

Rethinking the Art of Medicine: Why “Healing” is No Longer Sufficient

Aryeh L. Goldberg BA^{1,2*}

¹Feinberg School of Medicine, Northwestern University, USA

²The Graduate School, Northwestern University, USA

Rethinking the Art of Medicine: Why “Healing” is No Longer Sufficient

Medicine is widely understood as a dichotomous practice and multi-disciplinary skill. As is commonly expressed, it is one part *science* and the other part *art*. In fact, medical schools today have designed or reformed curricula to precisely reflect both sides of this coin while academic discourse has endeavored to decipher just how much of medicine belongs to one side or the other.

As I continue along my course of undergraduate medical training, I find myself intrigued by what we mean when we speak of this mysterious art. The “art of medicine”, a vague and uninformative phrase on its own, is often described alternatively as the “art of healing”. This elegant, albeit ambiguous, terminology resonates well with the ideals of medicine – to heal our patients and alleviate suffering – and effectively hints at the complexity doing so. In the noble pursuit of this ideal, the medical profession clings to the art of healing as the skill to be learned and mastered. However, I hope to suggest a more specific and appropriate understanding of this art that extends beyond the art of healing. I will further discuss how this modern reflection on an ancient phrase might contribute to the framework of current medical education and the goals of a student doctor.

In the July 2013 issue of the *Journal of the American Medical Association*, in an article titled “Interpreters or Teachers?”, Abraham Nussbaum lamented the practice in which physicians, “chiefly examine the electronic medical record and the laboratory and imaging results, instead of the patient herself.” He quoted the concerns of Abraham Verghese that, “the patient in America is becoming invisible” [1]. It is clear that 21st century medicine calls for something beyond the mere “art of healing”, if not a more profound understanding of the phrase. Our efforts to master healing per se and to educate future doctors toward that proficiency seem to entirely miss the point of what our 21st century patients require of us. The growing “invisibility” of patients in America may be but one manifestation of our misguided pursuit of an art that seeks only to eradicate disease and hardly enough to tend to its victims.

Interpreting this elusive art as an “art of healing” alone places the focus on the presence of pathology and the medical efforts to make the disease process vanish. However, if the *science* of medicine should occupy the domain of disease, then the art of medicine, at least in part, ought to inhabit the sphere of the patient. The art that physicians and students need to strive to master is the art of *empowering* – and not just healing – the patients in their care.

Society no longer reserves the physician for tending to the sick and dying. Of course, doctors are still called upon to heal, to alleviate suffering and, quite literally, to save lives. But the role of the medical professional has expanded considerably. With ongoing research in preventative medicine, the physician is now expected to maintain and promote health as well. Advances in pharmacology and medical technology have turned once-hopeless death sentences into chronic conditions to be carefully and dutifully managed over time. That very same technology has opened a Pandora’s box of complex clinical

decision-making, turning the physician into the patient’s teacher and personal medical advisor. As such, the dream of merely curing or *healing* has, for much of medicine, become a wish of the past while the goal of *empowering* patients to manage their health and endure their illness is increasingly becoming the hope of the future.

My colleagues and I, as students of this profession, need to take seriously the importance of mastering this art. How successful we are – that is, how good we become at communicating with and empowering our patients – will determine their outlook throughout their management and their ultimate medical and psychological stability.

The art of empowerment entails the ability to educate, to encourage and, most importantly, to serve as a trustworthy source of education and encouragement. Many studies have demonstrated the clinical benefits of artful communication and, consequently, effective empowerment. Blackstock et al. demonstrated just one example of the correlation between physician-patient trust and anti-retroviral adherence [2]. The study found that 77.3% of adherent patients reported high levels of trust in their physician, with only 46.4% of non-adherent patients reporting similar confidence. There are numerous examples of the tangible benefit to mastering this art but I would argue that the value of empowerment goes beyond its clinical import: It is critical from a bioethical standpoint as well.

In the 1981 Hastings Center Report, Eric Cassel suggested that the primary purpose of medicine is to restore autonomy to patients when disease has stripped it from them [3]. I would add that this might only be accomplished when both the science and the art function simultaneously. The science strives to annihilate the illness or hold it at bay, but the task is left to the masters of the art to recover a patient’s autonomy and self-worth in the throws of devastation. This formidable endeavor, described by Susan Gubar as “level [ling] the playing field between authoritative doctor and plaintive patient,” [4] is precisely the art of empowerment. In a separate piece, Cassel described the art to be the cultivation of a “partnership” between patient and physician [5]. However the relationship is to be labeled (the field of bioethics offers many such suggestions), building that trusting connection between the masterful physician and the empowered patient is exactly what physicians are called upon to do in this era of preventative, chronic and palliative care.

Undergraduate medical education seems the perfect place to

*Corresponding author: Aryeh L. Goldberg BA, Feinberg School of Medicine, Northwestern University W Melrose St, Chicago, IL Tel: 347-346-3370; E-mail: aryeh.goldberg@northwestern.edu

Received December 05, 2013; Accepted December 27, 2013; Published January 04, 2014

Citation: Aryeh L. Goldberg BA (2014) Rethinking the Art of Medicine: Why “Healing” is No Longer Sufficient. J Gen Pract 2: 140. doi: 10.4172/2329-9126.1000140

Copyright: © 2014 Aryeh L. Goldberg BA. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

generate discussion about the clear and defined nature of the mysterious art of medicine. Further, presenting it as an art of empowerment, rather than merely an art of healing, provides student doctors with a logical and bioethical framework in which to establish their own goals as clinicians as well as to make sense of a quickly evolving field.

This art of empowerment is essential to the practice of 21st-century medicine and to the cultivation of meaningful relationships between physicians and their patients. The sooner we label it appropriately, the closer we may come to teaching it and mastering it effectively. Only then may patients in America become “visible” once more.

References

1. Nussbaum, Abraham M (2013) Interpreters or Teachers? *JAMA* 310: 265.
2. Blackstock OJ, Addison DN, Brennan JS, Alao OA (2012) Trust in primary care providers and antiretroviral adherence in an urban HIV clinic *J Health Care Poor Underserved* 23: 88-98.
3. Cassel E (1981) The Function of Medicine. *Hastings Center Report* 7: 22-28.
4. Gubar Susan (2012) *Memoir of a Debulked Woman*, WW Norton and Company, New York, pp-94.
5. Cassell EJ (1977) Autonomy and Ethics in Action. *New Engl J Med* 297: 333-34.