Exploring the “norms” or principles of bioethics, health law and international human rights is central to personal and professional development courses of contemporary medical schools. Despite the increasing popularity of using the insights of fine art and literature (particularly through resources such as the New York University Literature, Arts and Medicine Database), how these dovetail with the former objectives remains something of an academic puzzle. Further, curricula use of the medical humanities often meets with scepticism and disinterest from exam-oriented students.

Teaching application of principle through medical humanities

The Personal and Professional Development course at the Australian National University Medical School has taken a unique approach. The course aims to teach not just the relevant norms or principles of bioethics and health law, but to encourage their consistent and practical application throughout a medical career, despite personal, collegial and institutional obstacles. This process may be linked to a tradition of scholarship known as virtue ethics, as its aim is character development rather than intellectual recall of abstract rules. I have argued in a previous publication that medical humanities has “normative” (or “principle-developing”) aspects, particularly when linked to a process of reasoning that strives to achieve coherence between laws and fundamental social virtues, such as justice, fairness and respect for human dignity. This process of reasoning is designed to give students the capacity not only to critique and weigh compliance with such norms or principles, but to assist in developing them, be they derived from ethical, legal or human rights traditions.

Over the first 2 years of the course, each fortnight four students are required to develop and present a collaborative half-hour PowerPoint analysis of a staff-selected contentious issue in bioethics, health law or international human rights. These include the standard components of bioethics and health law, but many of the presentations relate to a major theme of this course — that, while corporate globalisation may enhance efficiency and innovation, its “lobbying” principles and strategies may be having a major adverse impact on current health policy and on the foundational medical virtue of loyalty to the relief of patient suffering.

In addition to using selected online resources and nominated experts, the students are required to incorporate in their presentations imaginative insights and arousals of conscience gained from examples of fine art, including visiting a nominated work of art at the National Gallery of Australia. Thus, in addition to the well accepted works from the medical humanities canon (eg, Edvard Munch’s Death in the Sickroom [Nasjonalgalleriet, Oslo, c. 1893] and George Tooker’s Corporate Decision [private collection, 1983]), students are asked to consider, with expert guidance from the gallery staff, selected works from the National Gallery of Australia; for example, John Longstaff’s Motherless (1886), Anselm Kiefer’s Twilight of the West (1989) and George Lambert’s Chesham Street (1910) (Box 1).

Bill Viola’s The Passions and medical, personal and professional development training

The course recently took advantage of a relevant temporary exhibition. Between 29 July and 6 November 2005, the National Gallery of Australia exhibited a collection of architectural video installations, The Passions, by the artist Bill Viola. Viola’s art uses actors in slowed video performance of narrative moments eliciting heightened emotions, disturbances of consciousness and a search

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for meaning in the face of tragedy. His art provided a good example of how our students are encouraged to use the medical humanities to incorporate, within their conscience, career-long respect for implementing principles of bioethics, health law and the international right to health in the face of challenges, such as those posed by corporate globalisation.

This approach goes beyond suggesting that such works merely heighten clinical observation skills. It attempts to enhance professional loyalty and normative thinking toward individual patients in the face of the unique contemporary pressures created by corporate globalisation. Such contexts include tragic narratives involving:

- breaking bad news to a couple (Viola’s Dolorosa shows the grieving faces of a man and woman [Box 2]);
- assisting a mother and her daughter grieving about the death of their son and brother (Emergence depicts the dead Christ emerging from a tomb and being laid to rest by two distressed women [Box 3]); or
- watching relatives view the body of a loved one who has just been removed from life support (Observance displays a procession of 18 people slowly taking turns to confront a disturbing sight and expressing and sharing emotions [Box 4]).

Viola’s The Passions were developed, primarily from a tradition of Christian iconography, during a residency at the Research institute of the J Paul Getty Museum in Los Angeles in 1998. Viola’s Emergence, for example, draws upon Descent from the Cross by Roger van der Weyden (1435, The Prado, Madrid, Spain). His work, Observance, has artistic roots in The Four Apostles by Albrecht Dürer (1526, Alte Pinakothek, Munich). The use of such representational narrative paintings for private devotion was a dominant feature of 15th century art. Such treatises instructed the laity to participate empathically in the picture, to become a meditative “co-sufferer”. The medieval artist, as does Viola, strove to overcome complacency in matters of spiritual development, the art arousing heightened emotions which could then be harmonised in prayers for forgiveness and by redemptive grace.

Viola’s exhibition also draws on Hindu and Zen spiritual traditions. This is particularly evident in his depictions of hand “mudras”, and in Five Angels for the Millennium, a video projection with stereo sound in which five large simultaneous videos depict
5 Five Angels for the Millennium

Five Angels for the Millennium, 2001 (detail, from left to right: Departing Angel, Fire Angel and Birth Angel). Five channel video projection with stereo sound © Bill Viola. Photo: Kira Perov.

What imaginative “normative” resonances do these images have for medical students when loyalty to the relief of patient suffering is considered in the context of the challenges produced by corporate globalisation?

The task of discerning and then assisting the fallen angels among this collection, those least likely to enhance the foundational professional virtue of loyalty to the relief of patient suffering, seems a worthwhile challenge to the conscience of many medical students and health professionals.

Conclusion

By so viewing an exhibition such as Bill Viola’s The Passions, it is hoped that one practical, normative outcome of the emotional resonances evoked in our students may be to encourage them to challenge the role of corporate multinationals in setting global public health policy, while at the same time appreciating their contributions to efficiency and innovation. They could then begin to play a medical regulatory version of Hermann Hesse’s eclectic, nation-ruling and character-shaping “Glass Bead Game” (from the Nobel Prize winning novel of the same name). In the novel, student monks in a fictional country of Castalia are taught to play an extremely complex game in which aspects of diverse intellectual traditions are interwoven. Strategic “Renaissance-type” thinking could suggest:

• Constitutional, lobbying and professional regulatory measures countering profit-driven moves to dismantle universal health services and medicines delivery systems in favour of user-pays health savings accounts and medicines savings accounts.
• Trade agreement provisions facilitating improvements in socially responsive, cost-effectiveness evaluation of allegedly “innovative” pharmaceuticals before government reimbursement.
• Educational strategies assisting capacity building in this area by teaching students to have pride in Australia’s role in promoting the public good of cost-effectiveness evaluation by the Pharmaceutical Benefits Advisory Committee in the context of its social justice origins and the multinational corporate pressures upon it.

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