Is Medicine also an Art?

Czy medycyna jest również sztuką?

Department of Humanistic Sciences, Wroclaw Medical University, Poland

Abstract

There is a strong belief that medicine is not only a science. However, if one asks what else it is, doubts appear. Taking into consideration contemporary thoughts over the art of healing, it seems that the answer may be found not only in ethics, but also in esthetics. What is esthetic participates in the medical perception of the patient’s body as well as in the diagnostic and therapeutic procedure. The art of healing is, on the one hand, an activity that restores the beauty of a human being, the integrity of the body, through the elimination of disease and of its effects, and on the other it is an activity in which esthetic values that require intuition, imagination, creativity, manual proficiency, diagnostic elegance, and the ability to use medical techniques are engaged. The art of healing is based on medical artistry understood as a perfect combination of manual expertise, perceptual ability, and intellectual proficiency equipped with imagination. Contemporary discussions over the medical practice emphasize above all exactly these esthetic conditions for practicing the art of healing (Adv Clin Exp Med 2010, 19, 1, 127–133).

Key words: art of healing, medical esthetics, philosophy of medicine.

Streszczenie

Istnieje głębokie przekonanie, że medycyna jest nie tylko nauką. Jeśli jednak chodzi o odpowiedź na pytanie, czym jest medycyna, pojawiają się wątpliwości. Wydaje się, uwzględniając współczesną refleksję nad sztuką leczenia, że można odnaleźć odpowiedź nie tylko w etyce, ale również w estetyce. To, co estetyczne uczestniczy bowiem zarówno w lekarskiej percepcji ciała chorego, jak i w poświęcaniu diagnostycznym oraz terapeutycznym. Sztuka leczenia jest, z jednej strony, działaniem przywracającym piękno człowieka, integralność jego ciała przez usuwanie chorób i ich znamion; z drugiej strony, jest to działanie, w którym uczestniczą wartości estetyczne, wymagające intuicji, wyobraźni, kreatywności, biegłości manualnej, elegancji diagnostycznej, zdolności posługiwania się techniką medyczną. Sztuka leczenia opiera się na lekarskim kunszcie, rozumianym jako doskonałe połączenie biegłości manualnej, zdolności percepcyjnych i biegłości intelektualnej wyposażonej w wyobraźnię. Współczesne dyskusje nad praktyką lekarską eksponują przede wszystkim estetyczne warunki uprawiania sztuki leczenia (Adv Clin Exp Med 2010, 19, 1, 127–133).

Słowa kluczowe: sztuka leczenia, kunszt lekarski, filozofia medycyny.

In contemporary discussions over the condition of the medicine, references to the notion of the art of healing are present more often in an ethical context than in an esthetic. The roles of those two references are important: not only do they provoke thoughts over ways of integrating medical knowledge and medical practice, but they also encourage addressing the issues of the doctor’s competence, his autonomy, and the cultural status of his profession. The source for evoking the notion of the art of healing is the constant need to validate the human side of medicine and the necessity to define the obligations that the doctor has with regard to the patient’s suffering and complaints of pain. However, according to different opinions, nostalgia for the art in medicine leads to a dead end because the art of healing is an empty notion today, filling the archives of the history and philosophy of medicine or, similarly to the fine arts, it issues declarations of its own death, leaves, to give the place to medical professionalism, medical sciences, and medical technology.

But yet when a reference to the art of healing appears, it is hard to underestimate the con-
text that strong binds diagnostic and therapeutic activities also with the esthetic sphere. However, taking up the issue of art in medicine, it turns out that for many the reason for taking it up is related to discerning the poet, the musician, or the painter in the physician and, as W. Wieland observes with light irony, one is not in bad company [1]. Therefore, this would be a totally unjustified speculation, due to which the philosophy of medicine was able to arrive at trivial and, moreover, doubtful conclusions. This is because the main reason for reflecting on the art of healing is to see esthetics deeply rooted in medicine: in medical activity, in the medical experience of the patient’s body, and in the results of the medical procedure. This outlines the contours of the subject of medical esthetics and at the same time it theoretically justifies it, with the reservations that G. Canguilhem expresses that “There is no need to add that it is, by no means, not about instructing anybody in any way, and to express a judgment about the medical practice” [2].

