



Utrecht University

Art in hospitals and hospitals with art: the value of art at the  
Leiden University Medical Centre.



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## Preface

For my entire life I have had a fascination for the crossover between different disciplines. More specifically, between art, artistic practice, creativity and science. This is something that comes back in everything that I do and enjoy and in the academic choices I have made. During my bachelors at University College Utrecht the principle of ‘the arts’ and ‘the sciences’ as opposing camps diluted. Of course collective terms as such are too simplistic. Still there is often this idea we must decide between the two, that there is only space for one discipline. Generally put, art is subjective while science is objective. Art expresses knowledge only in subjective form, while the sciences acquire objective and ‘true’ knowledge. Therefore, we have more use for the sciences and the scientific method. I disagree. Of course there is the issue of interpretation, which is often more apparent in art than it is in mathematics. One plus one is two; that is not up for interpretation. Van Gogh’s sunflowers are beautiful; some people would disagree – though not many. What if we approach art differently? New and promising developments in both the art world and the (medical) scientific world show a beautiful exchange of their qualities. The arts provide science with a ‘humane’ touch; expanding its possibilities by fostering creative thinking. While the sciences teach art historical practice to be precise and consistent, while also submitting it to scientific research – like in fields such as neuroaesthetics or medical art education. People have made art and imagery from their very beginnings – with the Lascaux caves as the oldest proof of example. People still make art. Art was first. Art or imaginary is the oldest form of recording information; of transferring knowledge. The lives and thoughts of people thousands of years ago can be distilled from art and images. Let’s please not forget the value of art.

I would like to thank my supervisor Eva-Maria Troelenberg because of the faith she’s put in me and my (sometimes unorthodox) way of working. Besides, she noticed how I sometimes struggled finding the right motivation. It was not always easy to write this thesis during the corona times. Therefore I truly thank my parents, brothers, friends and housemates who had to put up with me and my discussions. Lastly, I want to thank art – the music, movies, and paintings that have given so much meaning and motivation to my life.

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## Introduction

Earlier this year the current Dutch minister of health managed to proclaim we could just “watch a DVD” instead of going to theatres or museums.<sup>1</sup> According to him art is not considered a primary necessity in life. Daphne van Paassen writes in the *Groene Amsterdammer* that in the Netherlands people sometimes laugh a bit when it comes to the value of art – the derogatory tone of the minister affirms this. But, as Van Paassen writes, art is not a frivolity that we can easily do without. It is invaluable to our health and wellbeing.<sup>2</sup> A few months before the outbreak of the pandemic a research rapport by the World Health Organisation (WHO) analysed nine hundred scientific publications. Based on this, the WHO recognized the importance of art for health and wellbeing. For example, cancer patients who make art or listen to music suffer less from the side effects of their treatment or dance lessons help Parkinson's patients move better. Practitioners also benefit from artistic activities. The WHO urges European policymakers to “invest in cultural interventions in health care”.<sup>3</sup>

Dutch hospitals and healthcare institutions often have works of art placed in the building – from the reception hall and the corridors to the waiting rooms. Academic hospitals such as LUMC, UMC Utrecht and the AMC have appointed art committees and curators to manage their art collections. In addition, they are affiliated with the Associations of Corporate Collections in the Netherlands (VBCN), which accentuates the quality of their collections.<sup>4</sup> The emergence of these corporate collections begins in the 1950s but really set off in the 1980s with the ‘percent for art’ arrangement of the Dutch Government. The place of art in a hospital is interesting and ambiguous. Hospitals find themselves operating as between corporate and governmental institutions or semi-governmental institutions; between private and public. Art in corporate collections is automatically at the intersection of intrinsic attention to the work of art and its instrumental commitment to other business purposes, such as commercial or financial interests.<sup>5</sup>

Art is also of added value to the medical world. In recent years increased attention is paid to integrating art education into the curriculum of the study medicine in the Netherlands.

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<sup>1</sup> Fragment retrieved from the following website: <https://www.trendsmap.com/twitter/tweet/1382805457014812678>.

<sup>2</sup> Daphne van Paassen, “Kunstonderwijs voor studenten geneeskunde: Het melkmeisje bloost niet,” *De Groene Amsterdammer*, 7 juli 2021.

<sup>3</sup> Daisy Fancourt and Saoirse Finn, *What is the evidence on the role of the arts in improving health and well-being* (Copenhagen: WHO Regional Office for Europe, 2019).

<sup>4</sup> ‘About the VBCN’, Vereniging Bedrijfscollecties Nederland, accessed on May 5<sup>th</sup>, 2021, <https://vbcn.nl/NL/vereniging/over-vbcn>.

<sup>5</sup> ‘What is a corporate art collection’, Vereniging Bedrijfscollecties Nederland, accessed on May 5<sup>th</sup>, 2021, <https://vbcn.nl/NL/vereniging/wat-is-een-bedrijfscollectie>.

Since 2016, Erasmus MC has a mandatory seminar at the Boijmans van Beuningen museum for bachelor students of medicine. During a two-hour seminar, students look at artworks. Emphasis is placed on the difference between ‘observing’ and ‘interpreting’. Like Erasmus, the Radboud UMC offers since 2016 the elective Course ‘The Art of Looking and Seeing for the Medical Profession’. This course is specifically for co-assistants and artists are directly linked to doctors and students. Since 2019, the LUMC, in collaboration with Leiden University, has created the honours course *Kijken is de (genees)kunst*, with an emphasis on developing and improving observational skills.<sup>6</sup>

The idea of integrating art into the medical curriculum is not new, but originates in the United States. Since 2002, art has been used at top universities such as Harvard and Yale Medical School to sharpen and improve visual skills.<sup>7</sup> Despite the efforts of universities in the Netherlands to offer art-related education, the programs often face difficulties.<sup>8</sup> The main reasons for this are 1) little tangible evidence of the long-term effects, because there has been little quantitative research and 2) the studies that have been done use different methods that make comparisons difficult.<sup>9</sup> Nevertheless, the first courses that have taken place prove to be a success and the results of studies are promising.<sup>10</sup> The effects of these art-related courses among medical students range from empathy and addressing bias to improved observational skills and increased pattern recognition.<sup>11</sup>

These two developments – the emergence of professional art collections and an educational use of art for medical students – form the basis of this research. Are these elements found in the art policy and collection of the LUMC? What is it that makes art in hospitals, specifically the LUMC, special? The LUMC also constantly seeks a balance between the autonomous status of art and the functional use of art for clinical and medical purposes; for patients, employees, and medical students. This starting point led to the following main and sub questions.

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<sup>6</sup> The title of this course is loosely translated from the original in Dutch; “Kijken is de (genees)kunst.”

<sup>7</sup> Irwin M. Braverman, “To see or not to see: How visual training can improve observational skills,” *Elsevier Clinics in Dermatology* 29(2011)3: 344. <https://doi.org/10.1016/j.clindermatol.2010.08.001>.

<sup>8</sup> Maud Reijntjes et al., “Beter waarnemen kijken naar kunst” (unpublished manuscript, 2020, Microsoft Word file), 8.

<sup>9</sup> Niel Elbert and Olle ten Cate, “Kunstobservatie in het medisch curriculum,” *Nederlands Tijdschrift voor Geneeskunde* 157(2013): 6.

