

Art of medicine

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It is not wisdom to be only wise.
George Santayana

Last week a friend was diagnosed with a large mediastinal tumour that had collapsed part of his lung. The tumour was malignant. He was breathless. His surgeon recommended that the tumour and the affected lung be removed. Then he said, "You know, Pope Francis only has one lung."

What is the *art of medicine*? It is not a new term. It is half of the *art and science of medicine*, a phrase and concept that has defined our profession for many years. It implies we have one foot firmly planted in the art camp and the other rooted in science. What are the implications of this duality? What does the art of medicine really mean and how does it relate to the science of medicine today? Or is the art of medicine a constant and the science an ever changing variable? How will these 2 components of our profession move forward and relate to one another in our ever changing world? Kathryn Montgomery has argued in her thought-provoking book *How Doctors Think*¹ that the art-science duality is a false conception of what clinical medicine is and how clinicians practise it. Is the practice of medicine really what Aristotle termed *phronesis*—practical reasoning and wisdom based partly on science but mainly on experience and judgment (what we think of as the art)? These are some of the questions we want to explore with our readership as *Canadian Family Physician* launches a new section with an ancient connotation, the Art of Family Medicine.

Change is difficult but inevitable. Can the art of medicine assist the science to bring about change? Ignaz Semmelweis, an obstetrician working in Vienna in 1848, showed that doctors could, by washing their hands in a chlorine solution after doing autopsies and before examining pregnant women about to deliver, reduce mortality from puerperal sepsis from 12.2% to 2.4%. Semmelweis was right, but his writing style and manner were "repetitious, egotistical and bellicose"² and he could not bring about the immediate change in practice he fervently desired.

Today, with an abdominal sensor and the appropriate app, a person can immediately monitor their blood sugar and see its response to food, stress, or exercise. This advance has huge implications for patients' autonomy, their understanding of the disease, and their motivation to manage it. It also has huge cost implications

for downsizing laboratory medicine and personnel, and it is detrimental to the manufacturers of current systems for measuring blood sugar.

Could an understanding of the art of medicine have helped Semmelweis? Can the art and science of medicine help bring about huge disruptive change for the benefit of patients with diabetes?

Two novels from the 19th century were catalysts for tremendous changes in social justice: *Oliver Twist* and *Uncle Tom's Cabin*. Today, could stories, poems, essays, metaphors, similes, analogies, photographs, paintings, music, and dance have the power to bring about change? Specifically change in a doctor's understanding or attitude, a medical school's curriculum, a nation's acceptance, a patient's behaviour?

Oliver Twist and *Uncle Tom's Cabin* are like big miracles, hard to miss. What about learning to see little miracles—or in our case little art-of-medicine moments—and, having learned to see them, learning to apply them for a patient's benefit or for the greater benefit of society?

Family physicians tend to think deductively. Perhaps art can help us to think inductively—to take a solution to a single problem and apply it to a larger population for the greater good. A former president of the College of Family Physicians of Canada, Stephen Hart, observed a tragedy resulting from not wearing a seat belt and took on the responsibility of implementing seat-belt legislation in his home province.

With the launch of the Art of Medicine section, we are going to publish a series of solicited contributions that will explore art-of-medicine moments and how they relate to the science of medicine. Or, to use Kathryn Montgomery's concept, to explore how the arts contribute to a clinician's "practical reasoning."¹ Contributors will use different art forms and different approaches to achieve this end. We hope that these articles will, in time, stimulate readers to submit their own art-of-medicine pieces using different art forms and approaches to extend our practical wisdom and to complement the care of our patients, much as the surgeon's Pope Francis reference in the opening anecdote was a complement to the surgery. 

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References

1. Montgomery K. *How doctors think. Clinical judgment and the practice of medicine*. New York, NY: Oxford University Press; 2006.
2. Baskett TF. *On the shoulders of giants. Eponyms and names in obstetrics and gynaecology*. London, UK: Royal College of Obstetricians and Gynaecologists Press; 1996.

Cet article se trouve aussi en français à la page 740.