When I was a first year at Harvard Medical School, I was sent an email publicizing a new elective course called “Training the Eye” which promised to integrate the two seemingly disparate areas of art and medicine in a way that would be clinically meaningful. I was immediately intrigued. As a former creative writing major in college, I had been feeling starved for the rich cross-pollination of the sciences and humanities that I had taken for granted as an undergraduate in a liberal arts college. So I signed up, committing the rest of my Friday afternoons for the rest of the spring semester without a regret.

On our first day of the class, Dr. Joel Katz, an Infectious Disease doctor, and Dr. Shahram Khoshbin, a neurologist, both on staff at the Brigham and Women’s Hospital, introduced us to two art educators affiliated with the local Museum of Fine Arts. We quickly found that this partnership was hardly just cosmetic: we would begin every day with an hour and a half-long jaunt through the MFA, where the educators would stand us in front of artworks that varied from Joseph Mallord William Turner’s Slave Ship to Jackson Pollock’s Number 10. Using a teaching technique called “Visual Thinking Strategies”, a methodology that uses art discussion to develop critical thinking, communication skills, and visual literacy, they would ask us to contemplate what we saw for over thirty minutes per painting. We practiced inspecting, verbally describing, interpreting, and actively building on others’ analyses of artworks that were pre-selected to strategically exercise fine arts concepts linked with medical didactics.

The educators always pushed us to explain our observations. If we said that we thought that a young woman in Paul Gaugin’s Where Do We Come From? What Are We? Where Are We Going? looked unsettled, they’d ask us to tell them what exactly about the painting made us feel that way. We learned through this kind of rigorous study to examine both holistically and cautiously, to look with attention, and to ground our observations in actual detail.

Midway through each afternoon, our class would walk back to our medical school’s amphitheatre, where we were treated to cutting-edge lectures that allowed us to apply these visual techniques to medical problems. Our introductory lecture with Dr. Amy Ship, a primary care physician with a master’s degree in art history, was about understanding line, shape, form, space, color, and texture by watching her formally analyze Vermeer’s Young Woman With a Water Pitcher. Over the course of the next few sessions, we saw how a nuanced physical examination could yield insights into skin rashes and neurological disorders. We were visited by a patient with a frozen diaphragm, whose subtle paradoxical inspiration we wouldn’t have intuitively even a month ago. We confronted the limita-
tions of our own deceiving eyesight when reading an ambiguous chest x-ray.

When we were at the halfway point of the course, we were each presented with a beautiful sketching notebook and a set of pencils and asked to spend our entire weekend with an artist and live models in a studio in Harvard Square. We sketched faces, lines, furrows, and expression. We did slow, luxurious drawings. Then we did five-second sketches while our model continually changed expression, trying for the minimum number of lines that would sufficiently capture it. We practiced depth and contour. We stopped rattling away and drew in silence. This session taught me that understanding the bare bones of human expression could be extremely useful, and taught me to recognize expressions in feelings in patients who are less forthcoming. In the current age of rushed, five-minute consultations, with so little time to speak to the patient, such visual clues are as important in what they tell you.

When people hear about this course, whether at a scholarship interview or at a cocktail party, they always want to know what is so special about the relationship between art and medicine. They ask me to explain the synergy, to prove to them decisively that it’s more than a whimsy. But it’s hard. What I learned that spring is that the ways in which art serves us science-minded folks are multitudinous and comprehensive.

My classmates and I learned to see methodically. We learned to let our egos go and discovered that there are often multiple interpretations to a given artwork, and to carry that further, a patient presentation. We learned to respect each other’s perspectives and opine as a team. We understood how something visual, whether in a paint-

ing or a patient, can provoke strong emotions which we can engage with while remaining rational and objective in our analysis. After the class, I felt much more confident in my ability to walk into a room and make a quick visual assessment of my patient, their pain level, their sudden change into becoming more unwell—skills that I believe are important for junior doctors who see inpatients the most often.

Meanwhile, Dr. Katz uses visits to the museum as a conduit for conversation about difficult subjects—death, illness, coping—with his internal medicine residents at the Brigham. He believes that physician burn out is prompted, in a large part, by the profession’s refusal to openly accept and engage with the tumultuous emotions that arise on a daily basis while taking care of patients. He models to his residents that an embrace of quiet reflection and conversation with peers can be a lifelong practice to gird against such fatigue.

But perhaps the biggest takeaway was in appreciating how art had power, not in its focus on outward appearance, but in how it inspired inward significance. That art, like literature and music and theater, has the ability to bridge the distance between the factual and the personal. Such art, imbued with the very real emotions and circumstances of its artist’s life, speaks to us about the same truths—life, birth, hardship, adversity, change, love, pride, movement, illness,
death— that we encounter on a daily basis on the hospital wards. And by shining a light on these truths in the hallowed marble walls of a beautiful museum, we are allowed a valuable outlet through which we can meditate on our life’s work.

REFERENCES