<sup>10</sup> Elbert, “Kunstobservatie medisch curriculum,” 6.

<sup>11</sup> Johanna Shapiro, Lloyd Rucker and Jill Beck, “Training the clinical eye and mind: using the arts to develop medical students’ observational and pattern recognition skills,” *Medical Education* 40(2006)3: 263.

## Research questions

The main question that was formulated for this research is as follows:

- >> Why is there art in the UMC's in the Netherlands, specifically the LUMC, and what is its added value?

This research is split up into three chapters. Chapter one places art in hospitals in context. This context is twofold, on the one hand hospital collections are part of the world of corporate collecting. On the other hand fulfils art a societal function in hospitals. The background of corporate collecting follows a short history of the tradition of art in hospitals. Then the debate of art and society and autonomy vs instrumentality is sketched out:

- >> Sub question 1: what is the background of the emergence of professional art collections at hospitals?

- Based on political and socio-cultural developments in the last century.
- Based on an older/ longer existing tradition.

- >> Sub-sub question: what is the relevant art historical debate at play?

The second chapter explains what the scientific literature writes about art in hospitals. In short, medical journals publish about the value of art for patients, medical staff, and medical students:

- >> Sub question 2: where and why does art fit in the medical education in the Netherlands?

- Because UMC's facilitate scientific research.
- Because it seems to have benefits for doctors, students, and patients.

- >> Sub-sub question: what are the effects of art(education) on medical students?

The third chapter zooms in on the art collection of one hospital: the Leiden University Medical Centre.<sup>12</sup> Why LUMC? This has several reasons. The functions art has in the hospital are numerous and distinct. The collection is integrated in the university programme of Leiden University. The LUMC has the second largest hospital collection in the Netherlands.<sup>13</sup> Finally, the art department is established and part of the overall hospital organisation.

- >> Sub question 3: in what ways does the LUMC engage with art?

- Overview of art related practices at the LUMC.
- Connect to topics discussed in chapters one and two.

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<sup>12</sup> From now on referred to as 'the LUMC'.

<sup>13</sup> The Amsterdam Medical Centre has the largest art collection consisting of approximately 6000 works.

The first chapter provides historical background, thereby actually looking at ‘the past’. This is still formulated in general terms and describes where the concepts of corporate collecting and hospital collections come from. The second chapter gives an idea of current developments in the ‘hospital-art world’, suggesting ways to look at ‘the future’. The last chapter acts as a ‘case study’ of the first and last chapter, because it focuses on one hospital; the LUMC. It ties the topics of the first two chapters together.

## Motivation

Why art at a hospital? A personal motivation is because of conversations with friends and acquaintances who have experienced a process of (long term) disease treatment. All of them mention art or a form of artistic practice such as music, dance, theatre and photography as one of the main sources of relief, coping and even healing. Especially in a process where there is often a lot of uncertainty, art can help to reflect and distract. Often the ‘meaning’ of an artwork does not immediately reveal itself (or not at all). Is there even meaning in some works of art? Art helps to deal with the unknown and opens up new possibilities. The scientific motivation is that art helps to deal with ambiguity, something that doctors, patients and medical students encounter all the time. Therefore, art is placed in hospitals and integrated in medical curricula.

## Methods

### Informal

This research was prompted by experience and observation from ‘the field’, meaning my internship at the LUMC. Here, the foundation for this research was laid. Information gathering started informally in the form of walking in and around the hospital building, observing the artworks and the visitors. Secondly, conversations with staff members and my internship supervisor outlined a more detailed framework. These informal conversations proved to be of relevance because it shaped my thinking and sparked my interest. Also conversations with friends in the past two-three years were relevant since this topic was discussed. My memory of the gist of these conversations was still quite clear, but for some details I contacted them to fact-check.

## Formal

Formal research consisted predominantly of literature research. For example on art education in medical context. Upon looking into this topic a lot of scientific research papers were found. The most important task was to get a qualitative grasp of the current state of the connection between art(education) and the medical word. To narrow down, search terms containing 'art', 'education', 'medicine' or any related words were used. Another approach to obtain relevant literature was through the bibliographies. For example, in the early stages of this research a paper was found from 2018. The title "Kunst kijken verbetert het observatievermogen", which translates as "looking at art improves observational skills", prompted to continue reading. In this bibliography the study by Dolev and others from 2001 was mentioned. This was a qualitative study examining the effects of art observation following a teaching session by professor of dermatology Irwin Braverman in 1997. The 'source' of art education in medical context, with the main idea of enhancing visual observation skills, was found. An overview of the papers that were read and used can be found in the **appendix**. The overview is in Dutch because it was made for personal use, but it gives an idea of the approach that was used. This same approach was used for other themes, such as 'corporate collections', 'hospital collections', and 'art and autonomy'.



## Chapter 1: the rise of professional hospital collections

>> What is the background of the emergence of professional art collections at hospitals? <<

### 1.1 Introduction

There are three trends against which the emergence of hospital collections at UMC's must be placed. A traditional, more historical relationship between art and healing which results in a modern day variant; the healing environment. Then, because of political motives in the post-war Netherlands art was used to reach a general public. Together with the percent for art arrangement of the Dutch government, companies started building a 'corporate collection'. Over the past forty years these collections have served multiple purposes; from increased productivity of employees to expressing a company's corporate identity or image. Hospitals also used the percent for art arrangement to build their collections. Art functions as a means to improve wellbeing of employees, patients, and visitors, therefore also contributing to identity and image. The last trend in which both corporate collections and hospital collections can be placed is a more art historical discussion of the place of art in society. Does art need to have use or purpose in relation to society and its environment or can it stand on its own? This discussion goes back to the debate on the autonomy of art starting in the 19<sup>th</sup> century; the instrumental or functional use versus the autonomous work of art.

### 1.2 A short history of art & hospitals

Though professional collections in Dutch hospitals have not existed for more than forty years, the tradition of art in hospitals is older.<sup>14</sup> Art in a hospital environment is not a twentieth century invention. That art contributes to the healing process of patients has existed at least since ancient times.<sup>15</sup> In the catalogue *Art as Medicine* that the LUMC published in 1996, attention is paid to the historical context in which the modern hospital collection can be placed. One of the authors, Jacqueline Kleisen, refers to 'the Asklepion', a temple complex in classical antiquity, named after the god of medicine Asklepios.<sup>16</sup> In these healing temples, the sick were laid to rest so Asklepios could visit them in their sleep and cure them. To facilitate

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<sup>14</sup> Here is referred to 'hospitals' instead of specifically to UMC's. There are many hospitals, including the seven UMC's in the Netherlands that own art. Some of these 'regular' hospitals are also affiliated with the VBCN like the Amphia hospital and the Antonie van Leeuwenhoek hospital.

<sup>15</sup> Hospitals in Western Europe are often founded on a Christian ideal.

