

The Arts in Medicine is a regular series that explores the contribution that writers and artists make to an understanding of medicine that cannot be found in textbooks.

We invite you to read the passage presented this month and think about the issues raised by the author.

We invite contributions to this section from our readers.

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Medicine, the Arts, and Society

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To not merely cure, but to heal.

EDMOND PELLEGRINO, the American physician and ethicist, says, "Medicine without compassion is mere technology, curing without healing."¹ How can we learn the art of healing?

The arts mirror society. Man's diverse interactions, our cultural heritage, and the full range of emotional display can all be observed in the arts. As physicians, can we ignore this vast resource chronicling the past, the present, and glimmerings of the future? The artist, author, or composer can engage us simply or enthrall us with the complexity of color and shapes, irony and paradox, harmony and dissonance. They all can develop themes and stories full of rich detail and meaning that inform and entertain. They can produce great works that captivate, their multiplicity inviting and at the same time resisting our craving for clear understanding. Further, we can learn from the arts and discuss, or reflect, in quiet; "freed from responsibility for consequences, the reader can explore his

or her response to the action in new ways."²

Seeing Old Things in New Ways

Walker Percy, the American physician, philosopher, and novelist, has written about the process of defamiliarization,³ the recovery of reality that comes from reading fiction. Frequently, in our profession, recurrent situations lose their significance. An important role of literature is to present situations so that we can see them clearly through the author's eyes.

When I was near death,
these little nurses
stripped me naked
and bathed me.

When it appeared
I would live,
they covered
my loins
with a sheet.
When I learned to sit up
and drink consomme
through a straw,
they somehow managed
to wash my back
without removing
my pajama jacket.
Now that I can walk
to the sink and back
without falling,
they knock loudly,
pause,
before slowly opening

the door
of my room.⁴

In "Escape from Eden," the Canadian poet Alden Nowlan describes a scene that is very familiar to us, and yet it is a revelation. Who would have thought of wanting to escape from paradise! But the paradox in the title raises an important issue. Are patients comfortable with naked dependency or do they want clothed respect? Do we discuss this issue with them, and if we don't, are we doing them a disservice?

Global Village

We live in a pluralistic society, and to understand patients from different backgrounds, we must appreciate their culture and religion.

On a withered branch
A crow has settled
Autumn nightfall.⁵

A little while and I will be gone
from among you, whither I cannot
tell. From nowhere we came, into
nowhere we go. What is life? It is
as the flash of a firefly in the night.
It is as the breath of the buffalo in
the winter time. It is as the little
shadow that runs across the grass
and loses itself in the sunset.⁶

Yea, though I walk through the
valley of the shadow of death, I
will fear no evil: for thou art with
me; thy rod and thy staff they
comfort me.⁷

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O death, where is thy sting? O grave, where is thy victory?⁸

Basho, Crowfoot, King David, and St. Paul have written perspectives on death and dying. If we are familiar with their writing, will we be able to care more effectively for patients from the Zen, Native American, and Judeo-Christian traditions?

Physicians (an author's perception)

I have pitied doctors from my heart. What does a lovely flush in a beauty's cheek mean to a doctor but a break that ripples above some deadly disease? Are not all her visible charms sown thick with what are to him the signs and symbols of hidden decay?

Does he ever see her beauty at all, or doesn't he simply view her professionally and comment upon her unwholesome condition to himself? And doesn't he sometimes wonder whether he has gained most or lost most by learning his trade.⁹

These are the comments of a famous 19th-century American novelist. Are they relevant today? Do we see disease and not the person with the disease? In our great technological advances, have we become tradesmen and, if we no longer see beauty, have we lost more than we have gained?

The Arts and Healing

Once there was a lady whose husband was dying of cancer. Together, in bed, she read him Chekhov. She continued to read to him after he lapsed into a coma. He died and in the following days all she could do was to listen to Edith Piaf. Then gradually she began listening to the songs of Robert Schumann, then Franz Schubert. Finally she announced, 'I have listened to Beethoven's 5th Piano Concerto' and she resumed her life.

The Physician's Role

The Canadian novelist Robertson Davies has written several trilogies. The first book in his Deptford Trilogy is entitled *Fifth Business*. The term comes from opera and refers to the person who does not have a leading role, but who is necessary for the resolution of the drama. As physicians

we are often fifth business in our patient's dramas.

Do We Need the Arts?

