

# The Art of Medicine

“So, tell me about this man,” says the instructor. She is speaking to a group of medical students gathered around a large conference table, and pointing to a photojournalistic portrait projected onto a screen. “He seems to be in his late 30’s or early 40’s,” says one student.

“He’s wearing a big smile,” adds another. “His blue V-neck shirt looks like a hospital gown,” says a third. “He looks ill,” notes one more. “Very ill.”

The dialogue takes place not in a classroom, but in a sumptuous upstairs room at the Frick Collection on Manhattan’s Upper East Side. The instructor is not a physician but an art historian. And the man under scrutiny is not only somebody’s patient but a teacher of sorts.

“This man is terminally ill,” explains the instructor, Amy Herman, Head of Education at the Frick. “When his doctor asked permission to take his picture to help medical students improve their relationships with patients, the man said: ‘Count me in.’”

The dying man had, in a sense, donated his body to medical science. Like those who peer down from the walls of the Frick, he put himself at the service of tomorrow’s physicians. Each fall, a group of these doctors-to-be visit the museum on two successive afternoons as part of a non-credit elective called “The Art of Observation.”

“Medical diagnosis relies on the ability

**“I try to bring their peripheral vision to the fore.”**

to observe, describe, and interpret visual information,” notes Francois Haas, Ph.D., Associate Professor of Rehabilitation Medicine and a Society Master of the Master Scholars Program, which sponsors the class. “Yet these skills are rarely taught in medical school.” Says Herman: “We have a very indirect goal—to make doctors better observers.”

It all began when Josh Allen-Dicker (’09) heard an interview with Amy Herman on National Public Radio during the summer before his first year at NYU. She had described how the program, which has been offered by the Frick since 2000, was a big hit with the NYPD, the FBI, and Scotland Yard, whose senior sleuths use its lessons to sharpen their crime-solving acumen.

“I didn’t know anything about medical education at that point,” Josh recalls. But his instincts told him that these skills of observation were transferable to medicine, and NYU agreed. More than a century ago, Sir Arthur Conan Doyle, a physician-turned-fiction-writer, made a similar deduction. In a classic case of art imitating life,

he modeled his creation, Sherlock Holmes, after one of his professors at the University of Edinburgh, Dr. Joseph Bell, a master diagnostician renowned for his uncanny ability to draw insights from telling details.

As the students gathered around the work of another master, Rembrandt Harmensz van Rijn, their powers of observation were put to the test. A self-portrait — the best of more than 60 such paintings that form a virtual autobiography on canvas — it was painted in 1658, by which time the once-prosperous artist was nearly bankrupt, his patronage no longer able to keep pace with his extravagance.

“What happened just *before* this painting was done?” Amy Herman queries the students. They’ve been given only 10

minutes to study the masterpiece — “no more time than they’ll probably spend with a patient,” she notes. One by one, they each share their sense that this man is trying to prove something: the craggy face and cryptic gaze, the regal robe and floppy hat, the gold and vermilion hues shimmering against a dark background.

“Rembrandt is at a low point in his life,” explains Herman. “His self-study is both revealing and mys-

terious at the same time. His right hand is brightly lit because he’s an artist, and his black hat is discernible even against a black backdrop because he’s a great artist. Wherever you stand, he’s looking down at you. He’s holding a scepter to remind you that he is artistic royalty. He fills the frame, as if to say: ‘It’s all about me.’ By showing his age through his wrinkles and gnarled hands, he’s saying: ‘Look at what I’ve accomplished in life.’”

“Medical students learn in a black-and-white world,” says Herman. “I try to get them to let down their guard, to bring their peripheral vision to the fore. Before you study the patient’s chart, look around. If he’s wearing his pajamas from home, he probably resents being here. If there are no flowers in the room, there may be no loved ones.”

“We’re taught that the interview starts as soon as you see the patient,” says Amelia Wnorowski (’10). “Now I realize how much there is to see.” ●



CREDIT: REMBRANDT HARMENSZ VAN RIJN (1606-1669), SELF-PORTRAIT, DATED 1658 OIL ON CANVAS, 52 5/8 X 40 7/8 INCHES © THE FRICK COLLECTION, NEW YORK. PHOTO: RICHARD DI LIBERTIO