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# The Role of Art in Navigating Medical Ethics

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## ABSTRACT

This paper examines the role of art in addressing complex ethical dilemmas in medicine by analyzing how art serves as a platform for emotional, sensory, and philosophical engagement with medical ethics. Through historical and contemporary case studies, the paper illustrates the intricate ways in which art has been intertwined with medical practices, shedding light on ethical concerns related to human health and well-being. Additionally, the paper examines the potential of art to evoke empathy and compassion in healthcare settings, fostering more relational approaches to patient care. The paper concludes by exploring future directions for the integration of art and medical ethics, emphasizing the role of interdisciplinary collaborations in advancing medical ethics discourse.

**Keywords:** Art and medical ethics, empathy in healthcare, historical perspectives on medical ethics, compassion in medicine, interdisciplinary ethics.

## INTRODUCTION

Art and medical ethics are intertwined, often developing and changing in response to one another as they deal with complex, ambiguous human experiences. While the arts can present ambiguities, questions, and dilemmas to pondering viewers or participants, they also provide ways to engage others and prompt them to consider a specific stance on various issues. The purpose of this review stems from this intersection: exploring the varied and complex ways in which art can help individuals and communities grapple with challenges and concerns arising from life in medicine. Artistic engagements with ethical issues in medicine serve several critical goals, among them the ability to express and communicate in emotional, sensory, or affective ways that are not possible through other forms of discourse, confound or confute dominant and normalized narratives, develop more concrete models for establishing and maintaining community, and articulate philosophical positions more broadly as well as through specific lived experiences. This review examines these respective goals throughout a set of case studies, outlining some recent and historical representations of issues and practices in medicine that raise particular kinds of moral problems and challenges [1, 2]. At its root, this investigation is concerned with the ways that human expression, especially as issued in emotionally accessible narratives or conceived in those terms, can function as ethical discourse. Ethical advocacy can prompt lived changes; though, as our case studies will show, the ways that medical tales provide insight, spur understanding, or facilitate arguments through artwork are widely dispersed. We have, therefore, organized our discussion of these ethical functions in terms of three interconnected types of questions, evoking the core trio of ethical questioning that has long structured Western medical ethics: an artist working in this Möbius strip might plausibly raise any of these issues for the artist, the audience, or the patient represented through art [3, 4].

### Historical Perspectives on Art and Medical Ethics

Our exploration of art and medical ethics will begin by examining historical perspectives of art and medicine, showing how they have shaped one another and were shaped by the challenges and opportunities of their time. Contentious questions of medical ethics have troubled thinkers and practitioners of art throughout the centuries. Ethical quandaries, categorical imperatives, and the meaning of illness, health, and death have dominated the work of key figures in art history, from early prehistory to the present day. From creative methods of fertility art standards to criticism of scientific medicine, the observations of artists as well as art movements have helped to contextualize forthcoming

medical ethical issues. These insights have been informed both by popular understandings of health and historical medical establishments, illustrating the cyclical relationship between poetry and ascetic practice. Art is infused with the ideals and missteps of medicine. Key individuals show us a dubious doctor, a personal patient, if not the doctors who were treating him at the time, and a dying family. Key movements express doubt not only about medical advances with their horrors but also about the accumulated wisdom of mankind. We will reflect on whether our era is aligned with the pejorative insights of these historical artists or whether our contemporary medicine honors the lessons of the arts produced [5, 6].

### **Artistic Representation of Medical Dilemmas**

Art takes complex situations and interprets them as narratives; so, it is no surprise that some of us have turned to art to help make sense of the ethical boundaries surrounding medicine and healthcare. Numerous paintings and sculptures alive in our various art-canonical collections across the world date back to the European Renaissance or even earlier, depicting scenes of surgeons attending to wounds or corpses in anatomical theatres. While we might be fascinated by these artistic representations, their primary intention was to document the 'real-life' situation of medical and surgical practice in the given time and geographic location. As such, they can offer today's observer valuable insights into the progression of medicine, surgery, care, and the ethical challenges that clinicians and patients have faced biographically [7, 8]. Other art forms are less visual and more discursive, dressed in their narratives of verbal performances. Students from the Faculty of Medicine at the University of Oxford hosted a series of events with people who are, or have been, affected by a laryngectomy and invited artists to respond to these events. Authors such as a poet and philosopher, and a visual artist, attended and engaged with patients, practitioners, and researchers in the process of those events. These physical, discursive meetings created an understanding of the narratives of laryngectomees and laryngectomy, from which the artists were able to produce a body of work that both highlighted the challenge of communication post-laryngectomy and the hidden narratives of the disease that come to the fore for laryngectomees. In their work, they perfected an approach to give different voices expression. The images were exhibited and performance-pitched to give people a holistic understanding of what it can be like to have head, neck, and throat cancers; however, it also aims to equip the next generation of head and neck clinicians and researchers to see the person, not the disease. This unique concept captures the meaningfulness of art in the performance and authentic stories displayed. Albeit less visually shocking than the dissections themselves, reproductions also depict the environment and audience of the dissection theatres [9, 10].