<sup>16</sup> Jacqueline Kleisen, *Kunst als medicijn: een keuze uit de collectie van het AZL* (Leiden: Kunststichting AZL, 1996), 21-26.

the recovery process, sculptures of healthy, muscular people were placed in the temples along with reliefs that told stories of healings.<sup>17</sup>

Until the beginning of the Middle Ages, the Askleions remained important hospital sites and acquired great fame in the Western world at that time. With the rise of Christianity, the Askleion-culture slowly disappeared.<sup>18</sup> The Greeks built temples for their sick and Christians built separate buildings with a chapel, such as the hospital in Siena: Santa Maria della Scala. The hospital in Siena is one of the oldest buildings in Europe that had a hospital function from the beginning.<sup>19</sup> In the Santa Maria, as in the Askleion, visual arts promote the healing of the sick. Simone Martini, Ambrogio and Pietro Lorenzetti painted a series of frescoes on the exterior facade with the Virgin Mary as the subject.<sup>20</sup> An example closer to home is the St. Elizabeth's or *Groote Gasthuis* in Haarlem from 1581, where works of art were purchased for the benefit of patients. Daan van Speybroeck, art coordinator of the Radboud UMC emphasizes about art in hospitals that: “traditionally, Catholic hospitals and hospices have always had art collections with religion as the main subject”.<sup>21</sup> In line with that tradition, UMC Radboud started collecting art, “but of course also to make the building more pleasant for patients and visitors”.<sup>22</sup> Temples of healing (Askleion), early hospitals (Santa Maria della Scala), and some modern UMC’s (Radboud) are part of a tradition of decorating the building with frescoes, sculptures, reliefs, and paintings. The most recent development is the concept of the ‘healing environment’. This too is not entirely new, as creating an environment to promote health and healing was popular two thousand years ago. In the 1960s healing environments were linked with Evidence-based design (EBD), providing a scientific base.<sup>23</sup> Modern-day healing environments are also sometimes compared to the Askleion. There are indications sites of Askleia were not chosen at random. Askleia were often built on places with great views, rich natural beauty and springs.<sup>24</sup>

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<sup>17</sup> Kleisen, *Kunst als medicijn*, 23.

<sup>18</sup> Hans van der Heyden, *Het ziekenhuis door de eeuwen, over geld, macht en mensen* (Rotterdam: Erasmus Publishing, 1994), 14.

<sup>19</sup> The first mention of the hospital was in 1090. Around 1330 Santa Maria della Scala commissioned several interior and exterior frescoes.

<sup>20</sup> Judith Steinhof, *Sienese Painting After The Black Death* (New York: Cambridge University Press, 2006), 190.

<sup>21</sup> Connie Engelberts and Lucas Mevius, “Een venster op de buitenwereld: kunstcollecties in ziekenhuizen,” *Nederlands Tijdschrift voor Geneeskunde* 155(2011):C1170, <https://www.ntvg.nl/materialen/interview/een-window-op-de-buitenwereld/complete> (accessed on June 5th, 2020).

<sup>22</sup> Engelberts and Mevius, “Een venster op de buitenwereld: kunstcollecties in ziekenhuizen”.

<sup>23</sup> EBD is the general process of building a physical and/ or mental environment based on scientific literature. The basic idea is that patients with a window view significantly impacts recovery. This basic idea is exploited with environments consisting of lots of nature, pleasant architecture, and art.

<sup>24</sup> Christopoulou, Togia and Varlami, “The “smart” Asclepieion: A total healing environment,” *Archives of Hellenic Medicine* 27(2010)2: 259-263, <http://mednet.gr/archives/2010-2/pdf/259.pdf> (accessed on July 1st, 2020).

### 1.3 Background of corporate collections

Of the UMCs in the Netherlands, the UMC Utrecht, AMC, VU Medical Center, Radboud, Erasmus, and LUMC have art collections that are affiliated with the *Vereniging Bedrijfscollecties Nederland* (VBCN), of which; for example, ING and the Ministry of Foreign Affairs are also members. The VBCN was founded in 2005 as an independent non-profit knowledge network for Dutch companies and (semi) public institutions with a policy for art collecting. The starting point is that these members bring a large and diverse audience in contact with art, and create new connections between art and society. This makes the VBCN a distinctive player in the cultural field.<sup>25</sup>

The historical background of professional art collections in Dutch hospitals begins with the rise of corporate art collections. Arnold Witte, who is an art history professor at the UvA specialised in patronage, claims two things. The emergence of corporate art was more governmental than is thought. Often this was not the result of a ‘private entrepreneur with a love for art, sharing this with his employees’ but supported and financed by private foundations functioning as semi-governmental institutions, promoting art and culture amongst the Dutch working classes since 1950.<sup>26</sup> Witte therefore also claims this emergence should be placed in a broader political and cultural context.<sup>27</sup> One of such is the rise of industrial and organisational psychology, also known as occupational psychology, after the Second World War. This field applies psychological theories to the behaviour of people related to their work, work-life and organisations.<sup>28</sup> This led to an embellishment of the workplace with works of art.<sup>29</sup> In the 1960s, more commercially oriented companies picked up – from a business perspective – occupational psychology. For example, an article in *Elsevier Magazine* on the Peter Stuyvesant collection stated that in 1966 the productivity of the employees at the Amsterdam headquarters of the cigarette manufacturer Turmac had increased after some of the paintings were hung in the office spaces: “the work performance is higher than before.”<sup>30</sup> Until the 1980s, commercial companies argued that the art was

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<sup>25</sup> ‘About the VBCN’, Vereniging Bedrijfscollecties Nederland.

<sup>26</sup> Arnold Witte, “The myth of corporate art: the start of the Peter Stuyvesant Collection and its alignment with public arts policy in the Netherlands, 1950-1960,” *International Journal of Cultural Policy* 27(2020)3: 344-357, DOI: <http://doi.org/10.1080/10286632.2020.1746291> (accessed on June 5<sup>th</sup>, 2020).

<sup>27</sup> Witte, “The myth of corporate art,” 344.

<sup>28</sup> Donald Truxillo, Talya Bauer and Berrin Erdogan, *Psychology and Work: Perspectives on Industrial and Organizational Psychology* (New York: Psychology Press / Taylor & Francis, 2016), 34-38.

<sup>29</sup> Arnold Witte, “L’art pour l’art: bedrijfscollecties in Nederland,” *NAi Publishers* (2009): 33-53, [https://www.academia.edu/8359588/L\\_art\\_pour\\_l\\_art\\_The\\_Legitimization\\_of\\_Corporate\\_Art\\_Collections\\_in\\_the\\_Netherlands](https://www.academia.edu/8359588/L_art_pour_l_art_The_Legitimization_of_Corporate_Art_Collections_in_the_Netherlands) (accessed on June 5<sup>th</sup>, 2020).