The art of healing as the object of reflection is typical for medical esthetics. This is not a field of thought with distinct profiles of its issues; it is more in the form of a different type of expression, scattered and chaotic. In contrast to the shaped territories of esthetic thought on other arts, understood as artistic, or, similar to them, practices, in which its objects and its notions, resolutions, and imposed conceptions are located, in which the directions and the coastlines of interpretations or analyses are set, medical esthetics still does not possess this type of topography of its own subjects of discussion and issues. However, if it is true that about medical activity, as R. Toellner writes, is not possible to think outside *ars medica* [3]; therefore, this constative obliges one to answer the question of what more is medicine, if not art.

### Medicine as an Art
#### – Historical Context

In ancient Greece, the art of healing was one of many other arts (*techne*) whose essence was a constant predisposition for creation based on accurate reasoning; as Aristotle described, the ability of thoughtful learning and acting. In his *Physics* he described the specificity of the art of healing; he admittedly wrote that healthcare should come from art, but it should not lead to it. Hippocrates, however, ascribed this nature in its difference from other arts; the art of healing is based on accurate reasoning of the causes of the illnesses and on their forecasting, thanks to which the art of healing is able to cure, restore health, and soothe pain, not to be harmful, but to bring good. The good means a healing result; therefore the goal of the art of healing, describing its nature, is healing, thanks to which it received its name. The art of healing is the cognition of what exists (health and illness); the source of knowledge about its subject is sensory cognition (examination of the patient, observation of nature), thanks to which the effects (symptoms) and causes of diseases and possibilities of influencing (curing with medicinal remedies) the studied object (patient) are revealed. Thanks to that, medical knowledge is born which becomes a judicious cognition of the causes of diseases and their treatment methods.

Reflections over the art of healing are accompanied by attempts of its classification within the range of the arts; starting from the late antiquity, there is the division of arts into *artes vulgares* and *artes liberales*. Galen, after Cicero, repeated this classification, introducing two kinds of arts: craftsmanship and the intellectual and noble arts. Counting the art of healing among the intellectual arts, he created a canon which was valid throughout the whole middle ages of the art of healing as theoretical medicine. Modern medical thought is entangled in these traditional typological disputes with the one difference that in the second half of the 18th century it took up issues concerning medical perception and its subject. Medical nosology creates the criteria for sharp and accurate perception; this is the esthetics and the practice of perception, which yields to the discipline of disease classification, but it is the source of the classification of sensory symptoms itself. Nosology would be esthetics understood as the science concerning perceiving, similarly to the point of view of A. G. Baumgarten (*Aesthetica*, 1750), the creator of esthetics. In the 19th century, medical reflection over the art of healing moved the focus and defining accents of *ars medica* from the field of the philosophy of perception to issues concerning the doctor’s ability, his talent and genius, which gave to medical activity the imprint of artistry, and their creations, i.e. esthetic values.

J. G. Zimmerman in *Von der Erfahrung in der Arzneykunst* (1763), as a declared empiricist, claimed that the medical art, in order to achieve its goal, i.e. the healing, must be based on genius, which is the cognitive activity of a mind that guarantees the correctness of induction and is an inborn feature available to only a few. Ch. G. Selle, in *Medicina clinica* (1788), writes that theory as well as science possess the abstract subject, the general, thus peculiarly different from the subject of medicine as a practice and art, in which the subject is an individual. Therefore, cognition should have its own form, different from scientific cognition,
in which cognitive qualities are ascribed not to genius, but to a feeling that always aims at the individual object. I. P. V. Troxler (Idee zur Grundlage der Nosologie und Therapie, 1803) and C. J. Kilian (Über die innere Organisation der Heilkunst) were convinced that the physician is an artist, of whom supreme cognition is characteristic, giving an inside look into organic beauty, where diagnostic and therapeutic activities are the stroke of genius, for which the best place is the clinic, not the hospital, since in hospitals a craftsman will do.

In Neue Auswahl kleiner medizinischer Schriften (1834), C. W. Hufeland found that the art of healing is substructured with science, but requires proficiency and talent. E. Schweninger, the court doctor of Bismarck, in the book Der Arzt (1906) formulated the view that medicine is an art because scientific cognition is not necessary in medical practice, only intuition. Therefore the physician is an artist and medicine is the practising of an art. The scientific nature of the physician kills his humanity. G. Honigmann, in the books Das Problem der ärztlichen Kunst (1922) and Das Wesen der Heilkunde (1924), described the peculiarity of the art of healing through the individuality of the patient as the object of an art and through the individuality of the therapy as a way of practising the art. Actually, medicine is based on science, but science itself is not. The physician governs himself with, characteristic for an art, intuition, a specific probing of the inside of the patient, thanks to which he understands the patient’s situation. R. Koch in Die ärztliche Diagnose (1920) justifies that creative intuition, which refers to imagination and not to scientific cognition, is typical of the physician because the physician deals with the individuality of the patient and individuality eliminates cognition. E. Liek in Das Wunder in der Heilkunde (1933) defines the artistry of the physician also as understanding the patient’s situation, which is a skill possessed only by great doctors.