Edward Shorter, an historian from the University of Toronto, asks the questions: Why have patients come to distrust their doctors in recent years? Why do doctors, once venerated for their healing powers, now face a scourge of malpractice suits and a prospering industry of alternate healers, . . . even though medical science has made enormous advances during the past half century in its ability to diagnose and cure disease? Dr. Shorter sees our disease-centred system at the heart of the problem. The solution involves listening to and understanding the patients' needs.¹⁰

The arts can help defamiliarize our clinical encounters, expand our appreciation, and reveal our role. The "inner education"¹¹ the arts provide can restore the balance in medicine, for, in the words of Dr. Shorter, "only if medicine can stretch sufficiently to be both an advanced science and a healing art will it successfully fulfill its ancient aspirations."¹⁰

References

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4. Nowlan A. Escape from Eden. In: *Bread, wine and salt*. Toronto: Clarke, Irwin and Co. Ltd., 1967:74.
5. Basho. Henderson HG, ed. *Haiku in English*. Rutland, VT: Charles E. Tuttle Co., 1967:18.
6. Crowfoot. Wookcock G, ed. *Faces from history*. Edmonton: Hurtig Publishers, 1978:122.
7. Psalm 23:4 (King James Version).
8. I Corinthians 15:55 (King James Version).
9. Twain M. *Life on the Mississippi*. New York: Signet Classic, 1961:68-9.
10. Shorter E. *Bedside manners*. New York: Simon and Schuster, 1985:259.
11. Osler W. *Aequanimitas*. London: H.K. Lewis and Co., 1930:475.

Stieva-A*

Tretinoin

Indications: Treatment of acne vulgaris, primarily where comedones, papules and pustules predominate.

Dosage and administration: Stieva-A should be applied to the affected area once a day before retiring. The area under treatment (not just clinical lesions) should be thoroughly cleansed with a mild soap, such as Acne-Aid® Soap, and dried, followed by application of Stieva-A with gentle rubbing motion. Application may be accompanied by a transitory feeling of warmth or a stinging sensation.

In cases where it has been necessary to discontinue therapy or to reduce the frequency of applications, therapy may be resumed when the adverse effects have ceased. Reinstitution of therapy with Stieva-A has failed in many instances to produce the adverse effects previously encountered.

In some patients, during the early weeks of therapy, an apparent exacerbation of the acne lesions may occur.

Therapeutic results may be noticed after two to three weeks of therapy; however, results may not be optimal until after eight to ten weeks of treatment. Once the acne lesions have responded satisfactorily, it may be possible to maintain the improved state with less frequent applications.

Patients being treated with Stieva-A may continue to use cosmetics; however, the area of skin to be treated should be thoroughly cleansed and dried before Stieva-A application.

Contraindications: Stieva-A (tretinoin) is contraindicated in patients with known hypersensitivity to retinoids.

Warnings: Use in pregnancy: High oral doses of vitamin A acid in animals can cause fetal abnormalities. No drug-related, toxic or teratogenic changes have been seen in studies employing subchronic dermal application of tretinoin in the rat, mouse and rabbit. However, caution is advised in prescribing tretinoin for pregnant women or sexually active women who are unprotected against conception.

Do not apply to eyelids or to the skin at the corners of the eyes and mouth. Avoid the angles of the nose and naso-labial fold (if treatment in these areas is necessary, apply very sparingly). Topical use may induce severe local erythema and peeling at the site of application. If the degree of local irritation warrants, patients should be directed to use the medication less frequently, discontinue use temporarily or discontinue use altogether. Stieva-A has been reported to cause severe irritation of eczematous skin and should only be used with utmost caution in patients with this condition.

Precautions: Concomitant topical medications should be used with caution during therapy with Stieva-A because of possible intensified reactions. Particular caution should be exercised when using preparations containing a peeling agent concomitantly (such as sulphur, resorcinol, benzoyl peroxide or salicylic acid) with Stieva-A. It may be advisable to "rest" a patient's skin until the effects of previously used peeling agents subside before initiating Stieva-A therapy.

Excessive exposure to sunlight or ultraviolet rays (sun lamps) should be avoided during Stieva-A treatment, because the additional irradiation may lead to a more intense action. If a sunburn occurs, it is advisable to interrupt therapy until the severe erythema and peeling subside. Patients whose occupations require considerable exposure to the sun should exercise particular caution.

Clinical evaluation of the photosensitivity potential of Stieva-A in one short-term study has shown the preparation to be free of photo-toxic properties.

No therapeutic advantage will be obtained by using more than recommended amounts; marked redness, peeling and discomfort may occur.

Adverse reactions: The skin of certain sensitive individuals, particularly those with fair complexion, may become excessively red, edematous, blistered or crusted when exposed to Stieva-A. Pain, burning sensation, tenderness, irritation or pruritus have also been occasionally reported. If any of these effects occur, the medication should be discontinued until the integrity of the skin has been restored or the treatment schedule adjusted to the level the patient can tolerate. Temporary hyper- or hypopigmentation has been reported with repeated applications of tretinoin. To date, all adverse clinical effects of Stieva-A encountered have been reversible upon discontinuance of therapy. In many instances, reinstitution of therapy with Stieva-A failed to produce the adverse effects previously experienced.

Presentation: Stieva-A Cream: 25 g tubes containing 0.01%, 0.025%, 0.05% or Stieva-A Cream Forte 0.1% tretinoin; Stieva-A Gel: 25 g tubes containing 0.01%, 0.025% or 0.05% tretinoin; Stieva-A Solution: 50 ml bottles with snap-on applicator containing 0.025% or 0.05% tretinoin. Product monograph available upon request.

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