

# Art and the humanity of general practice

**Richard Hays**

*This article is part of a longitudinal series on humanities.*

*Life is short and art is long.*

– Hippocrates, 460–375 BCE<sup>1</sup>

**THE PRACTICE OF MEDICINE** sits at the overlap of two quite different ways of thinking. The modern era is dominated by the need for scientific evidence and the best ways to apply that evidence to achieve improving quality and quantity of life. Features include objectivity, rationality, reproducibility, safety, technological advances and the rapidly expanding understanding of the molecular basis of health. The science of practice is fascinating and health professions are truly privileged to work at the leading edge of something that affects all humans.

In contrast, health practitioners have existed for a very long time, acting as sources of wisdom, healing and comfort for the unwell. When knowledge is incomplete and effective approaches cannot be found, humanistic measures become more important. Care that is compassionate, respectful and dignified becomes the priority. Many memories of the bereaved are about how the care was provided, focused on the providers more than the medications or procedures. The combination of science and humanity defines the art of practice and how they are combined makes a difference to the quality of care. When the science of medicine inevitably runs out of answers,

we must be present to deliver that news and manage the consequences.

Both science and humanity are important and remain relevant to current medical practice. When asked ‘what is it like to be a GP?’, I often reply with ‘I am a scientist who understands people and the system in which health care is provided’. Most days, general practitioners (GPs) encounter patients where the latest in scientific knowledge is applied, as well as patients for whom the best technical care has been provided and the priority is the rest of their lives, which might well be limited. In most cases, an essential task is helping people navigate the complexities of the healthcare system to achieve the best care outcomes for them.

This complex role can be stressful. How do we nourish our souls as well as our brains? I would argue that one answer lies in regular contact with the arts, not as a distraction but as a way of understanding our roles though good and bad times. This might increase empathy and communication with patients, improve understanding of the impact of illness and help develop more accomplished physicians.<sup>2</sup> There is a natural synergy between medical history and art history, particularly for the visual arts. Art demonstrates that much of the ‘here and now’ is similar to the ‘there and then’. Images add so much to words, conveying feelings, emotions and moods. Prior to the creation of photography in the nineteenth century ACE, health-related art was relatively common. The collections in many major art museums include paintings that show aspects of medical practice and ‘doctoring’, reflecting the social history of the times. These works

might require some searching because they are not often catalogued specifically as related to health and medicine. The best way to see them is to visit the galleries.

This article presents works of art that might aid understanding of the roles of GPs and perhaps sustain our appreciation of what we do. All are famous icons and are listed in date order. Most represent the strong emotions that are inherent in medical practice. There are many more that reflect personal tastes, and readers are encouraged to explore these.

## The Plague Doctor (Circa 1619)



Available at [https://images.prismic.io/wellcomecollection/4afb5b3b-f7f1-4a9b-a9cb-64d5a6d8bd8b\\_2\\_vkbdqrzg.jpg?w=600&auto=compress%2Cformat&rect=&q=100](https://images.prismic.io/wellcomecollection/4afb5b3b-f7f1-4a9b-a9cb-64d5a6d8bd8b_2_vkbdqrzg.jpg?w=600&auto=compress%2Cformat&rect=&q=100)

Those who worked during the COVID-19 pandemic might recognise the figure represented here – the most current attempt in 1619 at personal protective equipment developed by a French physician during a

plague outbreak in Paris; full-length gown, gloves, stick for pushing patients away and a face mask with eye protection and a beak full of perfume – not so different really? Seeing a doctor dressed like this might be frightening, but perhaps being covered in plastic sheets, gowns, gloves, masks and face shields was not much better. Information on efficacy is not available, but this was well before the era of washing clothes and hands regularly. This reminds me that less has changed in outbreak management than we might think and that some of the principles remain relevant and that the best way to avoid having to dress like this is strong advocacy for immunisation programs, where general practice plays a major role.