The modern concept of the art of healing was based on the conviction that the cognitive activity of the physician is connected, above all, with his imagination and intuition. Thanks to this, the pathological image of the patient that has been created (although based on the uncertain, albeit fastest, procedure) takes into account not only the essence of the illness, but also the experience of the patient himself. A physician’s diagnoses are based on induction which, as a method of cognition, relates to the specific object and learns about the object, its uniqueness, distinctiveness, and individuality, in contrast to the methods of the natural sciences. The opposition between art and science in medicine, which is a consequence of the opposition of the empirical and rational methods, means that medical knowledge and medical practice will be a permanent element of defiance – what else is an art in medicine.

A compromise solution, ascribing the bases of science and art to medicine, was adopted by the Polish school of philosophy and medicine represented by T. Chalubiński, Z. Kramsztyk (art and science in medicine are necessary; both, thanks to the senses, provide knowledge), W. Biernacki (art in medicine is based on the doctor’s proficiency and exercising the eye and the ear), E. Biernacki (medicine is a science, art is its application), H. Nusbaum (medicine is one of the youngest sciences and one of the oldest arts), as well as W. Szumowski (art in medicine is the proficiency of medical manipulation). However, the most intriguing concept of the art of healing was proposed by H. Święcicki in his lecture presented at the 9th Physicians and Naturalists Convention in Cracow in 1912 entitled O estetyce w medycynie (On Esthetics in Medicine). For Święcicki, the dispute about the scientific and esthetic nature of medicine was a secondary problem: medicine is a science, but practicing the physician’s profession is an art. In medicine he did not seek this opposition, but the esthetic rules which have healing effectiveness. They comprise beauty, freshness, and order, and thanks to them the art of healing removes human ugliness, which is a manifestation of symptoms of illness. Ugliness is also a disorder which disturbs the harmony of the human body, the harmony of the human biological organism. The beauty of a human body is a state free of the illness symptoms in two ways: as relief from the symptoms and relief from the illness itself. The aim of the physician’s therapeutic activity is the restoration of freedom in a state of health and freedom from ugliness. Entering into the healing process, the physician becomes an artist who, thanks to his talent and vocation, creates a work of art, i.e. returns the patient to health, at the same time putting into it his individuality, thought, desire, dreams, and intuition.

Art in Contemporary Medicine

G. Canguilhem claimed that the essence of medicine is still the clinic and therapy, understood as a technique of restoring and establishing the normal. It cannot be reduced to cognition alone. From medicine, he writes, it is expected that it is introduced into specific human problems. We saw in it, and we still dot, a technique or an art at the intersection of many sciences, and not sci-
ence in its strict meaning” [2]. Therefore, not the traditional opposition between science and art stimulates reflection over the participation of art in medicine, but the awareness of heterogeneous discourse and practice, as medicine appears to be. M. W. Wartofsky writes that the subject of medical practice is one thing and the subjects of physiology or biochemistry are another, and this suggests that if it is possible to find a justification for practicing art or science, then the subject of practicing medicine would be appropriate for medical art and the second for medicine as a science [4].

Since what divides these subjects may provoke discovery of their dependencies, the declaration of P. Qingxinga, W. Xue, Z. Jiaye, wanting to connect medical cosmetology with medical esthetics and medical sciences, is not surprising. Considering the various routes leading to a compromise between science and art in medicine, these authors declared the existence of esthetic medicine as a science which arose to maintain and guard the beauty of the human body against impairment, to reconstruct or to change the appearance and structure of the body, and to at last remove flaws by reconstructing the perfection of individual beauty. Medical beauty is, therefore, the beauty of the human body, which is created by medicine, even though beauty manifests itself in medicine in different ways: medical social beauty, medical artistic beauty, and medical scientific beauty [5].

In a similar way, J. Seifert outlines the subject of esthetics in medicine, noticing in dentistry, dermatology, and plastic surgery those fields of medicine that deal with beauty which defines the fundamental integrity of the human body and beauty entrusted to medicine and being the part of the state of health. Seifert states that the physician is not only a scientist and an expert in the field of health and sickness, but also a practical person who exercises the art of healing. What determines the art of healing, according to Seifert, includes the participation of intuition and imagination in diagnostic procedures, the choice and the will of the doctor, his ability to undertake activity requiring artistry or strength, and his ability to use techniques and products of the latest technology [6]. However, P. Wainwright stipulates that besides esthetic bases and surgical cosmetics, more interesting fields of study can be noted. Firstly, esthetics in medicine may explain what illness is and secondly, practice itself, activity and medical procedure, are an interesting subject for consideration [7].

