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# THE ART(?) AND SCIENCE OF MEDICINE TODAY

William L. Winters, Jr.

From Methodist DeBakey Heart Center and Baylor College of Medicine, Houston, Texas

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In 1869, Armand Trousseau wrote, "The worst man of science is he who is never an artist and the worst artist is a man who is never a man of science."<sup>1</sup> The famous French internist was describing how medicine was both an "art and a science" and could never become totally one or the other. More than a century later, however, Morrell mused that physicians are over-trained in the "science" of medicine and under-trained in the "art."<sup>2</sup> Remember Wendy's fast-food chain and its famous ad slogan inquiring, "Where's the beef?" One might similarly inquire, "Where's the art?"

There's no doubt that more medical knowledge has accrued during the past 50 years than during the entire prior existence of thinking man. Medical research and health information of variable validity can be accessed in multiple languages, textbooks, journals, guidelines, lectures, libraries and conferences - in your home, on an airplane and anywhere else you can Google information. Whereas science has become the accessible and dominant part of medicine, the art of medicine - the part that speaks to our humanity - has become almost intangible.

The art of medicine lies in our ability to relate to patients as human beings, and it is integral to the doctor-patient relationship. If the science of medicine is what we know, the art of medicine is how skillfully it is delivered to patients. As Francis Peabody aptly put it, "One of the essentials of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient."<sup>3</sup>

J. Willis Hurst, in reflecting on his training, recalled that Paul D. White attributed the excitement engendered by medicine to the linkage of science and humanism.<sup>4</sup> Although philosophers have dwelled on this subject for centuries,

the role of art in medicine is rarely mentioned in today's medical circles. Yet I believe it is still alive, albeit anemic and in need of a transfusion.

William Osler, perhaps the most famous disciple of the art of medicine, believed that "the practice of medicine is an art based on science."<sup>2</sup> The genius of Osler was his devotion to teaching

*Medicine: Preserving the Passion in the 21st Century*  
The book "Medicine: Preserving the Passion in the 21st Century" by Drs. Phil R. Manning and Lois DeBakey should be required reading for all medical students and physicians and posted on the reading list of all refresher courses. It offers interesting personal views by a number of distinguished scholarly physicians and surgeons on such topics as teaching, learning, writing, ethical and human values, communications, managed care and, yes, the art of medicine. Reading these words of wisdom is like yeast in bread dough - a remarkably leavening experience.

his students at the patient's bedside, where they could watch him listen to, touch and examine each patient and apply his considerable scientific knowledge to the clinical problem - the same example set by one of my early mentors, Dr. Thomas Durant, internist extraordinaire. In my view, this "art" of medicine is as important to our success as scientific knowledge is to the welfare of our patients. Successful physicians require the patient's trust, confidence and respect. Achieving these goals is a learned art, yet there are few textbooks, journals or guidelines on the

subject - only an occasional seminar by an advocate. Perhaps the art side of medicine is less essential to pathologists or radiologists or even anesthesiologists. For them, science trumps all. But for clinicians like me, and perhaps you, who interact with patients multiple times daily, the way we manage our patients' psychological, physical, organic, social and environmental issues strongly affects their outcome. In this context of learning this "art," mentors are paramount.

What does it take to practice the art of medicine? Let's start with empathy. Defined by Webster as an "intellectual identification with vicarious experiencing of the feelings, thoughts or attitudes of another person," empathy is inherent in most people. It is clearly manifested in most medical students by their near-universal desire to "help mankind." Along the way, these early ideals may be diluted or deflected by intrusions inherent in their medical education: overwhelming didactic details, deadlines, fatigue, grades, marriage and other factors, so that by the time training is completed, science has become all-encompassing. The ability to look upon the patient as a person rather than a "disease entity" declines. Even so, empathy remains at least a latent attribute in every physician, waiting to be rekindled by the right circumstances. Empathetic signals are evidenced by simple gestures such as touching an arm or a hand, steady eye contact, thoughtful listening, smiling, and attention to body language, dress and psychological or physical distress. It is often the little things a physician does that engender the patient's trust and comfort. Seeing the patient personally before discharge from the hospital, ascertaining that proper medications have been ordered, giving proper instructions for follow-up care, and follow-up telephone calls all mean a

great deal of patients and their families.

The art of medicine is also influenced by time. Time is integral in developing trust: time to learn about the patient beyond the present illness, to explain complicated procedures in a language patients understand, to discuss drug allergies and possible reactions. Time and again I am reminded of the importance of taking time to listen. Examples abound: the 75-year-old woman admitted through the hospital emergency room after a fall at home; the ER physician diagnosing her with syncope; the busy attending physician accepting that diagnosis without further assessment; a workup for syncope followed by Holter monitoring, tilt-table testing and an electrophysiologic consult. No one took time to discover she hadn't lost consciousness but did have transient dysarthria, right-sided hemiparesis and hypertension. Subsequent appropriate studies confirmed a left cerebral acute lacunar infarction.

I also remember participating in a conference debating the importance of primary care physicians in our medical system. HMOs were emerging, and physicians had tightly scheduled patient visits. A prominent family practitioner portrayed the values of the five-minute office visit. No doubt one can extract a great deal of information in five minutes, but whether or not it was complete or accurate seemed inconsequential. Time bedevils us all. But effective time management combined with thorough questioning, while portraying that the patient has all the time in the world, goes a long way towards establishing trust. Trust begets confidence and vice versa. Once trust and confidence are established, the art of medicine has largely been achieved.

An old cliché says, "There is no substitute for experience," and it's especially true when practicing the art of medicine. Experience comes from making decisions, lots of them, good ones and bad. Though personal experience is generally lacking right out of the shoot, the experience of

others, especially mentors, is invaluable. New physicians must learn to establish rapport with patients, and the quicker the better since decisions must be made with the very first one. Developing personal friendships, connecting with patients, caring for multiple family members and dealing with death and birth all help build relationships. And over time, your reputation brings new patients who may already perceive you with confidence, trust and respect. Your responsibility is to not disappoint them. It is at that point that the arc of medicine has come full circle.

That there is truly an art of medicine is unarguable. It is a concept alive and simmering under the surface for many physicians - ready to emerge and become operative. It represents compassion inherent in most of us to a greater or lesser degree. Our profession was built on an idealistic image of the family practitioner engaged in the health and well-being of every patient. While medicine remains among the most respected professions, today's pressures, time constraints and legal conundrums are constantly straining that image. Physicians and professional societies encounter new challenges that increasingly stretch their ethical and moral fabric. Yet the arc of medicine is not in the purview of medical societies. As Harry S. Truman put it, "The buck stops here." It is physicians - each and every one of us - who must preserve it, preach it and put it into practice.

#### REFERENCES

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