<sup>30</sup> “Alexander Orlow: kunst bij het werk,” *Elsevier Weekblad*, 19 November 1966, p 73.

primarily intended for the employees. This shows that the premise of occupational psychology remained valid for a long time for various types of company collections.<sup>31</sup>

In 1952 the Dutch government introduced the ‘percent for art’ policy, which determined that 1,5% of the total construction sum of government buildings and 1% of school buildings had to be spent on art or decoration.<sup>32</sup> This caused (semi-)public companies, like PTT, to build up art collections intended for their employees almost without being noticed.<sup>33</sup> At the end of the sixties, with the concept of ‘corporate identity’ the idea grew that art could have a positive effect on the ‘corporate image’ for both employees and outsiders. Shifting the attention from the employee to the company as a whole. For example, the Bijenkorf purchased art based on the idea that it would help the artists – mostly members of the Cobra movement. According to Arnold Witte avant-garde art would undoubtedly contribute to the image of the department store as progressive in the field of fashion and interior design.<sup>34</sup> More recently, companies such as AkzoNobel, Arcadis, DSM and Randstad, among others, even take their corporate image as a starting point for their collection. In each of these examples, the collection as a whole and the individual works represent qualities or core activities that the company wants to show to the public. Many other corporate collections in the Netherlands nowadays try to establish a relationship between their art(collection) and the activities or the character of the company.<sup>35</sup> Most recently the concepts ‘corporate social responsibility’ and ‘corporate cultural responsibility’ emphasize another role companies have to take with regard to art.<sup>36</sup>

Corporate art collections flourished after the Second World War because of the socio-cultural climate (industrial and organisational psychology), political agreements (percent for art principle), and commercial interest (corporate identity). The emergence of professional hospital collections should be placed against this background. The collections of the UMC’s were all founded on the ‘percent for art’ arrangement. With art hospitals try to provide distraction to visitors by making the environment more pleasant.

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<sup>31</sup> Witte, “L’art pour l’art,” 37.

<sup>32</sup> Cas Smithuijsen, *Cultuurbeleid in Nederland* (Ministerie OCW/ Boekmanstudies Den Haag, 2007), 129.

<sup>33</sup> PTT was a state-owned Dutch postal company that has its origins in the end of the 20<sup>th</sup> century. In the 1980s the PTT split up into separate privatized companies.

<sup>34</sup> Witte, “L’art pour l’art,” 37.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid., 39.

## 1.4 The fate of autonomous art

A common conception of the arts is that they are autonomous: art has an intrinsic value. Autonomous art concerns itself with the problems intrinsic to itself, i.e. art-intrinsic problems; not with let's say political or societal issues. It must be acknowledged that the debate on the autonomy of art is not a brief one because it is unclear when it exactly started and it keeps returning in the last two centuries in various forms. For the sake of argument a few ideas must be mentioned. The first one is the concept of *l'art pour l'art* or art for art's sake, originating in French and English literature.<sup>37</sup> At the end of 19th century *l'art pour l'art* expressed the intrinsic value of art. This became a bohemian creed at that time opposing those who thought that the value of art was to serve a moral or didactic purpose. Marxists in contrast later argued that art should be political in order to transmit the socialist message – which as we know extensively happened in communist Russia and later during the cold war by both Russia and the US (or Europe, or The West).<sup>38</sup> Progressing into the twentieth century many major changes took place in Europe – industrialisation had fully taken off, two World Wars were to come, and mechanical inventions accelerated reproduction processes. In 1935 Culture Critic Walter Benjamin wrote his influential essay 'The Work of Art in the Age of Mechanical Reproduction', more so related to the authenticity of art than to its autonomy. Essentially he states that art would lose its authentic and unique aura because of technical reproduction, i.e. photography.<sup>39</sup> However, he does refer to *l'art pour l'art*. He claims that with the rise of photography art 'felt' a crisis approaching and reacted with the theory of *l'art pour l'art*; an idea of a 'pure' art that rejected any kind of social function.<sup>40</sup> After the Second World War Clement Greenberg promoted the 'flatness' of painting in his 1955 essay "American Type Painting". He promotes autonomy in terms of medium specificity – what is unique to painting is the flat surface of the canvas. Greenberg's modernist concept of autonomy gave way to neo-avant-garde 'art and life' initiatives in the 1950s and 1960s.<sup>41</sup>

Kees Vuyk, a Dutch senior lecturer of the humanities department at the Utrecht University, writes: "in the last decades of the twentieth century a shift occurred in the cultural

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<sup>37</sup> The phrase is credited to Theophile Gautier, a french novelist, who expressed the slogan in the preface to his 1835 book *Mademoiselle de Maupin*, though he did not come up with the words himself.

<sup>38</sup> This is because the US government actively promoted and financed upcoming art forms, such as American abstract expressionism to propagating to be a free, independent, and individual nation – as opposed to the unfree and collective USSR.

<sup>39</sup> Turns out this didn't happen and maybe even the opposite took place: because of the multitude of reproductions even more people visit the original. Take the Mona Lisa as an example.

<sup>40</sup> Walter Benjamin, *The Work of Art in the Age of Mechanical Reproduction* (London: Penquin Books, 2008), 11.

<sup>41</sup> There are many more – famous – theorists who wrote extensively on this topic. For example, Peter Bürger in his book *The Theory of the Avant-garde*.

policies of western governments [...] instrumental ways were put forward, which was in conflict with the way the arts see themselves, as autonomous with a value of their own”.<sup>42</sup> According to Vuyk, policy makers started demanding arguments for the concrete advantages of art to society. Either needing to have economic benefits or as a way to increase social cohesion.<sup>43</sup> This poses a problem, because shouldn't art not matter intrinsically regardless of what it delivers? According to Vuyk, the distinction between the instrumental and intrinsic value of the arts originates in a misperception of recent history. It may have seemed that governments supported the arts because of their intrinsic value, in reality the arts were “a politicians' toy”.<sup>44</sup> However, Vuyk argues that an instrumental use of the arts is not an unacceptable principle per se. It depends more so on what purposes they serve. His argument is that it means the arts do matter in society, as they are instruments: “they have always been and are still today an effective means to help shape human existence”.<sup>45</sup> Vuyk his standpoint is interesting by saying that the purpose of art is not the work of art (i.e. l'art pour l'art). The work is just the means. Art is about the experience that it yields. An experience that is not singular but that sticks with you. You come back to it, learn from it. It makes you richer and therefore it is valuable.<sup>46</sup> In conclusion, Vuyk thinks of the arts as being instruments of experience. Hospitals operate on the borders of the public versus the private; they are part of society and fulfil a societal function.

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<sup>42</sup> Kees Vuyk, “The arts as an instrument? Notes on the controversy surrounding the value of art,” *International Journal of Cultural Policy* 16(2010)2:173-183, DOI: <http://doi.org/10.1080/10286630903029641> (accessed on April 19th, 2020).

<sup>43</sup> Vuyk, “Arts as an instrument?,” 173.

<sup>44</sup> *Ibid.*, 174.

<sup>45</sup> *Ibid.*

<sup>46</sup> *Ibid.*, 179.

## Chapter 2: art in medical education

>> Where does art fit in the medical education in the Netherlands? <<

### 2.1 Introduction

The body of literature on the topic of art education in the medical curriculum is extensive (see appendix for a complete overview). In this chapter this literature will not all be discussed separately. The gist of the research is mostly the same: art education or observation is beneficial to – specifically – medical students. There are two components to this statement; why art and why medical students? First, the current status on art education is set out: where does it come from and what is present in the Netherlands? Then, the effects of implementing art in the curriculum are summarized followed by an exchange of methods that happens between the two fields.

### 2.2 Background

In 2009 the Dutch *Tijdschrift voor Medisch Onderwijs* published an article with the title “Students become better doctors through education in ‘Medical Humanities’” written by Jan Borleffs, who is a professor of medical education. The scope of this article is that the (academic) skills of a ‘good doctor’ should be understood much more broadly than just applying acquired medical knowledge. Education in the ‘medical humanities’ ensures that students learn to reflect on themselves and on the way medicine is practiced.<sup>47</sup> Knowledge about ethics, philosophy of science, and the fact that there are different paradigms – also in medicine – contribute to the analysis and understanding of medical problems and questions.<sup>48</sup> Borleffs also writes that in this respect the Netherlands is lagging behind compared to, for example, the United States, where some universities have long included educational modules aimed at a broad and general education.<sup>49</sup> The conclusion is that a ‘good doctor’, in addition to professional and medical-technical knowledge, must also have a ‘metavision’; a broader vision that comes about through, among other things, cultural education.

