

contrast to the standardized requirements of science.

Given the contrasts outlined it is not surprising that physicians and other health care workers have had a hard time encompassing both roles in their practice. The solution is often to restrict care to 1 of the 2 poles, curing or healing, but not both.

To be an effective curer and facilitate healing at the same time is a challenging task.

To be an effective curer and facilitate healing at the same time is a challenging task: this patient may be dying and I must remain emotionally present to that possibility and behave and communicate with the patient and family accordingly; at the same time, I must concentrate on inserting this femoral catheter so that we can perform the dialysis to treat his acute renal failure and possibly save his life, at least for now.

As may be apparent from this example, the enlargement of awareness required is significant, but can actually result in a decrease in the psychological tension that comes from identifying exclusively with curing or healing. However, our tendency is to restrict

awareness when we are faced with stressful situations.⁵

Physicians and other health care workers need to relearn¹ an important skill: how to retain a broad enough awareness to encompass simultaneously the needs of both curing and healing in stressful clinical situations. We might hope that this is the purpose of teaching

hospitals and clinical clerkships where students can see this process in action in a clinical setting. This does undoubtedly occur, but because medicine itself is unclear about these 2 roles and has tended to opt for curing at the expense of healing³ we have found that students' experiences in hospital can hinder, rather than foster their development as facilitators of healing.⁶ It is not only students, but faculty as well who need to learn how to encompass these 2 roles.

We believe that the key lies in bringing clarity and commitment to these 2 complementary aspects of medical care. We at McGill are exploring various approaches, including a focus on mindful medical practice⁷ and a new 4-year healing curriculum⁸ to foster the

healer role. In this way, the gateway to what we term whole person care may be fully reopened in the context of sophisticated 21st century biomedicine.

Tom A. Hutchinson MB

Director
McGill Programs in Whole Person
Care

Nora Hutchinson BA

Faculty of Medicine
Class of 2012

Antonia Arnaert PhD

Assistant Professor
School of Nursing
McGill University
Montréal, Quebec

REFERENCES

1. Kearney M. *A place of healing: working with suffering in living and dying*. Oxford (UK): Oxford University Press; 2000.
2. Mount B, Kearney M. Healing and palliative care: charting our way forward. *Palliat Med* 2003;17:657-8.
3. Cassell E. *The healer's art*. Cambridge (MA): The MIT Press; 1976.
4. Guggenbühl-Craig A. *Power in the helping professions*. Dallas (TX): Spring Publications; 1971.
5. Driskell JE, Salas E, Johnston J. Does stress lead to a loss of team perspective? *Group Dyn Theory Res Pract* 1999;3:291-302.
6. Allen D, Wainwright M, Mount BM, et al. The wounding path to becoming healers: medical students' apprenticeship experiences. *Med Teach* 2008;30:260-4.
7. Epstein RM. Mindful practice. *JAMA* 1999;282:833-9.
8. Boudreau JD, Cassell EJ, Fuks A. A healing curriculum. *Med Educ* 2007;41:1193-201.

REVIEW

Art is science made clear

Medical humanities visual arts have come of age in Canada through a special double issue of *RACAR: Revue d'art canadienne/Canadian Art Review* (2008:33 [1-2]), which provides a well-rounded mélange of 8 scholarly papers and 7 contemporary Canadian artists' projects.

These 2 parts inform and build on one another in, "Medical Tabulae: Visual Arts and Medical Representation," which is ably guest edited by Allister Neher and Mireille Perron.

The scholarly papers explore art and anatomy in the 19th century and more

recent artistic representations of the medical aesthetic. Written for an academic audience — the journal is, after all, the official publication of the Universities Art Association of Canada — the prose is sometimes quite laden by that queer variation of the English language: art-speak. Nonetheless, if you peel back the layers, the discourse is quite interesting.

The 3 historic papers delve into artistic representations of medicine such as the seemingly objective beauty of wax models, the human dimension of the anatomical atlas and an interesting arti-

cle on Sir Charles Bell (1774–1842), who made the science of anatomy and neurology accessible to artists striving to depict natural-looking bodies.

Four other scholarly essays look to the work of more contemporary artists. Of particular interest are Andres Serrano's controversial series of Cibachrome prints, *The Morgue* (1992), which depict unnamed corpses at an unspecified morgue. Author Andrea D. Fitzpatrick writes that Serrano's work has been aligned with the "renaissance and Baroque anatomy theatres where a subject's criminal status

was the warrant for their spectacular public treatment,” raising the question: What warrants Serrano’s treatment of these people?

Another essayist critiques the practice of self-representation in physical illness as exemplified in selected works by photographers Hannah Wilke and Jo Spence, each of whom had terminal cancer. Alternative views of self-representation are expressed in *Genetic Self-Portrait* (1997), Gary Schneider’s black-and-white photos of his chromosomes, DNA and body-part fragments and Theodore Wan’s photographic self-portraits in clinical and surgical settings, such as “Bromide Scrub for General Surgery” (1977).

