

Literature and the Arts in Medical Education

Johanna Shapiro, PhD
Feature Editor

Dean Gianakos, MD
Associate Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Appreciation of the Aesthetic: a New Dimension for a Medicine and Movies Program

**Silvia Quadrelli, MD, PhD, MEd; Henri G. Colt, MD;
Guillermo Semeniuk, MD**

During medical school and post-graduate training, students must acquire technical skills and scientific knowledge, but there is also a need to nurture many of the humanistic qualities and behaviors that enhance good doctoring. Although these are conventionally learned on the wards with various degrees of success using traditional apprenticeship and mentoring relationships, medical educators continually explore novel ways with which to provide students the resources necessary to become morally, ethically, and emotionally healthy physicians, professionals

whose social responsibility is to advocate for peace, justice, patient well-being, and respect for an individual's human rights.¹⁻³

Like many others, therefore, we invite our senior medical students and house officers at the University of Buenos Aires, Lanari Institute to participate in a monthly Medicine and Movies program where feature films and movie vignettes are used, not only to illustrate specific clinical and epidemiological aspects of medicine but also to promote discussions of professionalism, compassion, medical ethics, and social injustice. By mixing thoughtful scripts, good acting, evocative cinematography, skillful direction, and expert production with good entertainment, mindful of at least some of the younger generation's visual cues, codes, and values, we learned how valuable and effective movies can be to ignite students'

enthusiasm for learning and promote reflection about more than just clinical issues.⁴⁻⁷

We noticed, for example, that recent films such as "Yesterday," "Mar Adentro," "Wit," "Two Weeks," "The Barbarian Invasions," or "The Diving Bell and the Butterfly" prompt students to identify with both the characters and the story, creating an opportunity for them to recognize that patients are fellow human beings trying to make sense of their lives. In fact, group discussions after the films evolved more around the emotions displayed by the characters in the films than about the clinical scenario portrayed, causing many students to recall personal experiences within their own families and medical encounters. Deep feelings of insecurity and frustration were thus shared regarding their own relationships with patients,

(Fam Med 2009;41(5):316-8.)

From the Instituto de Investigaciones Médicas Alfredo Lanari, University of Buenos Aires (Drs Quadrelli and Semeniuk); and Pulmonary and Critical Care Department, University of California-Irvine (Dr Colt).

colleagues, and authority figures that might otherwise have gone unspoken.

To avoid an over-emphasis on the exchange of personal feelings, and to better frame debates about moral, ethical, and social issues identified in each film, we enhanced our interactive post-film discussion sessions by providing our students with several challenging questions and suggested readings prior to viewing the film. We also sought the assistance of a professor from the University of Cinema in Buenos Aires to provide attendees with background information about a film's director, cinematic heritage, and the film's historical context. Technical elements such as stylistic and visual aids, use of lighting and color to create a mood, cinematography, and storyboard composition are also reviewed before a film's projection.

Although our major purpose is to help our students critically appraise the clinical relevance of a film's story,^{8,9} our secondary objectives are for them to also appreciate the technical features and overall aesthetic values of each film. Although one might question the relevance of including an aesthetical analysis of film in a Medicine and Movies curriculum, we rapidly discovered that our students are particularly enthusiastic about these technical and aesthetic features. They tell us that knowing the personal and professional history of a film's director and having an informed awareness of how a film works or why a scene is shot in a certain way helps them "appreciate the art of film-making, and understand with greater depth many of the finer points of a movie's message that might otherwise have been missed."

For example, while watching the film "Yesterday" (directed by Darrell Roodt, South Africa, 2004), a beautiful, first internationally delivered Zulu-spoken film that narrates the story of "Yesterday," a young woman infected with HIV by her

husband, and living nearly alone in her husband's Zulu village, students reflected on the appropriateness of the way informed consent for HIV testing was obtained in the film and about the way the main character in the film was told by a doctor that she was infected with HIV. They also reflected on social policies and the role of government to assure health care access, pondering whether governments have legal and moral obligations to assure their citizens' right to health care. They debated on "why 'Yesterday's' disease was so devastating when AIDS has become a controllable, chronic disease in Western countries." A rational, evidence-based approach to this debate was facilitated by providing students with summaries of the United Nation's Declarations and Pacts About Human Rights, articles about the right to health care, World Health Organization health care economics, AIDS in Africa, and the controversy surrounding drug patents and medication delivery in developing nations. In addition, discourse regarding the film's aesthetics included a debate about whether the filmmaker had intentionally used landscape, time, and color to portray a sense of loneliness, despair, human pride, beauty, and courage in the film's protagonist.

Translated to the clinical setting, students thus learn that there is a personal story behind every patient and that illness is not just a thing to be diagnosed and treated. Film portrays the patient narrative, and watching film, our students tell us that such narratives remind them of the fragility of the human journey. Some of our students tell us that an appreciation of the aesthetic value of a film helps increase these personal sensitivities.