Not infrequent are contradictions in understanding the art of healing. W. J. Ellos, on the one hand, admits that this is the reason ethics in medicine has priority over esthetics, because esthetics is undetermined and intuitional, which is why it is extremely difficult to characterize the role of art. On the other hand, he believes that esthetics regards everything that is good and which can be done better [8]. However, doubt remains as to how something that is undetermined may be the rule for making anything better.

There is no doubt today that medicine is a science; however, as G. Khushf notes, it is not only a science [9]. It is a tangle of many sciences and practices that are a testimony to the heterogeneity of medicine. But what joins medical and non-medical sciences and practices is the ailing human being; his bodily nature manifesting pathological changes and his feelings and experience of not only the illness, but also himself as an ill person. K. Wildes sees the role of the art of healing exactly in that it interprets the facts of science for the individual case, so it is the application of knowledge for a concrete patient and concrete medical situation [10]. A. Labisch argues similarly; for him, in the art of healing the patient has to be treated as an individual subject, and knowledge and medical practice make up the dialectical relationship which is defined through the subjectivity of the patient [11]. The individuality of the patient is one of the key justifications for the effort of an esthetic description of medical practice as an art.

E. Pellegrini claims that, in opposition to science, which is a set of objective facts, art in medicine is an expression of the subjective values of the physician which create the relationship with the patient. However, in diagnoses, art, based on the proficiency and elegance with which diagnosticians collect facts, also appears, and although science and art are separate, they are necessary, as Pellegrini underlines, to reach therapeutic success [12]. G. Khushf also refers to subjective elements of the clinical decision as a testimony to art because, in his opinion, imagination, creativity, and empathy participate in decision making, thanks to which diagnostic elegance and the realization of a doctor-patient relationship “full of imaginativeness” is possible [9].

Art in medicine is also hidden in the medical experience of the patient. C. Hick states that the patient and the doctor possess different perceptions; therefore, they perceive different realities. The analysis of the structure of perception in medical practice is the subject of study for medical esthetics. Hick even talks about the art of perception, which should consider two models of perception: “open” perception specific to everyday experience and “closed” perception, being a scientific way of perceiving reality [13]. For M. Düwell, for whom the esthetic experience, which includes the participation of the doctor, also relates to that issue, it has a dual dimension: firstly it is based on
the perception of the human body and on medical activity whose subject is the body and secondly it is an element of the artistic creative process. Düwell sees in this a significant similarity in competence of the physician and the artist who possesses knowledge about using colors, words, or sounds similarly to the physician who possesses knowledge about the human body [14]. Medical perception is a creative receptiveness which creates fast, multidirectional webs of mutual connections of content of observations in the shape of initial symptomatic diagnoses which, thanks to verification and classification procedures through medical knowledge, descriptive data, and medical experience, receive not only rational justification, but are also armed with the instruments that discipline perception. Penetrability of the gaze, tenderness of the touch, and sophistication of hearing are abilities for the perception and differentiation of the esthetic values of the body (i.e. shades of grey, cohesion, smoothness, wet rattle as a creak or as a swish, etc.).

U. Wiesing underlines that this theory of perception, besides issues of the the esthetic values of the body and esthetic vocabulary, has fundamental significance for reflection on the art of healing. This is a range of problems of the role played by esthetic messages of diagnostic and therapeutic decision-making and the role of esthetics for the scientific status of medicine [15]. This is because it is hard to ignore the esthetic dimension of perceptual problems and the conventions of image creation in CAT scanning, ultrasonography, or virtual surgery. The extension of medical perception in electronically generated images of the human body esthetically reintegrates perception, touch, and medical knowledge [16].

Therefore, the view is established according to which, as W. Wieland formulates it in his Concept of the Art of Medicine, art in medicine is not a corner into which all the irrational leftovers of medicine are swept, because the issue of art in medicine poses a question concerning manual dexterity, the ability to formulate a correct clinical diagnosis, and the ability to gather clinically important knowledge about the patient. Art is a medical activity, manual performance in situations described by limited information and temporal contraindication [1]. M. Jenicek, following this line of thinking, outlines the territory of what is esthetic in medical activity. Art in medicine requires, above all, the following: a clinician with an open mind and flexibility of reasoning; dexterity; talent, intuition, and imagination assisting the correctness of decision-making; “estheticism, elegance, and style” in medical activity; and the ability to establish a good relationship with the patient based on understanding his problems and maintaining his dignity [17]. Science, therefore, is not something that excludes art, which makes art even more unnecessary. On the contrary, the physician is a clever and calculating subject of the activities aimed at realization of the therapeutic goal. Medical artistry, therefore, is manifested in dexterity and intellectual proficiency, which ensure medical success.