### **Empathy and Compassion in Healthcare Through Art**

Art changes people's hearts. It may also change the actions they undertake. It can encourage an emotional connection between people; it can make audience members feel compassionate. This review examines the role of art in shaping people's attitudes and fostering feelings of empathy and compassion. In particular, it considers the role that artwork, poetry, and medical humanities programming can play in healthcare settings to create a common ground between providers and patients, inspire relational rather than transactional healthcare, and emphasize the compassionate aspect of evidence-based care [11, 12]. The close link between the healthcare professions and art has already been noted. Healthcare practitioners rely on empathy and compassion to both build healthy patient-provider relationships and to reach patients effectively. Without strong emotional connections, patient compliance is likely to decrease, which may in turn impact patient outcomes. Current research corroborates the positive association between caring clinicians, patient satisfaction, and health improvement. Providing compassionate care not only improves patient engagement and attitudes toward healthcare, but it also resonates with the practitioner. Healthcare workers experience emotional rewards, increased meaning, and personal relationships from their work. Art programs can thus serve dual purposes: they appeal to the common humanity in each reader and can provide an outlet for writing practitioners and patients. We present two case studies already in progress before expanding on the general problems these programs seek to address [13, 14].

### **Future Directions and Innovations in Art-Driven Medical Ethics**

Moving forward, the potential is vast for greater integration between art and medical ethics that leverages the strengths of each. Central to these future directions is an essentially transdisciplinary approach in which we allow our approach to serve as an antidote to the biomedicalization of art and the aestheticization of medicine. Instead, we must create new spaces where artistic creativity and ethical healthcare discussions can flourish collaboratively. This includes focusing on basic questions about how integrating art and medical ethics can change both fields and creating and testing art-driven activities in medical contexts. Beyond examining case studies, specific tools and methodologies will likely be developed to explore the effect of art-driven approaches on individual and institutional health throughout

the research process [1, 15]. The digitization of art presents a unique opportunity for novel intersections between art and medicine. As digital art becomes more participatory and interactive, and technology like virtual reality continues to advance, there are increasing opportunities for clinicians, researchers, patients, and broader communities to be brought into the creative process as active contributors. This has the potential to cultivate communities that animate art and ethics from their respective silos within larger institutions. Due to the interdisciplinarity this work demands, research into the use of this vision to guide research should not be pursued in isolation. At present, a small number of ongoing projects aim to bridge the divide between medical professionals and artists, advocating for and demonstrating the need to facilitate cultural shifts within hospital communities. They seek to foster patients' access to the full range of artistic experiences and realize the therapeutic promise of art in healthcare settings. Despite a paucity of controlled studies in this area, these initiatives demonstrate a commitment to arts in health that is grounded in shared values, aiming at the destigmatization of mental health problems, providing a sense of social belonging and purpose, and the formation of robust relationships among patients and clinicians. Sleep along these lines is currently working to integrate art and medicine by promoting critical reflection on what 'health' and 'disease' are, and how they implicate us all in unique ways. While our project is not founded on any one scientific question, and we are not anticipating any specific medical solutions, we view art as uniquely positioned to help engage with policy discussions and scientific themes on questions that are of interest to citizens more broadly. With some of the research questions laid out above, we hope that our findings might fold back into ongoing bioethics discussions, informing medical practice regarding such issues as capacity and informed consent [16, 17].

