MEDICINE & THE ARTS:
HUMANISING HEALTHCARE
UNIVERSITY OF CAPE TOWN

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IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

WEEK 1 IN DIALOGUE WITH STEVE

So, here we are at the end of the first week, and I want to thank you for all your responses. I've been asked to respond to a few of the specific questions that people posed. But I just wanted to acknowledge the huge diversity of responses and the ways in which people have engaged with the material that we've put out there. It's been fascinating, as always, to get an idea of how our material and thoughts, and ideas, responds to your particular situations in very different situations around the world – so, thank you for that.

I'd like to respond to a couple of specific questions. Firstly, around the issue of ethics and the idea of dealing with fundamental needs such as, poverty and inequality, in relation to medicine and the arts. And so I'll read one of the questions from Iris: so, we're seeking humanise medical care by creating a holistic approach to patient care, utilising the arts in all forms. But how do we first square the circle of inequality in our global society and address fundamental need?

And, I'd like to respond to that by saying that this is actually the reason that we made this MOOC from South Africa – from Cape Town. One of the most unequal societies in the world, in fact. And it's a questions which vexes us.

But I'd like to bring it back to the role of the arts, and whether we see the arts as fundamental as, for example: resources and material things. And I question whether we place, maybe, a Western perspective on these matters, when we prioritise material needs above other needs. Because the arts play such a central role in the way that we understand the world and make meaning of it. If you look at the role of singing and music in African societies, it accompanies all the significant events across society: their funerals; the weddings; the births; the significant occasions are infused with music and singing.

And this idea of the arts being central to our being, to our being human, is a theme, I think, which we'll pursue over the next few weeks. Rather than being a peripheral thing, an ornamentation, a nice to have thing, and the most important thing is material wealth or getting out of poverty, and the particular situation in which we find ourselves on a global level.

So, that would be my first response, but the ethics of heart transplants in a situation of huge inequality, where some have access and others don't, is a vexed question: and one which Johan, himself, has written about, and which we constantly address in our medical fraternity.

The other questions are on two areas of great interest to me, and they were specifically about music and about resilience and I'd like to... to respond to those. So, thank you to Regina, who asked about the importance of music in bringing greater understand of the role of arts and medicine and this is actually the area which got me into this field in the first place, because I am a musician. And I think that music has a very special role to play in healing and the whole process of dealing with difficult circumstances. So, as I explained, I play the second violin in a chamber group and my part only makes sense in terms of the other parts together. So, when I'm playing, I have to listen to what's going on around me to hear what we are producing collectively. And this sense of the whole; this

sense of what it means to be part of something much bigger than oneself, is a theme, I think, which carries right through the course.

For example: in people's responses to that question of what it is that keeps you alive. A lot people responded in terms of a binary. Well, my heart keeps me alive physically, but there's this... there are these other things in my life that actually I hold dear. So, we create these two things, and we say: well, it's this and it's this. But we have very little language to describe the whole thing. But in the musical analogy, my part doesn't make sense unless it is joined with and heard in conjunction with all the other parts.

So, this idea of holism, I think, who we are as whole human beings, not just mechanical body parts that can be fixed or replaced, or changed in whatever way. But, a whole human being is, I think, what Stanley and the others who contributed to this... to this week's discussions, really seek to articulate.

So that's the one question. The other was from Nicola, who asked about the topic of resilience, and how this relates to the medical humanities and it so happens that this is an area of great interest to me, and we're busy with some research in that area. It comes from a way of thinking that is more asset-based than deficit-based. Some original research, in fact, on nutrition in Vietnam in the 1990s, where the researchers coined the term, "positive deviance". What they found was in an area of quite high prevalence of malnutrition amongst children, there we're some families, that despite the same economic and social conditions, managed to feed their children extremely well and their children were thriving, while others were significantly malnourished. Round about two thirds of the children in that community were malnourished.

So, they studied these families to see what was different. It turned out that they were doing small things slightly differently. They were finding greater protein sources of food, and they were feeding their children more frequently each day, etc. And by studying those, what they then termed – they coined the phrase – the positive deviance, they were able to spread those practices amongst the whole community and the prevalence of malnutrition dropped significant.

So, applying this to the concept of resilience: resilience we define as a positive adaptation to significant adversity. Now, that's different for everybody, depending on their particular context, but the principle is the same. That under similar circumstances, there are certain individuals, or groups of individuals, who are able to organise their resources in a different way, in order to respond positively. And this... it's a fascinating theme; it has great resonance in the medical and health field, particularly in areas like palliative care. When people are faced with the significant adversity of chronic illness, or death and dying, or a life threatening illness, resilience is a recurring symbol, I suppose, of what an alternative way of responding might be. I think we've seen in the responses, the written responses this week, many examples of people who are really making sense of a difficult situation and have contributed their particular stories and experiences, to the module.

So, thank you for those. I look forward to an ongoing conversation on this kind of issue; not just what keeps us alive but what keeps us thriving and living, and making the most of the opportunities that we're given.

We'll see you next week.