We submit that artistic knowledge and sensitivity contribute to personal and professional growth by enhancing our students' understanding of situational ethics and human suffering. Being cognizant

of the reasons and realities behind an individual's actions and emotions helps engender tolerance, a virtue which, in turn, allows us to nurture the compassion, empathy, and respect that are necessary to good doctoring.¹⁰⁻¹² Whether it be through the paintings on the walls of the Lascaux caves, drawings by Matisse, music by Gershwin, or writings by Miguel Hernandez, Bashō, or Rimbaud, effects produced from an appreciation of art's aesthetic values have the potential to incite a greater understanding of who we are and an understanding that no matter our individual suffering and mortality, something of the world continues living.

In the John Boorman film "Beyond Rangoon," for example, the female protagonist is a young doctor who has ceased practice after the murder of her husband and son. Leaving on vacation to Myanmar, she witnesses first hand the murders and human rights abuses by the military government. Escaping with friends to a crowded refugee camp in Thailand, she is asked "Who are you?" "I am a doctor," she replies unhesitatingly. Her personal identity is suddenly rediscovered, and the film ends with an image of her putting on a pair of gloves to assist, she says, "as long as I am needed," in the care of the wounded.

The beauty of this particular scene is in the way professional obligations and noble personal moral values come together on a background of senseless human suffering. We cannot assure, however, that developing aesthetics sensitivity will nurture the moral and ethical development of our students or make them better doctors. One is reminded, for example, of the perverse relations of Nazi power with art, whether in painting, music, or cinema and that the aesthetic is often regarded as a sphere of amorality among critics of late imperial Rome. History has sadly shown that an oppressor's appreciation for the aesthetic does not

prevent the committing of horrible and universally unethical acts of human cruelty.¹³

If medical education were viewed solely as a process through which to teach competency-based elements of a profession, such as technical skill, knowledge, and professionalism, the inclusion of aesthetics might not make much sense. According to the UNESCO Declaration, however, one of the university's missions is to help protect and enhance societal values by training young people in the values that form the basis of democratic citizenship and by providing critical and detached perspectives to assist in the discussion of strategic options and the reinforcement of humanistic perspectives.¹⁴ Whether it is through film, art, literature, dance, or music, we agree, therefore, with Tyler, that an appreciation for the aesthetic enhances a student's perception of life.¹⁵

We submit that knowledge acquisition can and should be structured to help initiate and sustain creative thought as well as provide a renewed framework for judge-

ment because knowledge is itself multifaceted, containing cognitive, technical, affective, and experiential elements. If, in addition to enhancing the cognitive and technical components of health care delivery, one of our missions is to reinforce humanistic perspectives, offering course material that encourages an appreciation of the aesthetic might certainly craft a more thoughtful, aware, and sensitive person.

Corresponding Author: Address correspondence to Dr Colt, University of California, Irvine, Pulmonary and Critical Care Medicine Division, 101 The City Drive, Building 53, Room 119, Orange, CA 92868. hcolt@uci.edu.

REFERENCES

1. Code of Medical Ethics of the American Medical Association. Council on Ethical and Judicial Affairs. 2006–2007 edition. Chicago: American Medical Association, 2006.
2. Wear D. Professional development of medical students: problems and promises. *Acad Med* 1997;72:1056-62.
3. McCurdy L, Goode LD, Inui TS, et al. Fulfilling the social contract between medical schools and the public. *Acad Med* 1997;72:1063-70.
4. Faulkner LR, McCurdy RL. Teaching medical student social responsibility: the right thing to do. *Acad Med* 2000;75:346-50.
5. Blasco PG, Moreto G, Roncoletta AF, Levites MR, Janaudis MA. Using movie clips to foster learners' reflection: improving education in the affective domain. *Fam Med* 2006;38(2):94-6.
6. Pescosolido BA. Teaching medical sociology through film: theoretical perspectives and practical tools. *Teaching Sociology* 1990; 18:337-46.
7. Alexander M, Hall MN, Pettice YJ. Cinemeducation: an innovative approach to teaching psychosocial medical care. *Fam Med* 1994;26(7):430-3.
8. Lepicard E, Fridman K. Medicine, cinema, and culture: a workshop in medical humanities for clinical years. *Med Educ* 2003;37:1039-40.
9. Coles R. The call of stories: teaching and the moral imagination. Boston: Houghton Mifflin, 1990.
10. Rinpoche CN, Shlim DR. Medicine and compassion. Boston: Wisdom Publications, 2006:37.
11. Bellini LM, Shea JA. Mood change and empathy decline persist during 3 years of internal medicine training. *Acad Med* 2005;80:164-7.
12. Marcus ER. Empathy, humanism, and the professionalism of medical education. *Acad Med* 1999;74:1211-5.
13. Siebers T. Hitler and the tyranny of the aesthetic. *Philosophy and Literature* 2000;24(1): 96-110.
14. UNESCO. Déclaration Mondiale Sur L'enseignement Supérieur Pour Le XXIème Siècle: Vision Et Actions. Document adopté par la Conférence Mondiale Sur L'enseignement Supérieur. Paris: UNESCO, 1998.
15. Tyler RW. Basic principles of curriculum and instruction. Chicago: University of Chicago, 1949.