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<sup>47</sup> Medical humanities is an interdisciplinary field of medicine intersecting with the humanities (such as philosophy, history and literature), social science, and the arts. Though the cross-fertilization between medicine and the humanities goes back much further; well into the Middle Ages, where the principle of the seven 'artes liberales' had already been practiced, the focus here is on the conscious and active integration of art (education) in the medical curriculum.

<sup>48</sup> Jan Borleffs “Onderwijs in medische humaniora,” *Tijdschrift voor Medisch Onderwijs* 28(2009)2: 90.

<sup>49</sup> Borleffs, “Onderwijs in medische humaniora”, 90.

In short, the principle of using art in the medical education program to establish what Borleffs calls a 'metavision' starts with the *Yale observational skills program*.<sup>50</sup> Irwin Braverman, professor of dermatology, found in the late 1990s that dermatology students had significant difficulty identifying subtle features in skin lesions. After a visit to the Yale Center for British Art (YCBA) where paintings were studied, descriptions of patients' dermatological problems improved significantly.<sup>51</sup> Following this experience, a formal study was conducted in 2001 by Doctor Jacqueline Dolev to see if visual arts could be used to teach observational skills. In this study, students were assigned to an intervention or a control group. *Pre-tests* and *post-tests* were administered in the form of observing pictures of patients with specific medical conditions to test the effectiveness of the intervention strategy. The control group received training in anamnesis and physical examination while the intervention group visited the YCBA where they studied and described paintings and then discussed their visual findings with each other.<sup>52</sup> This study found that looking at and giving objective descriptions of paintings enhanced skills that could be transferred to assessing and identifying medical conditions of patients on the pictures (*post-tests*).<sup>53</sup> The mean scores on the *pre-tests* did not differ significantly between the two groups, while the mean scores on the *post-tests* did show a significant difference between the control group and the intervention group. This means that the intervention strategy (observing and describing paintings) supposedly had an effect. Moreover, there was no difference between the pre- and post-tests of the control group, while there was a significant difference between the pre- and posttests in the intervention group (between- and within-group significance).<sup>54</sup> As a result, this program has been a required part of the YMS curriculum since 2002 and has been adopted in whole or in part by twenty other medical schools across the United States.<sup>55</sup> For example, the *Prescribing Art* course is a collaboration between the School of Medicine, the Abrams-Engel Institute of Visual Arts and the Birmingham Civil Rights Institute in the United States to train medical students in recognizing bias and addressing racial differences.<sup>56</sup>

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<sup>50</sup> 'Yale innovation in art observation has worldwide reach', Yale school of medicine, accessed on March 11<sup>th</sup> 2021, <https://medicine.yale.edu/news/yale-medicine-magazine/yale-innovation-in-art-of-observation-has-worldwide/>.

<sup>51</sup> Braverman, "To see or not to see", 343.

<sup>52</sup> Jacqueline Dolev, L Krohner and IM Braverman, "Use of Fine Art to Enhance Visual Diagnostic Skills," *JAMA* 286(2001)9: 1020.

<sup>53</sup> Braverman, "To see or not to see", 344.

<sup>54</sup> Dolev, "Fine Art Enhance Visual Diagnostic Skills", 1020.

<sup>55</sup> Braverman, "To see or not to see", 344.

<sup>56</sup> Shannon Thomason, "'Prescribing Art' course teaches med students to recognize bias and better address racial disparities," UAB News, 2020, <https://www.uab.edu/news/arts/item/11373-prescribing-art-course-teaches-med-students-to-recognize-bias-and-better-address-racial-disparities>.



As a result of this research, it was considered whether art should be integrated into the medical curriculum in the Netherlands. The *Dutch Journal of Medicine (Nederlands Tijdschrift voor Geneeskunde)*, for example, has published a number of articles on this subject. In the article “What does art have to offer medicine?” Arko Oderwalt and Wouter Schrover pose the question whether the use of art as therapy and for the education of students can also be substantiated scientifically. They distinguish three functions that art can fulfill in relation to medicine. Firstly, the arts are used as therapy, especially in psychiatry and cancer treatments. Second, art can help in the training of specific skills. Thirdly, art has a formative function, with the result that we get better doctors when it comes to dealing with patients.<sup>57</sup> In response to the Dolev study, which states that looking at art leads to significantly better observational and diagnostic skills in medical students, Oderwalt and Schrover argue in favor of investigating whether this can also be implemented in the Netherlands.<sup>58</sup> Their conclusion is that there is an intuition, but little hard evidence that art makes an effective contribution to medicine. However, they also say that there are strong indications that it does and that more and thorough research needs to be done.<sup>59</sup>

In contrast, others are more critical of implementing arts education in the medical curriculum. For example, Niels Elbert and Olle ten Cate systematically researched the effect of art observation on the observational skills of medical students.<sup>60</sup> The evidence is limited because the studies discussed are diverse in design and methodologically not undisputed – often a control group was missing and data was collected in a subjective way. Little is also known about possible long-term effects and the translatability into daily practice.<sup>61</sup> Finally, they suggest that there may be publication bias, which means that only positive experiences were reported.<sup>62</sup> They conclude that at the time of writing it is too premature to embed art observation in the medical curricula of the Netherlands, even though this had already been actively done in the US for a number of years.<sup>63</sup> They propose to set up guidelines for future research, ideally involving multicentre research with a clearly defined intervention and control group, as was the case with the Dolev study.<sup>64</sup>

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<sup>57</sup> Arko Oderwalt and Wouter Schrover, “Wat heeft kunst de geneeskunde te bieden?,” *Nederlands Tijdschrift voor Geneeskunde*, 155(2011): 1-2.

<sup>58</sup> Oderwalt and Schrover, “Kunst geneeskunde te bieden,” 2.

<sup>59</sup> *Ibid.*, 3.

<sup>60</sup> Elbert and ten Cate, “Kunstobservatie in het medisch curriculum,” 1.

<sup>61</sup> *Ibid.*

<sup>62</sup> *Ibid.*

<sup>63</sup> *Ibid.* This article was published in 2013.

<sup>64</sup> Multicentre research is medical scientific research that is carried out in different participating centres on the basis of the same protocol.