### CONCLUSION

Art has long played a critical role in shaping and reflecting medical ethics, offering a means to confront the moral complexities inherent in healthcare. Through historical depictions, contemporary narratives, and participatory art forms, artistic expression can provide insights into the human condition that complement and challenge biomedical approaches. The emotional and empathetic connections fostered by art have the power to humanize clinical care, promote ethical reflection, and inspire positive changes in medical practice. As we move toward a future where the boundaries between art and medicine blur, the collaborative potential of these fields holds promise for a more compassionate, ethically conscious healthcare system.

### REFERENCES

1. Moniz T, Golafshani M, Gaspar CM, Adams NE, Haidet P, Sukhera J, Volpe RL, De Boer C, Lingard L. How are the arts and humanities used in medical education? Results of a scoping review. *Academic Medicine*. 2021 Aug 1;96(8):1213-22. [uwo.ca](http://www.uwo.ca)
2. Bussu S, Lalani M, Pattison S, Marshall M. Engaging with care: ethical issues in Participatory Research. *Qualitative Research*. 2021 Oct;21(5):667-85. [mmu.ac.uk](http://www.mmu.ac.uk)
3. Stark L, Hoey J. The ethics of emotion in artificial intelligence systems. In *Proceedings of the 2021 ACM conference on fairness, accountability, and transparency* 2021 Mar 3 (pp. 782-793). [acm.org](http://www.acm.org)
4. Fernandez-Quintanilla C. Textual and reader factors in narrative empathy: An empirical reader response study using focus groups. *Language and Literature*. 2020 May;29(2):124-46.
5. Svenaeus F. The hermeneutics of medicine and the phenomenology of health: Steps towards a philosophy of medical practice. *Springer Nature*; 2022 Jul 15.
6. Chiong W. Insiders and outsiders: Lessons for neuroethics from the history of bioethics. *AJOB neuroscience*. 2020 Jul 2;11(3):155-66.
7. Rushton CH. *Moral resilience: Transforming moral suffering in healthcare*. Oxford University Press; 2024.
8. Kohn T, McKechnie R, editors. *Extending the boundaries of care: Medical ethics and caring practices*. Routledge; 2020 May 12.
9. Hodgson JC, Bretherton R. Twelve tips for novice academic staff supporting medical students in distress. *Medical Teacher*. 2021 Jul 3;43(7):839-44.
10. Levitis E, Van Praag CD, Gau R, Heunis S, DuPre E, Kiar G, Bottenhorn KL, Glatard T, Nikolaidis A, Whitaker KJ, Mancini M. Centering inclusivity in the design of online conferences—An OHBM—Open Science perspective. *GigaScience*. 2021 Aug;10(8):giab051. [oup.com](http://www.oup.com)
11. Carswell C, Reid J, Walsh I, McAneney H, Lee JB, Noble H. Complex arts-based interventions for patients receiving haemodialysis: A realist review. *Arts & health*. 2021 May 4;13(2):107-33. [qub.ac.uk](http://www.qub.ac.uk)

12. Hickmann E, Richter P, Schlieter H. All together now—patient engagement, patient empowerment, and associated terms in personal healthcare. *BMC health services research*. 2022 Sep 2;22(1):1116.
13. Balboni TA, VanderWeele TJ, Doan-Soares SD, Long KN, Ferrell BR, Fitchett G, Koenig HG, Bain PA, Puchalski C, Steinhauser KE, Sulmasy DP. Spirituality in serious illness and health. *Jama*. 2022 Jul 12;328(2):184-97. [harvard.edu](https://www.harvard.edu)
14. Wampold BE, Flückiger C. The alliance in mental health care: conceptualization, evidence and clinical applications. *World Psychiatry*. 2023 Feb;22(1):25-41.
15. Popa EO, van Hilten M, Oosterkamp E, Bogaardt MJ. The use of digital twins in healthcare: socio-ethical benefits and socio-ethical risks. *Life sciences, society and policy*. 2021 Dec;17:1-25.
16. Petty J. Using arts-based digital storytelling in neonatal care to enhance nursing students' empathy. *Nursing Children and Young People*. 2024 May 2;36(3).\
17. Vaartio-Rajalin H, Santamäki-Fischer R, Jokisalo P, Fagerström L. Art making and expressive art therapy in adult health and nursing care: A scoping review. *International journal of nursing sciences*. 2021 Jan 10;8(1):102-19. [sciencedirect.com](https://www.sciencedirect.com)

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