**Rembrandt von Rijn. *The anatomy lesson of Dr Nicolaes Tulp* (1632; Mauritshuis Museum, The Hague, Netherlands)**

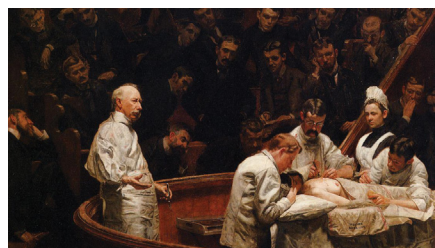


Available at [www.mauritshuis.nl/en/our-collection/artworks/146-the-anatomy-lesson-of-dr-nicolaes-tulp/](http://www.mauritshuis.nl/en/our-collection/artworks/146-the-anatomy-lesson-of-dr-nicolaes-tulp/)

The educator in me enjoys this juxtaposition of scientific curiosity and learning from our 'silent teachers' – humans who agreed to be dissected to improve knowledge and understanding of human anatomy. Until about this time, anatomy teaching was based on dissection of animals (other than humans) and so continued to promote some fundamental errors and misunderstandings. Dr Tulp was permitted one dissection each year and these became popular social events for surgeons. This painting was based on the 1632 event. There is a fascinating story about silent teachers, many of whom were executed criminals (like this one), illegally dug up bodies from graveyards and even people murdered for trade. As a strong fan of anatomy learning, this painting evokes my awareness of the impact of this era on

medical education and the impact on society of human dissection. The work is an example of the Dutch 'golden age' Baroque Era.

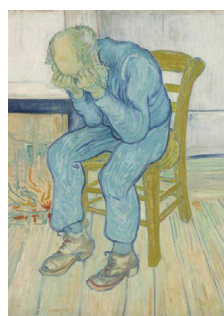
**Thomas Eakins. *The Agnew Clinic* (1889; Philadelphia Museum of Art, USA)**



Available at [www.wikiart.org/en/thomas-eakins/the-agnew-clinic-1889](http://www.wikiart.org/en/thomas-eakins/the-agnew-clinic-1889)

This is another education piece that shows a packed audience (all male) observing a partial mastectomy performed by a well-known local surgeon and demonstrated to students. Despite being anaesthetised, an assistant is holding the patient. Dr Agnew is standing to one side talking to the audience. Note that nobody is wearing surgical gloves even though they were introduced at about this time. This work reminds me of the strengths and weaknesses of demonstration lectures – the topics might be fascinating, but most of the audience cannot see much. This is in the realist style.

**Vincent Van Gogh. *At Eternity's Gate* (1890; Kröller-Müller Museum, near Arnhem, Netherlands)**



Available at <https://krollermuller.nl/en/vincent-van-gogh-sorrowing-old-man-at-eternity-s-gate>

Often known as the 'sorrowing old man', this work conveys a sense of despair, torment and loneliness. Knowing that it was painted during 'convalescence' but only about two months before the artist's death by suicide raises the question 'was this treatable and preventable'. Although clinical options were fewer at the time, managing depression in elderly males (in fact, all ages and genders) remains a common issue in general practice. Van Gogh is generally categorised as post-impressionist, although to me the style is unique.

**Luke Fildes. *'The Doctor'* (1891; Tate Gallery London, UK)**

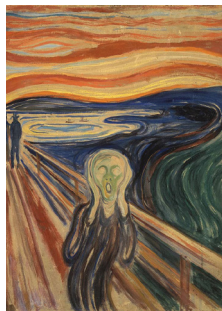


Available at <https://victorianweb.org/painting/fildes/paintings/1.jpg>

This work conveys a sense of compassion, concern, commitment and cognition. Who has not sat by a deteriorating patient, anxious that the best is being done and aware that the outcome remains unpredictable? The image has come to epitomise 'bedside manner'. Seeing it in the gallery – it is large (2.4×1.6 m) – seems to increase its meaning. Reading that the work is based on death of his first son adds a certain poignance. I have seen copies of this painting on the walls of several general practices. In art history, this represents social realism, and paintings of a sick child were quite popular at the time.

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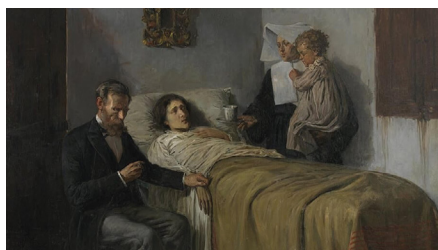
**Edvard Munch. *The Scream* (1893–1912 [four versions], National Gallery, Oslo, Norway)**



Available at [www.edvardmunch.org/the-scream.jsp#google\\_vignette](http://www.edvardmunch.org/the-scream.jsp#google_vignette)

This work might look like a horror movie poster but is much deeper than that. The image of a very distressed individual standing alone in a distorted world conveys a sense of inner conflict, isolation and terror. This is based on the artist's fear of developing insanity because his sister had bipolar disorder and lived in a mental institution. Fear of losing mental faculties is something that many will identify as part of the human condition. When I look at this painting, I recognise the fear as surreal (as in a bizarre mixture of fact and fantasy) and think 'no matter what I face, I do not feel like that'. The style is a combination of expressionism and art nouveau.

