Arts Trust, at waterfordhealingarts.com, and Coeur, at artsandhealth.ie.) An exception is the Open Window project at the national liver-transplant unit at St James's Hospital in Dublin, which uses screens to show images of artworks, as well as family photographs and communications, to patients in long-term isolation units after surgery. Run as a collaboration between St James's, Trinity College and the National College of Art & Design, the project is demonstrating better outlook for patients who are given this window on the world.

But what about the other end of the art and health equation? Can art be of use to doctors? At the Yale School of Medicine, Lewis Braverman, professor of dermatology, had an epiphany while on his "grand rounds", when he asked the resident doctors and students to describe studies and skin conditions before making their diagnoses. He noted that "the residents were doing a poor job in describing the morphologic features of the rashes [not recognizing fine details], and I was becoming frustrated over that. A thought suddenly occurred to me that if I were to ask them to describe an object that was totally foreign to them and with which they had no previous experience or biases, they would describe all the fine details because they would not know which features were important or unimportant. The object that popped into my head," says Braverman, "was a painting."

He took his students to the Yale Center for British Art, which has a collection of 15th- to 18th-century paintings. Groups of students were assigned one of them and asked to describe it objectively before going on to interpret what it might mean. "For several weeks after this visit, the residents were producing better descriptions of the skin lesions at grand rounds."



Body and soul: circuit / spine by Elin O'Connell (above); Absent: mind & matter by Niki Miller (left) and Aileen Barry's video installation Umbilical (below)



**“We have never taught medical students how to analyse details and patterns not previously encountered, as we assumed everyone had these skills”**

### Silent teachers Medicine on show

For the past two years the school of medicine at Trinity College Dublin has collaborated with the Royal Hibernian Academy. Eleven artists were invited to collaborate with staff in the school by working closely with staff in the students. Aileen Barry, Megan Eustace, Andrew Folan, Nick Miller, Ciaran Murphy, Maria McKinney, Thomas Nangan, Abigail O'Brien, Eoin O'Connell, Garrett Pheasant and Grace Weir spent time in departments ranging from anatomy to neuroscience, psychology, psychiatry and social medicine.

The experience, for many, was profound, and this is evident in the work on exhibition at the RHA.

Aileen Barry describes the anxieties patients experience on recovery from a life-threatening illness, in this case adult malign melanoma, and explores what clinicians term umbilical-cord syndrome: a complex dependency on the institution that cared them.

Megan Eustace and Ciaran Murphy went back to the roots of art and medicine, with Eustace making drawings exploring the "silent teachers" - the donor bodies in the anatomy department - and Murphy looking at the surroundings in which these encounters take place.

Andrew Folan and Nick Miller both became

absorbed by the ways in which neuroscience enables us to trace how the brain works, and in Miller's case, to reflect on memory and forgiveness. Her own experience of vertigo illness and Abigail O'Brien to focus on the sense of awe and care she experienced in hospital, an aspect of healthcare less often highlighted in the media. Meanwhile, the experience of the project led Garrett Pheasant to consider faith, both in medicine and in God, in relation to healing and death.

Giving artists such a long time to work, coupled with a high level of access to the school of medicine, has resulted in a compelling exhibition that underlines the similarities, as much as the differences, between artists and scientists.

Artists and doctors are both assessed, though in very different ways, on the results of their work, but to reach the processes are vital. Each is engaged in trying to see and to understand how things really are, and in exploring what makes them that way and what, ultimately, that means for our lives.

Apertures & Anabases: Artists, Celebrate 300 Years of the School of Medicine runs at the RHA Gallery in Dublin from November 18th to December 21st. See royalhibernianacademy.ie

Braverman realised that, in general, teachers point out details and patterns, and students memorise them. "In medical education, since Hippocrates, we have never taught students how to analyse details and patterns not previously encountered, because we assumed that everyone had these skills, and [that] if they did poorly they were not good students. We also had never taught them how to be medical Sherlockians, in part because we didn't know how."

It is apt that Braverman uses the analogy of Sherlock Holmes, because Arthur Conan Doyle, the creator of the great fictional detective, was also a physician, and, as all Holmes fans know, the detective's greatest lies in his observational powers. This link is not lost on Dr Brenda Moore-McCann, who set up a course for first-year medical students at Trinity College Dublin. Moore-McCann studied in medicine before she took a doctorate in art history. Her husband, Stuart McCann, then professor of academic medicine at Trinity, helped to put the course in place.

"In spite of all the gizmos, medicine is still about listening and looking, 90 per cent of the time," says McCann. "Art is about adding a skill set. If this generation can come out of medical school less cynical, and with a broader view of the world, that would be brilliant."

Moore-McCann's course is one of 11 modules, including creative writing, philosophy, ethics and literature, that first-year medical students choose from. "We're using art to try to get them to perceive in a more attentive way, and to establish independence of thought," she says. "It's about not being afraid

to say that you don't know something, and I'm also trying to get to something very fundamental about the way people think."

In a sense, Moore-McCann's course and the other modules are those going back to the original idea of a university: broadening the mind, encouraging different fields of inquiry and pushing the boundaries laterally, before the emphasis changed to promote goals, quotas and results-driven courses of study.

Paul Derron Kelleher, head of the school of medicine at Trinity, agrees. "The idea is to get students to see perception in a deeper way. And also to give our students a wider dimension on what could otherwise be a very narrow course of study. We also want to see whether it makes a different type of doctor - a more rounded person."

The Trinity programme, which began in 2008, will not be fully evaluated for a couple of years, by which time the students' results will have been re-examined scientifically.

At Yale, Braverman's course has run for more than a decade, and students who take it improve their diagnostic scores by 9 per cent. "The programme has met my expectations," he says, "because these representational paintings are not only narrative but they have ambiguity and internal contradictions allowing them to become interrogative for patients." Braverman's students' most frequent comment is: "I look at things differently now," and if art can do that for a new generation of doctors, that has to be very healthy. Perhaps, despite our economic difficulties, it's time to re-look once again how fundamental art can be to the health of the nation.