

## The art and heart of medicine

**W**hen I went to university, the first major decision I had to make was whether to choose the Faculty of Arts or the Faculty of Science. I was drawn to science because I wanted to be a doctor (and thus needed the prerequisites) and because I saw it as more intellectually challenging. But my university offered something unique: the option of a Bachelor of Arts degree with a science major. The philosophy was that the broader-based education would ensure both a depth of knowledge in your major and a breadth of knowledge across disciplines, and it explains why I have a BA in zoology.

I think this broad-based philosophy is integral to the study of medicine and is too often buried in the quest to only study and eventually practise in a concrete, evidence-based world. This attitude fuels the trend toward more and more specialization and subspecialization, where it is possible to tackle the immense amount of scientific knowledge available. This in turn fuels the development of silos of care, and the disrespect often exhibited to more broadly based generalist disciplines.

I recently attended a meeting where physicians expressed some burning issues and concerns. One that interested me in particular was a fear of the impact of artificial intelligence on certain areas of practice. If computers can do a better job of interpreting diagnostic tests, what are the implications for physicians? If certain procedures can be performed by robots, what does this imply for the doctors performing the same procedures?

This made me consider my job in general practice, where the undifferentiated patient with a list of 10 complaints presents to my office. I don't have much fear that I'll be replaced

by a machine. We deal with human beings with physical and emotional complexity. The daily challenge of diagnosis and treatment requires a solid background in physiology, pathology, and perhaps microbiology or genetics, as well as the skills to deal with humans. The ability to really look, listen, and empathize, and to determine when the presenting complaint is merely a clue to an underlying emotional trauma. This is one part of the

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art that is medicine. Sir William Osler described medicine as “an art, based on science” and stated, “The art of the practice of medicine is to be learned only by experience; 'tis not an inheritance; it cannot be revealed. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone can you become expert.”

Recently there was a discussion on social media about the experience of Dr Bernard Lown, a retired Harvard cardiologist, who authored *The Lost Art of Healing*. Dr Lown was recently hospitalized with pneumonia at the age of 96, and he described his experience of being the last one to know anything about his treatment plan, finding that his opinion hardly mattered to his medical team. In his book he warned that when one only considers the biomedical sciences, then “healing is replaced with treating, caring is supplanted by managing, and the art of listening is taken over by technological procedures.” Unfortunately, it

would appear this is what happened to him as a patient.

Too often we focus on treatment options for a disease without taking time to inquire about our patient's wants or goals. With some of my cancer patients it is particularly challenging to discuss the fact that palliative chemotherapy does not offer a cure for their disease. One must weigh the potential increase in quantity of life against the quality, and if we make the patient sicker than the disease has already done, then we have done them no favors. One of my patients had a very specific goal: to experience another enjoyable ski season. The medical team was able to tailor the treatment to make this possible—by focusing on how the patient wanted to live the remainder of their life.

I believe the art of medicine is equally as important as the science of medicine. To focus medicine exclusively on the pursuit of scientific accuracy and achievement is doomed to failure, given our constantly evolving landscape. Many of yesterday's standards of care and guidelines are obsolete today. Quality, safety, evidence, and standards are important, but they are meaningless without compassion, caring, and communication. Science is essential, but the art lies in how we use it in the practice of medicine. Our profession needs balance in all things, and we must restore a healthy medical culture that supports us all to be healers in the truest sense of the word.

—Trina Larsen Soles, MD  
Doctors of BC President

