Art and Medicine

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Medicine has long been described as an art. Science is science, but medicine is innately more. There is a human element to caring for another that brings new meaning to applying scientific knowledge. My path to art has been convoluted.

I have always been passionate about art, though I gravitated more towards performance than visual mediums. I was a musician from childhood through high school. Once I matriculated to college, music took a backseat to the academic course load of a pre-med student. After a year of hitting the books constantly, I yearned for creative release and began teaching art classes to young children as a volunteer. Within the first week, I immediately fell in love. This art class provided a much-needed equipoise to my 100% science schoolwork, and I continued to teach art throughout my undergrad years to balance my life.

When starting medical school at Stanford, I again went through the same process of searching for balance. Fortunately, the medical curriculum here has built-in flexibility to allow students to pursue interests outside the classroom. This past year, I had the privilege of taking the inaugural quarter of “Art and Anatomy Studio” headed by Dr. Sakti Srivastava of the Department of Clinical Anatomy. The course offered several “tracks” to choose from: Drawing & Painting, Graphic Design, and Art History. I, with four of my classmates, chose Drawing & Painting. The course was structured in two parts. The first was an hour-long lecture each week on various topics related to art and anatomy. This gave us a thorough overview of the breadth of art-related medicine and medicine-related art. We analyzed old anatomical drawings as a group, reflected on our own experiences with art, and heard from an impressively diverse group of speakers, including surgeons-turned-artists and medical illustrators. The second part of the class was ‘studio time.’ Each track featured a mentor who met with students for four hours each week over the course of the quarter. For the Drawing & Painting track, we commuted to a local atelier every week where we would sketch a live model.

Working in the art atelier of Linda Dulaney, I became reacquainted with the human form. I learned how to build up a form piece by piece, by breaking down its major elements into progressively smaller details. The first few sessions were slow-going. We started with the most basic elements of form, using large single strokes—often only three or four—to represent the entire structure. Each large stroke was then gradually broken down into smaller and smaller angles, until eventually a true form developed.

My natural tendency was to look at a form and draw what I thought was there. The deltoid sits
on the shoulder, and it has this characteristic shape and structure. I would often find myself looking at my anatomically correct drawing and finding that something was just not right. My mentor would come over and always say the same thing, “Look at the proportions of the forms. Look at the perspective.”

**Perspective!**

That’s what I had been missing. When we learn about the human form from textbooks, we see images in a standardized plane. The chest is shown straight on, the body in anatomical position. We seldom think about perspective.

When evaluating a patient, perspective is crucial. Illness must be treated in the context of a person’s life. A diagnosis of stage I ductal carcinoma *in situ* of the breast might warrant aggressive therapy in a 24-year-old graduate student, while the same diagnosis may lead to a ‘watch and wait’ approach in a 75-year-old with dementia. If we do not consider diagnoses through the perspective of the patients’ lives, we risk providing inappropriate treatments that would do more harm than help.

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During my art classes, I realized that years of science courses had programmed my brain to fill an empty shell with information I thought should be there. After blocking out the face in my drawing, I found myself filling in the details—eyes, nose, mouth—from memory, only to find that it looked completely wrong and unnatural. Why were the eyes the same size on paper, when my vantage of the model made one eye appear larger than the other? This was very similar to an encounter with a patient whose diagnosis I knew beforehand.

*A patient presents to the hospital with heart failure. Okay, then I will probably see an elevated jugular venous pressure (JVP), peripheral edema, a displaced point of maximum impulse, and so forth. Having such a pre-determined idea of a patient, or of an image I am drawing, prevents me from keeping an open mind as a doctor-in-training. Expecting to see an elevated JVP in my heart failure patient might completely blind me to the fact that the patient has a laceration on his foot that may be a point of entry for infection. Even when a patient has a ‘classic’ presentation of an illness, I must approach his or her care with an open mind and without bias. Again my art class was reinforcing a recurring theme: we treat patients, not diseases.*

Rather than my usual routine of multitasking and learning as much as I can, during studio time my mind was focused on just one task: to convey on paper the person sitting in front of me. All the racing thoughts in my head would quiet for a few hours each week as I drew line after line. As a physician-in-training, I am constantly bombarded by a barrage of information, so much information that it seems nearly impossible to even go through it all once, let alone remember most of it. When I see patients, I work as a data-gatherer, leafing through a patient’s history and labs to find clues that may help me formulate a differential. Throughout this process, I sometimes lose sight of why I came into this profession in the first place—to help and heal others.

In Art and Anatomy, my protected ‘studio time’ each week doubled as a sort of meditation. I felt more refreshed, clear-minded, and ready to tackle my to-do list in the weeks I went to studio. Having a creative release to balance out a de
manding medical course load was restorative. Even now, I find myself wanting to draw to clear my head, and I often do.

The thing that resonated most with me from this art course was the instruction: *Look at the gesture of the form.*

In medicine, we sometimes look at a patient’s gesture if it is relevant to a chief complaint. For the patient with the unsteady gait, which way is she leaning her weight? Is she unable to use certain muscle groups? In art, gesture conveys much more than a purely mechanical element. Gesture encompasses physical form, emotion, intention, strain. What is the intention of a movement, or of the placement of a hand? What is a person conveying by the way he is seated? Is there strain in the contortion of his form?

The art and anatomy course taught me to retrain my eyes and mind to look at the human body from a completely different perspective. I was no longer looking at a person from a mechanical perspective, or even a functional one as I usually do, but from an aesthetic and gestural one. Each ‘flaw’ in a person tells a story. It makes the person uniquely him. It is sometimes easy to forget that your patient is a person, rather than a collection of facts and lab values. As we continue into our clinical years, working long hours, changing services every few weeks, studying every free moment we get, it will become even easier to see a patient as his diagnosis, instead of as a person suffering from disease. Stepping back and looking at a person’s entire form brought me back to the human aspects of why I chose to become a doctor. I find myself much more cognizant of gestures now. Not only do I pay close attention to a patient’s gestures during an encounter, but I also examine my own. My own gestures and perceived interest in a patient’s well-being are just as important as my clinical assessment of a patient’s physical state. When I take a patient’s history, I sit more alert and attentive. I hope my patients realize I value what they share with me. As I conduct a physical exam, I move with intent, so that patients are confident in my abilities as a provider. Medical care can only be as effective as the strength of the doctor-patient relationship, which is becoming increasingly strained with shorter, more infrequent visits. Keeping alive the art of medicine is more important now than it has ever been, both to sustain our relationships with those we care for and to sustain ourselves as we ascend in this rigorous profession.

Anatomy sent me to art to rediscover the human form. That experience restored equilibrium to my life in medicine. I am poised now in my approach to my craft. The further I go in my training, the more I realize that the art of medicine lies in both how I approach my patients and how I sustain myself.

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