

# EDITORIAL

## Do the arts and humanities have a place in occupational medicine?

The tradition of links between the arts and sciences in medicine is long standing. Interest in them has been renewed in the UK through recent work of The Nuffield Trust [1,2]. Their report, *Arts, Health and Well-being* [2], noted that in antiquity, the Greek god Apollo presided over medicine, the arts and humanities. It drew attention to what, in our rapidly changing, insecure world, the humanities can contribute to humanitarian efforts, health and well-being. The ‘medical humanities’ were defined for this work as: ‘the study of human nature and the practice of compassionate concern for the advancement of mankind’s welfare’ [1].

The Windsor I and II conferences of the Nuffield Trust in 1998 and 1999 considered the arts and humanities in health and medicine. They noted that ‘medicine’ still requires for its practice the interdependent application of both ‘the art of the science and the science of the art’. These conferences identified the need for greater attention to be given to factors that help foster ‘ease’, as well as the traditional principal medical focus on ‘disease’ [2]. Recent developments in undergraduate medical education reflect this need. It has, for example, been reported that ‘if problem based learning is truly a vehicle for integrating knowledge across subject boundaries in order to understand a clinical scenario, there should be a wider view of the art and science of medicine than the one that currently prevails in the evidence base’ [3]. This broadened approach is supported by the General Medical Council, British Medical Association, Department of Health, Association of Vice Chancellors of UK Universities and some leading members of Parliament [1]. Elsewhere, too, such as in Scandinavia, North America, Japan and Australasia, there is renewed interest in the arts and humanities in health, medicine, medical building design and humanitarian work [1,2].

Arising from the Windsor conferences, in June 2000 the British Medical Journal Publishing Group launched a new journal, *Medical Humanities*. The Nuffield Trust also introduced an annual Nuffield Forum for the Medical Humanities, and helped to establish a Centre for the Arts and Humanities in Health and Medicine at the University of Durham. Other associated initiatives include the Association for the Literary Arts in Personal Development (LAPIDUS), established in 1996 with Arts Council support [4]. There is also now a National Network for the Arts in Health (NNAH) [5], an academic Association for the Medical Humanities, and academic centres in University College Hospital, London, the University of

Wales and Kings College, London. With the Nuffield Trust and the World Health Organization, a collaborative research and educational development programme, AESOHP (An Ecological Sense Of Healthy Place and Purpose), has been introduced [6]. It is based at the Centre for Health in Employment and the Environment, Department of Occupational Medicine, Bristol Royal Infirmary.

Renewed interest in the arts and medical humanities is relevant to practising occupational physicians. Large companies and organizations are recognizing the benefits of having a poet or other artist-in-residence. The findings of one small cost–benefit study estimated that if poetry reading and writing were widespread in the UK, the savings for annual direct health care prescribing costs of antidepressives could, at 1992 costings, be as much as £1.8 million [2]. Savings for post-operative pain relief and bed stay costs have also been shown for patients following cholecystectomy operations if they have a view from their hospital window [7]. It is therefore conceivable that among staff in different workplaces there could be roles in mental health and emotional well-being for visualization techniques, and virtual reality sound and visual view-scapes. Wider use of metaphor and imagery with the written and spoken word could also help to improve the quality of communication. Improved communication has recently been identified as a means of reducing the clinical workload of occupational physicians [8].

Attention to the quality of art and decor and to uses of artworks in the work environment might also help to alleviate stress and burnout, improve morale and emotional well-being, and reduce sickness absence [9]. But to justify their introduction, evidence is needed, particularly as the importance of psychosocial factors for health at work is increasingly recognized [8–10]. A community health gains model has been developed to help design audits for the worth of arts interventions in health care and for the emotional well-being of patients, the public and staff groups [11]. Practical examples of how the arts can be used to address cultural and social problems in society, such as alienation, frustration, anger, disruption, humiliation and dislocation and marginalization from employment, have been described [12]. In support of introducing art in workplaces, the American Association of Occupational Health Nurses has reasoned that occupational stress can be managed by addressing ‘aesthetic impoverishment’ through design changes in the environment and using art to soften images associated with buildings [13].

Other interventions involving the medical humanities are also relevant for occupational physicians. They include

ways of reducing fears and worries of patients by helping them to make sense of illness, identifying their information needs and those of their families and work colleagues, giving emotional support and supporting local mechanisms for clinical governance. We can direct patients towards productive social activities outside work with their associated health benefits. Occupational physicians can also improve understanding of the ways in which the aesthetic qualities of different environments can influence mental health and well-being [2,6,14].

The art as well as the science of what we do is important for occupational physicians. It deserves further inquiry, as applications of the arts and humanities can help people to have fuller, happier, more enjoyable lives. Occupational medicine welcomes art contributions that are relevant for the workplace and our work as occupational physicians. The special cover of this issue of the journal signals our interest. We can use the arts in many different ways to help improve the quality of support we give to our patients, staff, colleagues and the workforces for whom we are responsible. As T. S. Eliot noted: ‘. . . human kind cannot bear very much reality’ [15]. As occupational physicians, we can with the arts help to ease the burdens people carry.

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