**Pablo Picasso. *Science and Charity* (1897; Picasso Museum, Barcelona, Spain)**



Available at [www.pablocicasso.org/science-and-charity.jsp#google\\_vignette](http://www.pablocicasso.org/science-and-charity.jsp#google_vignette)

The name Picasso is associated with his unique, merged representational-abstract style of painting for which he is most famous, but this is not the whole story. He was a

precocious talent who was trained classically in the realist style, and many paintings from this period can be found at both Picasso museums (Malaga and Barcelona, Spain). This large painting was completed when he was aged 16 years. The image of a very ill woman looking at her child while an attentive doctor checks her pulse suggests the bringing together of the scientific and humanistic qualities. At first glance, this is similar to 'The Doctor' painting by the Luke Fildes, but here the doctor seems more detached and objective whereas the emotional connection between mother and child is the main focus, hinting at the 'cycle of life'. 'Deathbed scenes' were relatively popular at the time, perhaps because they might aid understanding of what we all face. I am reminded of the important roles we, as GPs play with families after the death of loved ones.

**Francois-Adolphe Grison. *The Little Patient* (French, 1845–1914)**



Available at <https://artvee.com/dl/the-little-patient#00>

Francois-Adolphe Grison was a French-Swiss artist about whom less is documented in English. He painted ordinary people in ordinary life situations – social realism in the post-impressionism era. This work is of a doctor speaking with a child, presumably during a home visit. The boy looks like he has fallen from a tree, sustaining head and leg injuries. My interest is in the direct relationship between doctor and the little patient, reminding me that we should talk *with* rather than *over* or *about* children. Little patients are not just small versions of big patients and should be our main focus.

**Louis Wain. *Ginger Cat* (several versions; 1860–1939; Bethlem Museum of the Mind, London, UK)**



Available at <https://i.pinimg.com/originals/7f/47/42/7f4742e2e9e87d91063fc048526ce8ad.jpg>

This rather whimsical work conveys a sense of slightly zany hyper-vigilance that is both a little funny and a little disturbing. The artist was a prolific painter of cats in human poses and settings. Louis Wain was diagnosed with schizophrenia and spent 15 years in institutions including 'Bedlam'. More recently, it has been suggested that the diagnosis would now be autism rather than a psychotic illness. This cat has such intense eyes that suggest focus, anxiety or alarm, probably reflecting his mental health at the time. Sometimes people look like this when they feel a little lost in the world. The message for me is that improving mental health is worth considerable effort because of the amazing contributions to society made by some who live with such problems.

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**Norman Rockwell. Doc Mellhorn and the pearly gates: 'He was just a good doctor and he knew us inside out' (1938; Private collection)**



Available at <https://barnebys2.imgix.net/139/2013/05/n08996/n08996-20?auto=format%2Ccompress&cs=tinyrgb&padding=by-color&fit=fill&fill=solid&fill-color=white&h=400&w=400>

This image was created for a marketing campaign to promote the safety of healthcare products, so it is often categorised as 'medical illustration' rather than art. Looking past that, I see nothing that suggests commercial deals. The work conveys concentration, caring, gentleness, trust and diligence and a sense of 'he is in good hands'. Nostalgia plays a hand here because the image reminds us of the 'good old days'. I feel that I have been in this picture many times. Sadly, this painting is not available for public viewing and images are hard to find.

## Summary

Art reflects society, providing snapshots frozen in time that provide meaning through suggestions of feelings, emotions and moods that surround life journeys. Health and medicine are common subjects and there are many examples of paintings or drawings that are relevant to current general practice. Reflecting on works of art might help us understand and apply both scientific and humanistic principles in the art of general practice, as well as provide balance in busy, challenging professional lives.

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