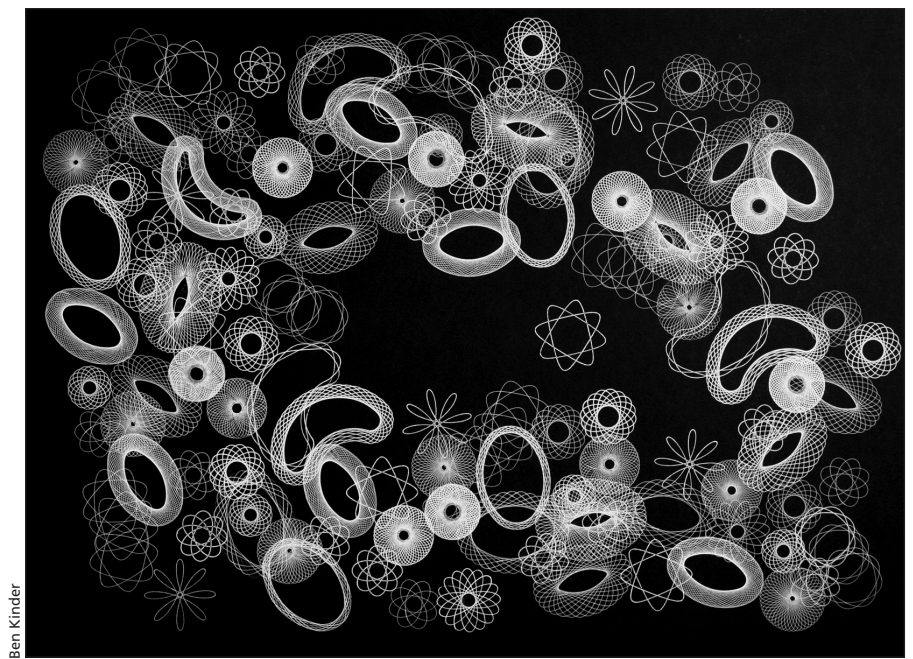
Florence Vinit, meanwhile, explores the concept of skin as an envelope and a “condition of our subjective existence.”

More accessible, and of more interest to this reader, is the second part of the journal, which features works of contemporary Canadian artists who use art to explore identity, illness, medical history and treatment.

Jeffrey Burns, who was diagnosed with young-onset Parkinson disease in 2002, offers an exquisite and intriguing response to illness. Using a range of images, such as complex plant roots and creeping vines, he represents the body’s interior in beautifully wrought gouache and ink on paper artworks. This representation imparts Burns’ notion that there is a “permeable boundary between organism and environment [which is] a dire reminder of the body’s vulnerability and of our connection to the natural environment.”

Nathalie Grimard likewise investigates issues of identity and illness. In what she terms an “empirical search for identity,” she asked strangers to take her photograph and complete a questionnaire about her — answers that are necessarily biased, being uninformed by fact. Her work mocks the supposed objectivity of science and creates new self-identities in each encounter.

Eveline Kolijn creates the first poem to be alive (word-proteins) in her entertaining and fetching DNA models (in mylar strips of printed words and chicken wire) of a protein from the bacteria *Deinococcus radiodurans*,



Ingrid Mary Percy, *Untitled (Corona varieta)* (2003). White ink on black acid-free paper. 55.9 x 76.2 cm. Confederation Centre Art Gallery, Gift of the artist, Victoria, BC (CAG 2006-7-2) “I made up the name,” writes Percy. “I was thinking about SARS and Corona viruses. Corona is Latin for crown or ring or wreath. This drawing depicts an imagined world of microorganisms.”

which is highly resistant to evolutionary drift.

Ingrid Mary Percy’s work offers a dramatic juxtaposition in its use of Spirograph (yes, the children’s art toy) to depict her view of electron micrograph images of anthrax, influenza A, tapeworms, etc., in an effort to neutralize societal paranoia and fear of the unknown.

Nicole Jolicoeur, Mireille Person and Cindy Stelmackowich’s artworks directly reference specific moments and objects that shaped the history of medicine.

Jolicoeur uses archival medical photographs of women, punctuated (almost punctured) by black holes, a rather obvious visual metaphor for medicine’s inability to truly know the patient.

Person recreates representations of 18th-century female anatomical models, drawings and notes using coloured threads stitched directly onto a wall. The stitching and drilling conjures domestic and surgical confluences in a feminist strategy to reclaim these images and the right to represent the female body.

Stelmackowich uses medical illustrations, reference books and laboratory

equipment to create aesthetically pleasing experimental sculptural assemblages that challenge us to “reconsider medical authority” (*CMAJ* 2007;177:1393-5).

While this issue of *RACAR* is certainly a good primer on this burgeoning area of art, it is, by necessity, limited in scope. Also limiting was the lack of colour images — a shortcoming no doubt lamented by the editors and authors. But more egregious was the linguistic barrier that persists between the artists and scholars and the lay reader. Thankfully, the works speak volumes.

While medicine has historically embraced the arts through media such as wax models and anatomical atlases, it is heartening to see the arts likewise engaged in medicine, following on Jean Cocteau’s observation in *Le coq et L’arlequin* that “Art is Science made clear.” This interdisciplinary approach continues to beautifully demonstrate that view.

Barbara Sibbald BJ
Deputy Editor
News and Humanities
CMAJ