A critical attitude towards art observation is essential and Elbert and ten Cate are sharp in that regard. The formulation of guidelines is addressed by a later study by Paul Haidet and others in 2016. Art education is often still based on individual teachers and interests rather than on strategic decision-making. They propose an overarching framework to guide the implementation of arts education in medical education.<sup>65</sup> Their concept model includes three strategies: engagement, meaning-making and translation strategies, all three of which should be incorporated into an art-based curriculum. They believe that progress in these strategies can still be made, especially in the third strategy. In the Haidet study this is recognized and it is substantiated by other studies that art can increase empathy and promote observation and communication skills, but how the translation should be made to medical practice is still a matter of discussion.<sup>66</sup>

In Dutch medical education, an active attempt has already been made to make this translation. As mentioned in the introduction, the RadboudUMC set up an innovative track in 2016 in which co assistants and doctors in training work together with artists in practice.<sup>67</sup> Several other universities in the Netherlands have offered or still offer a form of art/humanities education in their medical curricula.<sup>68</sup> For example, between 2017 and 2019 the Maastricht University Medical Centre, in collaboration with Maastricht University, offered a 4-week elective course 'Does experiencing art make you a better doctor?' to second-year bachelor students. The elective course explored parallels and differences between art and medicine, which broadened the students' horizon and led to new perspectives in their field. This program was not continued due to the lack of funding.<sup>69</sup> At the Amsterdam University Medical Centres (AMC and VUmc) developed a conceptual programme, which aimed to improve the observation and communication skills of medical students.

At the University of Utrecht art and humanities are implemented in the medical curriculum in two ways. A different approach is the *Nieuwe Utrechtse School*, a partnership established in 2017 between Utrecht University, UMC Utrecht and the Utrecht School of the Arts (HKU). The *Nieuwe Utrechtse School* is a platform of professionals, professors, researchers and students promoting structural cross-fertilization between medicine, the arts

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<sup>65</sup> Paul Haidet et al., "A guiding framework to maximise the power of the arts in medical education: a systematic review and metasynthesis," *Medical Education* 50(2016): 320, DOI: 10.1111/medu.12925.

<sup>66</sup> Haidet et al., "Guiding framework to maximise power," 328.

<sup>67</sup> Jur Koksma, "Anders leren kijken en de ander leren zien: coassistenten en aiossen werken samen met kunstenaars om betere dokters te worden," *Nederlands Tijdschrift voor Geneeskunde* 161(2017): 1.

<sup>68</sup> These are: Erasmus Medical Centre, Leiden University Medical Centre, Maastricht University Medical Centre, Radboud University Medical Centre, University Medical Centre Utrecht, University Medical Centre Groningen, the Amsterdam University Medical Centres AMC and VUmc.

<sup>69</sup> Reijntjes, "Beter waarnemen kijken naar kunst", 4-7.

and other sciences to prepare future health scientists and healthcare professionals for changes in the 21<sup>st</sup> century.<sup>70</sup> The ‘21<sup>st</sup> century healthcare professional’, in addition to (bio)medical and clinical knowledge, must possess a range of professional skills that will enable them to empathise with the patient's perspective and enable person-centred care. It is this convergence of social and health(care) themes that makes a structural dialogue between medicine, the arts and the sciences necessary.<sup>71</sup> In this context the *Nieuwe Utrechtse School* organises activities and workshops, supports research, promotes educational modules and facilitates student initiatives. On the other hand, a number of medical departments visited the Rijksmuseum in Amsterdam in 2018. Participants did observation assignments with the aim of learning to look at art more objectively. In one of the assignments a nurse was asked to give a detailed description of a work of art to a specialist standing with his or her back to the work of art. The specialist was then asked to copy the artwork. Both parties practiced communication skills and information transfer, and a bridge was built to a situation similar to one in a clinic.<sup>72</sup>

### 2.3 Effects

Two aspects that are important when it comes to the added value of art in medical education are: observing and exposing prejudice. Dolev was the first to formally study the effects of art on enhancing observational skills in dermatology students. Contrary to the criticism Niels Elbert and Olle ten Cate have regarding studies on the subject, Dolev's research was well designed with a control group and intervention group, pre- and post-tests, and clear significant results. The conclusion was simple: looking at art improves visual diagnostic skills.<sup>73</sup> The studies discussed above draw the same or very similar conclusions: the systematic observation of paintings increases the observation skills of (medical) students.<sup>74</sup>

Another effect that is often mentioned is exposing prejudices and prejudices. In a study by Johanna Shapiro, the effect is called ‘deep seeing’. The aim is to look beyond the expected, both in images and with patients. This concept also encourages reflection on and recall of first impressions to ensure that important elements are not overlooked.<sup>75</sup> In addition,

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<sup>70</sup> ‘De Nieuwe Utrechtse School’, Utrecht University, accessed on July 1st, 2021, <http://www.uu.nl/onderzoek/de-nieuwe-utrechtse-school>.

<sup>71</sup> ‘Nieuwe Utrechtse School’. Website Utrecht University.

<sup>72</sup> This exercise is similar to the exercise that was done by the intervention group in the Dolev study. Before and after the exercise participants had to observe pictures of patients (*pre- and post-tests*).

<sup>73</sup> Dolev, “Fine Art Enhance Visual Diagnostic Skills”, 1020.

<sup>74</sup> Shapiro, “Training the clinical eye and mind,” 264.

<sup>75</sup> *Ibid.*, 266.

reflection ensures that students or doctors gain insight into their own biased points of view and as a result can approach the patient or situation differently.<sup>76</sup> Jan Borleffs mentions that the influence of a broader development ensures that doctors "look beyond borders" and "make time for other tasks that doctors have in society".<sup>77</sup> Other studies have reached similar conclusions. Anne de la Croix talks about the effect art has on tackling difficult questions without simple solutions, tolerating ambiguity, and questioning your own cultural and ethical assumptions.<sup>78</sup> Braverman observes for example: if students learn to approach paintings without directly making an interpretation, they also learn to collect information in an objective manner. He further concludes: ambiguity in paintings allows for multiple interpretations, and to determine which one is most likely, students must return to the painting and look again.<sup>79</sup> This is a process also used by Amy Herman in her successful training 'the Art of Perception'.<sup>80</sup>

## 2.4 Methods

Another interesting development is going on in the form of a methodological exchange between the two disciplines. Amy Herman's method addresses the issue of 'assumptions and presuppositions'. She is a strong proponent of making use of the unique and autonomous power of art. Art encourages good and attentive looking, something that can save lives.<sup>81</sup> She calls this skill 'visual intelligence', and she uses art to teach it to company staff, trauma nurses, and Navy SEALs. According to Herman, by looking at art we have the perfect means of rethinking how we solve problems without the help of technology. Art can articulate a thought process and make it visible in unexpected ways.<sup>82</sup> Following her training, she wrote the book *The Art of Observation*, which is divided into four parts, the four A's: assess, analysis, articulate and adapt.<sup>83</sup> In each part she offers methods and exercises that distinguish between objective and subjective perception. An example is the following exercise:

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<sup>76</sup> Ibid., 267.

<sup>77</sup> Borleffs, "Onderwijs in medische humaniora", 90.

<sup>78</sup> Anne de la Croix, Catharine Rose, Emma Wildig and Suzy Willson, "Arts-based learning in medical education: the students' perspective," *Medical Education* 45(2011): 1091.

<sup>79</sup> Braverman, "To see or not to see," 345.

<sup>80</sup> Amy Herman, *De kunst van het observeren*, (Amsterdam: Atlas Contact, 2016), 12.

<sup>81</sup> Amy Herman, *A lesson on looking* (Toronto, TED Talks, 2018),

<https://www.youtube.com/watch?v=jHmjs2270A&t=87s>, accessed on April 22, 2020, min. 1.03 – 1.15.

<sup>82</sup> Herman, *A lesson on looking*, min. 1.17 – 1.31.

