Transforming the Healthcare Experience through the Arts

Blair L. Sadler
Annette Ridenour

With commentaries by Donald M. Berwick, Anita Boles, Leland R. Kaiser, and Roger S. Ulrich
Foreword

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The teacher and consultant, Jean Houston, has a little exercise that she uses with her audiences. “What do you want?” she asks, and then she gives them a few minutes to think about their answers and discuss them with a neighbor.

But, she’s not done. A second question follows: “What do you really want?” And, again a moment follows for reflection and conversation.

And then, she asks, “What do you really, really want?” The time for private reflection is a little longer, before the next conversation starts.

When I first heard about that exercise, I tried it on myself. To my surprise, by the third question I was quietly in tears, in a moment of profound joy. I was thinking about my children, my wife, and everything I love in my life. I was thinking about my favorite day of the year, Thanksgiving, when we are all together. What I really, really want is Thanksgiving Day.

Since then, I have tried Jean Houston’s questions with healthcare audiences, especially those who have asked me to talk about one of my favorite topics, “patient-centered care.”

“With respect to your health and your healthcare,” I ask them, “what do you want?” They buzz happily in conversations about “quality of care” and “responsiveness” and “safety” and such. It’s an easy moment for conversation.

“What do you really want?” The buzzing softens then, and I watch faces get serious, contemplative, curious. They seem to be reaching deeper. “I want my pain to go away.” “I want comfort and dignity.” “I want the company of my loved ones.” “I want to suffer less.”

“And, with respect to your health and healthcare, what do you really, really want?” Now, the silence lasts a lot longer. Some wipe their eyes. They all look serious, lost in thought. The conversations start slowly, hesitantly and with a hush, and many look downward, as if praying. They, too, are now thinking, I suspect, about their families and the mountains they love to hike in and their music and the evening sky and the peaceful places they go to when they can. They are thinking, “I really, really want Thanksgiving.” “I really, really want to stand for a whole hour, just me, in person, in silence, in front of the original of Van Gogh’s Starry Night, just one more time.”
Because of its ancient roots and its technical mystery, healthcare awes us, as a throbbing machine or a giant dam might – as the actual spear of Alexander or the actual pen of Shakespeare might. In awe, we give it power and control – healthcare gets to tell us what to do, how to act, where we may go, and where not. It creates cathedrals, the spaces for its own work, the most majestic of which are hospitals, in which even the most confident among us falls silent and follows the rules. The doctors and nurses who line up with me at the movie theater do no such thing in the hospital; they have their own sacred places there, and, when a patient, I may not enter them. The inspiring mission of healthcare becomes encased in this majesty, its priests wear uniforms, and the experience of care, more and more, becomes disconnected from our lives and selves. Technocracy wins, and souls take second place.

Dig deep. Healthcare is not an end; it is a means. In and of itself, it is of no value whatsoever. For what reason does this great machine throb? Why does this dam stop the river? What war was Alexander fighting and for whom? Shakespeare's pen is just a pen, except for what he wrote, and for what he wrote does for us.

Dig deep. With respect to your health and healthcare, what do you really, really want? “Pills?” I doubt it. “Cure?” Actually, not. “Comfort and zest?” Closer, but that's not quite it, either. With time and encouragement, I daresay, most of us would probably get to more or less the same type of answer once the stakes were “really, really.” Most of us, I daresay, would name what matters to us in our hearts, whatever that be. I name my family and those I love. You may name the joy of craftsmanship, the beauty of nature, or the love of adventure.

“Joy,” “beauty,” “love” – do these words really belong to the notion of “quality” in healthcare? Are they not naive – too far from the cold, hard facts of technology and the scientific foundations of our battle against disease and for health? That, of course, would be the likely criticism of a plea, such as this book makes, to re-unite art and healthcare. It would likely feel as if Blair Sadler and Annette Ridenour are more about the icing than the cake. “Isn't that cute?” the tolerant critics would say. “Maybe someday we should think a bit about art in healthcare, after the real work is done.”

But, what Sadler and Ridenour offer here seems to me much more profound. I don't think they are writing about attaching something to the outskirts of care; I think they may be reminding us of first principles – the meaning and purpose of care, itself. They may be reminding us of what we “really, really” want when, in our pain and fear, we reach to the professions and their tools to help us, and, equally important, reminding us of what the professionals, themselves, “really, really” want to offer, through their skill and will, to the
people who depend on them. Maybe, just maybe, a new idea gestates in this lovely book: not that art can serve healthcare, but that healthcare can serve art.

What would change if all the care we sought to give and all the tools and time and spaces we used to give it remained continually connected to the deeper purposes, not of healthcare, but of the lives that healthcare seeks to nurture and extend? Suppose healthcare, mindfully, existed precisely to offer us all what we really, really want? How would that change our dialogue with patients, families, and communities? How would that guide us to different investments, new priorities, and altered choices? How would we train our young then, and what would we want to know about our patients?

The premise in this book, I propose, is less that art counts in healthcare than that souls count in healthcare. That there appears to be evidence that enriching healthcare spaces and times with painting, dance, music, and storytelling seems to help healing speed up and pain to tone down. That is encouraging, and may provide a bridging rationale for what these authors hope for. But, frankly, for me, I don't know how much more evidence I need to make me sure that, when I see my doctor, or, as a doctor, when I see my patient, our shared aim can and ought to take us leagues beyond the tools and devices that both connect and separate us. I don't know that I need much more evidence that care can and ought to bring the helper and the helped closer, ever closer, to a sense of our shared humanness. I love Brahms; maybe my doctor does, too.

The authors write, “The days of depersonalized, frightening, noisy, and confusing care environments are numbered. Today’s foresighted healthcare leaders are freed to honor the full panoply of human aspiration, as expressed through the arts, within their institutions’ activities and their physical designs.” After reading this deeply important book, you may join me in hoping so.