The Art of Healing in the Face of Other Arts

In the esthetic reflection on the art of healing, allusions to the fine arts appear in order to point to the similarities between the practice of healing and of art and the common elements of the activities characteristic for the artist and the physician. This looking into the mirror of the arts may also lead to a thought trap when the matrix of the reflection is to grasp the esthetic aspects of the art of healing based on the concept of the fine arts only. Nevertheless, the understood similarities do not only create associations, but they often reveal a homological basis for the activities of physicians and artists. U. Wiesing writes that the fine arts and medicine “recognize some incident with processual characteristics, the struggle with uncertainty. Medicine cannot guarantee the effect of its efforts nor can it, looking back on the healing process, always explain its influence. Similarly to the case of an artist, his creation at the beginning of the creative process is also something uncertain. Both disciplines are not given the ability to leave the set goal because it is very often determined in the process of intervention or, alternatively, in the process of artistic production. Both disciplines react to present circumstances and they concern individual cases: the work of art, even though reproduced technically, differentiates itself with disposableness as the patient and his illness. Both disciplines differ from craftsmanship. Medicine stresses the importance of its fields requiring manual dexterity, which were not only exercised as craftsmanship. The surgeon is more than a craftsman; otherwise he would be not a good surgeon. Both disciplines should be established through their activities aimed at a specific goal, even if this is only an aim in itself, and not only through the help of ready-to-use technologies [18].

In these interrelationships of the arts and the art of healing, surgery is the specialty that significantly resembles the fine arts. Its creation as the craft of a human hand is artesanship. Specific to surgery is, as A. Cekański writes, “surgical taste”, which can be seen in skilful instructions, preparation of the patient for surgery, scheduling the oper-
The art of surgery, as Cekański concludes, is “fast and precise work, sparing the tissue and organs, using the least amount of material foreign to the human body in the operative area, because every ligature causes an inflammatory reaction; therefore the operation should be bloodless, but without exaggeration of securing every vessel” [19].

**Conclusions**

The aim of the search for common bases of the art of healing and the fine arts is not for preparing a register of analogies between them. Though attractive, they discreetly presuppose a constancy of artistic conventions and the art of healing; they also do not consider the diversity of esthetic theories. If Kant’s postulate of disinterestedness of perception of the work of art, or the modernistic postulate of its uselessness is added, then the captured differences sharpen the difference in the goals that characterize the fine arts and the art of healing. Also, the belief that the fine arts are far, unreachable, or are the initial model for the art of healing is false: if the problem of autonomy of activity is addressed, it can appear that today the wider scope of autonomy is at the doctor’s disposition than at the disposal of representatives of more than one artistic practice.

Therefore, in what way is the art of healing different from other arts, which at the same time determines their characteristics as an art? Firstly, in the art of healing, the ailing body presents itself through its own esthetics, aimed at the physician to become the object of his perception and activity. The esthetics of the body is presented to the physician through the complaint of the patient, which is an appeal for help. The complaint of the patient expresses the feeling of the body, as an aching body, the source of pain, an impaired body being the source of fear. The complaint opens the patient and his body to the esthetic experience of the physician and initiates the medical activity, whose aim is to eliminate the esthetic manifestations of the illness. The doctor restores or creates health which, from the patient’s perspective, is a complex of desired and necessary esthetic values of the body characteristic of the beautiful body. Therefore the physician is the creator of beauty of the body. Secondly, the medical proceedings are deeply rooted in the esthetic sphere: in the medical perception of the patient, his body, and its medical images; in medical activity requiring above average dexterity, precision, and tenderness, creativity, and imagination; and in the management of time and space, which are the esthetic conditions of the doctor’s activity.

The art of healing is therefore not a fine art, but it requires more artistry than that of an artist because the physician is responsible more than morally for the creation of his activity, i.e. the health of the patient.

**References**


Address for correspondence:
Jarosław Barański
Department of Humanistic Sciences
Wroclaw Medical University
Mikulicz-Radeckiego 7
50-388 Wrocław
Poland
Tel.: +48 71 784 01 02
E-mail: milan@ak.am.wroc.pl

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