<sup>83</sup> Amy Herman, *De kunst van het observeren*, 55.

Look at a work of art without reading the explanation or title on the information plate.

Describe what you see using the following steps:

1. Study the chosen artwork thoroughly for 1 minute.
2. Cover it up or turn around and try to write down as many details as possible: color, shape, texture, material, words, dimensions, etc.
3. Look at the artwork again but extend the time: look for three minutes and repeat step 2.
4. How much details and information did you remember now?
5. Only now consult other sources of information, does this change your observations?<sup>84</sup>

The exercise by Amy Herman is similar to the intervention strategy used in the course of Braverman. Students are instructed to study a painting for approximately fifteen minutes without reading the label. The student has to identify as many objects in and features of the painting as possible. Then the student needs to describe the painting as accurately as possible to another student, who does not see the painting so that he or she can make a mental image. It is not allowed to make interpretations or draw conclusions and the task is to stay as objective as possible: “the figure looks happy” would have to be further explained. Only after a thorough objective description is given, can the student make interpretations. The two above exercises are useful for training medical skills such as differential diagnosis, handling contradictory data and thoroughness of examination.<sup>85</sup>

Another example is the Visual Thinking Strategy (VTS), a method in the visual arts based on three open questions to get a better understanding of the work of art. These questions are; 1) What is happening in this work?; 2) What do you think that makes you say this? 3); What else can we find?<sup>86</sup> Dermatology students of the Harvard Combined Dermatology Training Program followed a two-months course in VTS. After the course the number of observations of the participating dermatologists was significantly higher.<sup>87</sup>

Conversely, in dermatology in the Netherlands, the PROVOKE structure is used to describe skin lesions: Location, Arrangement, Size, Shape, Circumference, Color, and

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<sup>84</sup> Herman, *De kunst van observeren*, 76.

<sup>85</sup> Braverman, “To see or not to see,” 345.

<sup>86</sup> ‘Visual Thinking Strategies’, <http://www.vsthome.org> (accessed on June 18th, 2020).

<sup>87</sup> Huang, et al., “Fine arts curriculum improves observational skills of dermatology trainees: a pilot study,” *British Journal of Dermatology* 175(2016)4: 815-817.

Efflorescence.<sup>88</sup> PROVOKE is intended to systematically describe what you see without directly attaching a diagnosis or judgment to it.<sup>89</sup> VTS and PROVOKE have similarities and Merckelbach and Van der Waal suggest the PROVOKE approach could be used to observe a painting in the same way.<sup>90</sup> An example of how this is done can be found in the **appendix**. It has also been suggested that there are parallels between reviewing radiographic ECG patterns and the VTS experience.<sup>91</sup>

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<sup>88</sup> In Dutch these words form the abbreviation PROVOKE: P(plaats), R(rangschikking), O(omvang), V(vorm), O(omtrek), K(kleur), E(efflorescentie).

<sup>89</sup> S Merckelbach and Rutger van der Waal, "Kunst kijken verbetert observatievermogen," *Nederlands Tijdschrift voor Dermatologie en Venereologie* 28(2018)1: 46.

<sup>90</sup> Merckelbach, "Kunst kijken verbetert observatievermogen," 46.

<sup>91</sup> JoMarie Reilly, Jeffrey Ring and Linda Duke, "Visual Thinking Strategies: A New Role for Art in Medical Education," *Family Medicine* 37(2005)4: 250-252.

## Chapter 3: Art in the Leiden University Medical Centre

>> In what ways does the LUMC engage with art? <<

### 3.1 Description of the organization

#### 3.1.1 Hospital

The LUMC is an Academic hospital, which means that, like general hospitals, it offers regular patient care and training positions for medical specialists. In addition, Academic hospitals are affiliated with a university and facilitate scientific research and education for the medical faculty. In the Netherlands the term ‘Academic Hospital’ is mostly replaced for ‘UMC’, meaning University Medical Centre. There are seven: Amsterdam UMC (consisting of VUmc and AMC), UMCG, LUMC, MUMC+, Radboudumc, Erasmus MC, and UMC Utrecht. In an UMC, the hospital and the medical faculty have been brought together in one organizational context. The UMCs have different administrative forms, from cooperation to full merger.

At the LUMC the core values are: personal, open-minded and curious. Translated into practice, this means that within the hospital “every colleague is valuable and adds value from his personal involvement with others”. The principles are further formulated as follows, according to the LUMC website: “our connections are important: between patient and care provider, between teacher and student, between researcher and care provider, between employee and organization, between our core tasks and core values. And we do this out of curiosity: open to the opportunities and possibilities that present themselves, so that we can push the boundaries and improve together. In this way we create value for our patients, employees and the society”.<sup>92</sup> In this context, the art department fits well within the organization of the LUMC as a whole. The motivation is that art inspires, also during the healing process or a visit to the hospital. ‘Art as medicine’ had been a guiding principle since the establishment of the collection in 1988. The artworks in the LUMC need to inspire visitors, patients and their relatives. They need to offer distraction and familiarize them with developments in contemporary art. Art contributes to making the stay of patients as pleasant as possible.

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<sup>92</sup> ‘Our Culture’, LUMC, accessed on June 12th, 2021, <https://www.lumc.nl/over-het-lumc/werken-bij/werkgever/cultuur/>. Translated from original in Dutch.

### 3.1.2 Place of Kunstzaken in the organisation<sup>93</sup>

Within the hospital's organization Art Affairs has its own, independent position. The department operates in consultation with the hospital's Board of Directors. Together they are responsible for the content and implementation of the arts policy. Besides, the LUMC has appointed an art committee that is closely involved in the art policy of the LUMC. This committee consists of the head of Art Affairs, employees of the LUMC and a representative of Museum de Lakenhal. The chairman of the art committee is Jaap Fogteloo, medical specialist and medical manager internal medicine. Sandrine van Noort was appointed as head of Art Affairs in 2007, as well as the conservator and curator. She is responsible for the exhibition program and the substantive management of the permanent collection. This also includes funding the exhibitions and projects by looking for sponsors, funds and private investors and through the LUMC 'Vrienden Stichting'.

### 3.1.3 LUMC 'Vrienden Stichting'

The LUMC 'Vrienden Stichting' was established to secure additional funding for projects. The Foundation has the statutory goal of "adding value to the stay and well-being of patients and visitors at the LUMC in the broadest sense of the word."<sup>94</sup> All funds raised are spent on projects that add value to the well-being of patients and visitors to the LUMC.<sup>95</sup> It realises these projects by looking for external financiers: private individuals, companies, foundations and capital funds. The foundation supports large renovation projects, small-scale projects that support patients and art projects.

## 3.2 Art at the LUMC hospital

### 3.2.1 Background

In 2019 the LUMC published *Kunst laat het LUMC zien*. This book is about thirty years of art and the art collection at the LUMC. The chairman of the board of directors at that time, Professor Willy Spaan, writes that art and learning to look at art is of great importance to a University Medical Centre; both for patients and students. "Art", he writes, "brings color, life and movement. Art can show you what you didn't see before, can make you look from the

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<sup>93</sup> From now on referred to as Art Affairs.

<sup>94</sup> *LUMC Vrienden Stichting* (meerjarenbeleidsplan 2020-2023 Leiden, 2020), 4-6, accessed on June 28, 2021,

<https://www.lumc.nl/ove/att/beleidsplan-lumc-vrienden-stichting-2016>.

