

Letters

Medicine, the arts and imagination

SIR

We welcome and applaud your publication of a paper and an editorial response on the contribution which art and imagination can make to medical practice.¹ Whilst this question has for some time received attention in the United States,² its systematic exploration in scholarly journals in the United Kingdom has not yet begun, and we feel that the time is certainly ripe. Indeed we have committed ourselves to launching a programme of taught postgraduate study in the medical humanities,³ in which – as in your editorial – we will bring philosophical reflection to bear upon the way in which humanities disciplines, including the representational and literary arts, engage with medicine and medical practice.

Even at the outset of this exploration, some of the key questions are beginning to become defined. Your editorial in particular gives rise to at least two. First is the question of whether art and imagination can or should play an essentially *instrumental* role in the service of medical practice (or for that matter, in the service of anything else). Your editorial suggests that they can and should, as for instance in helping doctors, nurses and others “link the aims of scientific medicine to the range of hopes and fears of the people medicine serves”⁴;

we tend to doubt this, and a substantial consideration and exchange of views seems to beckon. Similarly you rely on the assumption that the kinds of knowledge worth having in medicine – or even eligible as knowledge at all – are those involving the capacity for *generalisation* (such that the value to medical practice of a literary exploration of paedophilia found in Nabokov’s *Lolita* for example, must be judged according to whether its insights can profitably be generalised into relevant clinical contexts such as forensic psychiatry or paediatrics).⁴ But again we question this assumption, and wonder whether this is the right account either of the ideas available within art (or furnished by the imagination), or indeed of the nature of clinical knowledge as such. Patients seem, after all, to be characterised quite as much by their variability in response to disease and to treatment as by their conformity.

Our objective here is not to undertake substantive responses to these questions, but rather to identify them as in need of exploration, reflection and scholarly dialogue: they form, in effect, part of a research agenda for the study of medicine, art and imagination, a study which in itself forms part of the wider exploration of the medical humanities. Despite our detailed points of differences with you, therefore, we are grateful to you for opening the journal to questions such as these and, in so doing, for

facilitating the beginning of what we believe will be an important field of research with genuine epistemological relevance to the understanding of medicine and medical practice.

References

- 1 Scott PA. Imagination in practice. *Journal of Medical Ethics* 1997; 23: 45–50; and Gillon R. Imagination, literature, medical ethics and medical practice [editorial]. *Journal of Medical Ethics* 1997; 23: 3–4.
- 2 For instance the University of Texas Medical Branch at Galveston established the Institute of Medical Humanities as long ago as 1973; its *Medical Humanities Review* was launched in 1987 and is due to be upgraded to full journal status. Meanwhile the *Journal of Medical Humanities* is in its nineteenth year of publication.
- 3 The University of Wales Swansea MA in Medical Humanities exploring how various humanities perspectives conceive medical knowledge and medical practice began in Spring 1997.
- 4 See reference 1: 4.

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