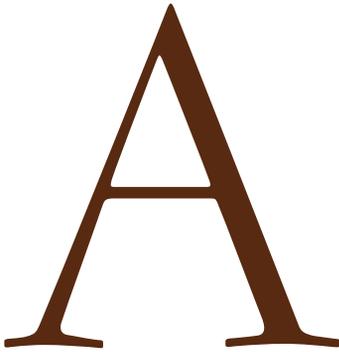




The *Art* of Medicine

By Lauren Crawford • Photography by Eric Bronson



A group of University of Michigan Medical School students and faculty leans close together, observing a subject. There's a silence. A house officer bites her lip, shifts her weight. A first-year, squinting, steps closer. They're transfixed. *Standing Figure*, a 1957 bronze sculpture by modernist Alberto Giacometti, stares back. The legs, skeletal and attenuated, support a cadaverous frame, an exaggeration of limb and bone. The cast's rough texture, sharp like a blade, implies imprecision — and humanity.

This is nothing like what the students see in their medical rounds or texts. *Standing Figure* is an expression of emotion in the context of anatomy, an abstraction that questions the very things that make us human.

Ruth Slavin, deputy director for education at the U-M Museum of Art, or UMMA, prompts the students, probing as they consider the piece. "What words come to mind?" she asks. "How does this relate to the human body?" The onlookers begin to respond, coaxing out their own questions and uncertainties as they go. For almost 20 minutes, they discuss the sculpture, noting the artist's intent, analyzing the figure's rigid stance, weighing the historical context. Giacometti may have been influenced by the ravages of the Second World War, Slavin notes. How does this change the impact of the work? Should it?

Finally, she asks, "What does this piece make you wonder about?"

The group has come to the museum as part of the Medical Arts Program, one of only a few such programs in the country. Founded in 2009 by Joel Howell, M.D., Ph.D., the Victor Vaughan Professor of the History of Medicine, professor of internal medicine, of health management and policy and of history, science and the arts; and Sanjay Saint, M.D., the George Dock Professor of Internal Medicine and chief of medicine at the Ann Arbor Veterans Affairs Healthcare System, the program introduces medical students, house officers and faculty to the humanities and arts.

The mission may seem simple, but in its six years it's had a profound effect on its participants, many of whom credit the program with helping to shape them as doctors and as people. That's because the Medical Arts Program is much more than a getaway or escapism. It's an attempt to humanize medicine and

to bring the doctor-patient relationship back into the spotlight.

Both Howell and Saint were largely influenced by the arts in their own lives. As a medical student at the University of Chicago, Howell was exposed to the city's performing arts scene through the generous gift of a donor, who supplied all internal medicine residents with tickets to the symphony and orchestra. Visits to shows and concerts bookended his studies and became part of his education. "The arts are magical," he says. "They take you out of one world and throw you into another."

Saint experienced a similar circumstance while on sabbatical in Florence from 2007 to 2008. He noticed that almost all the doctors were able to speak to their patients about music and art. For those doctors, art was a secondary vocabulary used to learn from and relate to their patients, and he envied their aptitude.

Saint and Howell had been colleagues for years, serving in the same division and on the same committees, but it was only during casual conversation that they discovered a mutual appreciation for the arts and humanities. It was a "constructive collision," as Saint describes. They both knew and understood that exposure to the arts creates well-rounded students, but they were perplexed as to why no one had directly approached it in the medical education environment.

"Artists have thought about some of the things that we do in medicine to a much greater extent than we have," Saint explains. "My thought was that it'd be nice if we could learn from artists and apply it to our work in order to help us be more humanistic."

"Great art is an insight into understanding what it means to be human — and to be human in every sense of the word: love, pleasure, religion, death," Howell agrees.

So, when they saw an opportunity to create such a program, "we grabbed it," Howell says.

The idea was to allow students and faculty to experience the arts with "scholarly rigor" in a setting outside the classroom or hospital. They sketched out an initial season of events, employing local galleries, performances and venues. To get the most impact, they decided that each event would include a meal and a discussion — ideally led by the artists or performers themselves.

"We weren't so much interested in producing art critics or historians as we were in producing physicians whose experiences with the arts made them better at being physicians," Howell says.

In fall 2009, they emailed medical students and faculty, proposing a lecture on medicine and the arts by Howell at The



Stephen Riutta reads the description of Beverly Pepper's 1969 sculpture, *Undiscovered Threshold*. **Opening spread:** Laurel Roberts stands in the UMMA Apse.



Trisha Paul examines *Standing Figure*, a sculpture by Alberto Giacometti.

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Earle restaurant in Ann Arbor.

Laurel Roberts (M.D. 2012), now a third-year internal medicine resident, entered the program in her first year of medical school and was captivated by the concept. “I kept going back,” she says. “I thought they were the greatest thing.”

The lecture was soon followed by a concert from the Berlin Philharmonic, a performance of Chekhov’s “Uncle Vanya” and trips to UMMA. And, with every new event, there came a bevy of learners.

Soon, word of this novel approach to medical education spread across the campus — and across disciplines. UMMA and the University Musical Society, or UMS, became official partners. The Health System’s Gifts of Art program, which provides art therapy to patients and families, offered its support as well.

Ken Fischer, president of UMS, invited the program to collaborate on a grant proposal from the Creative Campus Innovations Program through the Association of Performing Arts Presenters. Additional funding was secured from across the university and from the Doris Duke Charitable Foundation, which partners with the Creative Campus Innovations Program. Eventually, the foundation’s funding extended to three years.

“Students have no co-pay,” Saint says. “It’s great food, terrific conversation and superb events. We wanted to do things first-rate.”

Trisha Paul, a first-year medical student and ambassador for the program, commends its leadership for doing just that. “They put a lot of care into planning the events,” she says. “They know medical students have limited time; they want this two- to three-hour event to be an enriching and fulfilling experience for all of us.”

Paul was drawn to the program immediately. As an English major, she studied illness narratives and was fascinated by the interaction of literature and medicine. She did not expect, however, that she’d be able to continue exploring that relationship in medical school. She also didn’t expect to see a performance by Peter Sparling, a world-renowned modern dancer and the U-M Arthur F. Thurnau Professor and Rudolf Arnheim Distinguished University Professor of Dance, at the

very first event she attended.

A dancer herself, Paul was entranced by Sparling’s program. “I was able to think about muscles being used for different movement,” she says. “I connected the mechanical nature of the human body with the artistic form and watched how the body was relying on — and defying — its capabilities.”

Those connections constantly astound Jim Leija, director of education and community engagement at UMS. Having collaborated with the Medical Arts Program for the last four years, Leija is especially inspired by participants’ reactions to the performing arts. For Leija, Paul’s experience perfectly encapsulates the importance of the program. “It has such an impact,” he says. “That’s something we’ve tried to pull out in these experiences: What does it mean to be a medical student, to have all of this intense focus and training and have all these demands put on you and your body — and how is that paralleled in the kind of training and practice artists undertake?”

Roberts, now an ambassador for the program, echoes that sentiment. “One of the special things about the program is that you get a moment to reflect on what it is you do — you reflect on the very human aspects of medicine and the doctor-patient relationship,” she says. “I always walk out of the events feeling like I have this renewed energy to practice and to go to work the next day.”

Understanding the doctor-patient relationship is essential, but it’s often regarded as something learned through years of experience and practice — something that’s not always accessible to early-career doctors or students, Saint notes.

James Stanley (M.D. 1964, Residency 1972), the Marion and David Handleman Professor of Vascular Surgery and associate chair of surgery, joined the Medical Arts Program as a co-director in its second year. “The arts provide a basis for students to see and listen to a patient in a much deeper sense and encourage a richer view of the human condition,” he says. “And those things don’t necessarily occur when you’re sitting at a computer screen or looking at laboratory values that may define the disease — but don’t define the patient.”

Learning to appreciate patients as complex people — as “honest-to-God, living breathing human beings” — is a major tenet of the program, Howell says. And, he adds, it’s impor-

“**T**o understand art, you need to understand where it’s coming from, the same way you do with your patients.”

tant to realize that doctors are just the same: “You’re watching people being born; you’re watching people dying. And you’re reacting to it — you *should* be reacting to it. How do you go from a world in which you don’t cut people open to a world in which you do?”

One of the most direct ways the program grapples with questions like this occurs at the Joan and Bob Tisch Gallery of Modern and Contemporary Art at UMMA. There, participants are handed two paper tokens, one shaped like a heart and one bearing a simple declaration of “Yuk,” and are instructed to place them before works that inspire, challenge or even repulse

them. The participants are asked to explain their choices, and a long discussion often follows.

Slavin, who adapted this exercise from an activity developed by Mary Erickson, a professor of art education at Arizona State University, sees it as a way to encourage discussion and contemplation about works that might otherwise be ignored or scoffed at. “It’s about the process of investigation and reopening oneself after you’ve closed a door,” Slavin says. “So often it’s a moment of discovery — about rethinking a patient and their behavior or an initial diagnosis. Retaining that element of self-questioning is very important.”



Trisha Paul (left), Stephen Riutta (middle) and Ting Gou (right), a 2017 M.D. candidate and Medical Arts Program participant, discuss Joan Mitchell’s painting *White Territory*.

A favorite piece for this activity — and a piece that every museum-goer responds to in some way — is *Untitled (March 5th) #2*, by Félix González-Torres, an installation artist known for his minimal media. Composed of two burning lightbulbs hanging over a nail, their white cords intertwined, the piece is often mistaken for a work-in-progress or, more simply, as detritus. It's provocative; it's not easily interpreted or readily explained.

"But to understand art, you need to understand where it's coming from, the same way you do with your patients," Howell explains. "They have different backgrounds, different cultures."

After viewing, the participants are provided biographical information on González-Torres. His partner, Ross Laycock, was diagnosed with AIDS in the late 1980s, succumbing to it in 1991. Suddenly, a narrative begins to form — the bulbs are going to burn out, but not at the same time.

"When we saw that piece," Saint says, "you could see how [González-Torres] was struggling. It manifested in a way that spoke to all of us. In that moment, we were understanding his pain and suffering, and we were connected."

Grace Amadi (M.D. 2015) was struck by that narrative as well. "The most typical response was, 'I didn't even realize this was a piece of art.' I think that was my initial opinion. But this very common, everyday thing conveyed such a complex story."

Amadi realizes that anecdotal information is not always revealed. "Sometimes you're never able to learn exactly why — or sometimes the 'why' doesn't help," she says. "But that's okay, because that's very realistic."

It's that ambiguity, she says, that so frequently occurs in the medical world. "[The program] gives you these experiences in

a safe, contained way, and, when those experiences happen to you [in medicine] — and they will — you have a foundation to build off of."

Still, many people ask about the necessity of the arts, says Roberts. Why not just attend a sports game or have dinners together to provide these types of experiences? Why does it have to be art?

"The reason," she says, "is that art inherently fosters self-reflection. It fosters contemplation about the human condition in a way a sporting event just wouldn't capture. That reflection is about you and about yourself within the greater context of humanity — and about yourself in relation to your patients."

Throughout the years, the program has been collecting various data on its participants' reactions and growth. Roberts, currently writing a paper on these findings with Howell and Saint, says that there's promising evidence to indicate that this approach to medical education is indeed having a positive influence. Students are coming back from these events with a renewed passion for their craft. There's also protection from burnout, which many students face in the wake of long hours and the constant absorption of information.

As many of the events have demonstrated, you don't even necessarily have to like art or have any background in it, Amadi says. You just have to be willing to approach topics from a different perspective.

"Art is a great educational tool," Amadi says. "It's like a forgiving patient: You can probe it and poke it and ask questions of it — and you can always learn from it." [M]

Mentoring Through the Arts

Grace Amadi, like Trisha Paul, was attracted to the Medical Arts Program because of her background in the humanities. An art history and human biology double major, Amadi took stewardship of the program early on, and began an internship with Slavin. The two became fast friends, and in October 2013 and 2014, they co-taught an elective

class at the Medical School, which took many cues from the Medical Arts Program.

"I've been consistently impressed with the mentorship at U-M," Amadi says. It's something the program takes very seriously and in more ways than one. The range in age and in experience of the attendees means bonds are commonly forged between pre-clinical and clinical students, which enhances the learning

process in ways that might not happen in everyday medical education.

Stephen Riutta, a first-year medical student, values that interaction. "The fact that there are house officers and faculty attending the events means it's a great way to see people outside of your class." More simply, he believes, it's a way to maintain friendships — and "disengage from the rapid pace of medical school."