<sup>95</sup> *Ibid.*, 5.



inside out. Art can offer you a different, new perspective. A glimmer of hope, color, a moment of silence. And that is something our patients, students and staff can always use.”<sup>96</sup>

The collection’s origins date back to the nineteen eighties. The ‘1% rule’ for construction projects and the establishment of the Art Foundation in 1988 made it possible to start buying works of art. This laid the foundation for building up the LUMC collection. To date, the LUMC has pursued an active art policy for over forty years. From the start the aim of their collection has been to make a contribution to the quality of the environment in and around the buildings of the hospital. Patients, visitors, scientific and medical staff, employees and students visit this environment. In addition to building a contemporary art collection, the art foundation commissions artists to produce works for specific locations inside the building. They also program four to five exhibitions a year in the LUMC gallery. More information on the project space and the LUMC gallery below. Lastly, there is a sculpture route outside and around the building. This route connects the Leiden Bio Science Park (behind the LUMC) and the Naturalis with the city center of Leiden.

The art policy focuses on contemporary art by committed artists. The starting point of the collection is: “the rich diversity of contemporary art in the Netherlands”.<sup>97</sup> The art collection of the LUMC tries to be representative of the artistic field as much as possible. Furthermore, LUMC strives to include several works by each artist in the collection. This is to give an impression of their oeuvre. The collection is unique because of the spaces in which the works can be seen – in a health institution and not in a museum. The quality of the selected works is the guiding principle in building up the collection.<sup>98</sup>

### 3.2.2 Collection LUMC

The LUMC collection consists of about 2,600 works. The works are distributed over the departments, corridors, waiting areas and stairwells of the various buildings. The collection focuses as much as possible on unique works of art. It includes drawings, paintings, photographs, sculptures and videos created by contemporary artists. Commissioned artists are not part of the collection but get the chance to show their work in the project space or at temporary exhibitions.

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<sup>96</sup> Sandrine van Noort and Jetteke Bolten-Rempt, *Kunst laat het LUMC zien* (Leiden: LUMC, 2019), 10.

<sup>97</sup> ‘Kunstcollectie LUMC’, LUMC, accessed on June 12th, 2021, <http://vbcn.nl/nl/collecties/lumc>.

<sup>98</sup> Several conversations with Sandrine van Noort have confirmed this principle. Sandrine repeatedly puts emphasis on this quality.

Works by Tjong Ang, Henk Visch, Marc Ruygrok and Marlene Dumas, amongst others, were some of the first in the collection in the late 1980s. These artists were relatively unknown at the time, but now belong to the established order and have had retrospective exhibitions at the major museums. During this period, Professor Dr Albert Zwaveling also donated a collection of graphics to the LUMC with works by Lucebert and Co Westerik.<sup>99</sup> The works of these renowned artists laid the foundation for a graphic collection. In the 1990s Jacqueline Kleissen, the first LUMC curator, added an important and valuable collection of photography – partly thanks to sponsors. These were mostly photos taken in a period in which photography was beginning to manifest itself as an autonomous art form. World-famous photographers such as Sebastiao Salgado, Aart Klein, Sanne Sannes are part of this first photo collection. This classic photo collection formed a solid basis to continue expanding it with contemporary photography. In the same period work was added of artists who painted people in their immediate environment, such as portraits of emerging artists at the time, like Rosemin Hendriks, Willem Sanders and Martine Stig.

The collection is also rich in various sculptures that are located not only outside, on the sculpture route, but also inside the buildings. Outside there are works by for example, Armando, Adam Colton and Henk Visch. Inside, scattered throughout the building are sculptures by Michael Jacklin, Tom Claassen, Marja van Hall, Pjotr Müller and Michael Kirkham. Finally, the collection is regularly supplemented with new and relevant works. This year, for example, work was purchased by Lana Mesic and Anne Geene.

### 3.2.3 Gallery LUMC & project space

Gallery LUMC is a physical space inside the hospital. Each year it exhibits about five exhibitions with art from contemporary artists. Once a year the gallery hosts a solo exhibition of an artist from the collection to give an impression of the hospital's oeuvre. In 2020 this was Michael Jacklin. Furthermore, new acquisitions to the collection are shown every two years in a special exhibition. *Kunstzaken* follows developments in the artworld and distils topics, that may have common ground with the perceptions of visitors of the LUMC, for the exhibitions. An example is last year's exhibition "Taboo or not?", which received positive reviews in the media. Lastly, the honours course *Kijken is de (genees)kunst* concludes with an exhibition at gallery LUMC. The theme of this year – 2021 – is: *Chosen: Favorites works of art from public art collections*, making it a counterpart to the Taboo-exhibition. With these

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<sup>99</sup> Van Noort and Bolten-Rempt, *Kunst laat LUMC zien*, 16.

exhibitions Gallery LUMC has managed to attract renowned (international) artists. Many exhibitions make the national press and are the ‘calling card’ of the LUMC. LUMC often collaborates with museum De Lakenhal for exhibitions. This led the LUMC to become an important driving force for Leiden's cultural life. Visitors come in contact with art of museum level in an accessible way and through a different angle. This proves especially relevant in recent months in which ‘normal’ museum and gallery visits were not possible for the public due to the corona measures.<sup>100</sup>

To highlight the cross-fertilization between art and science, there is collaboration with researchers. An example is the exhibition about the self-healing capacity of nature in 2018. This exhibition shows how regenerative medicine and art find each other. Regenerative medicine is based on the regenerative capacity of the body and one of LUMC’s focal points.<sup>101</sup> By replacing damaged cells, tissues and organs, diseases can be prevented and cured. Nature has this same regenerative ability.

Professor Ton Rabelink, who is a researcher into regenerative medicine, opened the exhibition. The photographs in the exhibition were by L.J.A.D Creyghton. The photos depict landscapes with virtually none of the devastating traces left by the First World War.<sup>102</sup> The *Hindenburglinie* project is more than an ode to the restorative capacity of nature. It shows the resilience of people to maintain compassion and humanity; even in the most horrific circumstances. Researchers were also involved in the exhibition *Color Up*. The exhibition is the first in a series of exhibitions devoted to perception. How do we see color? And what does color mean? Professor of neuropharmacology Joop van Gerven contributed to the accompanying publication *The Color of Art*. At the exhibition opening, there are often lectures by guest speakers from the world of science and/or art.

A final example of the connection between art and science is the project space, located next to the LUMC gallery. Every two years an artist gets inspired by the architecture and creates a custom work. Scientific research is one of the driving forces of the LUMC and that is why research is the starting point for these temporary art projects. In 2010 Linda Nieuwstad created *Chrysanthemum* (**fig. 1**), a bouquet of flowers blown up to large

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<sup>100</sup> It is rather ironic that the only (semi)public places to look at art or visit exhibitions in the last months of 2020 and first months of 2021 were hospitals. It must be said that gallery LUMC was not open for the general public and only visitors of the hospital or patients were allowed in. Museums and other cultural institutions only officially opened again on June 5<sup>th</sup> 2021.

<sup>101</sup> The other two are oncology and population health. The LUMC is a pioneer in regenerative medicine for almost fifty years. For example, it carried out the first European bone marrow transplant in 1965 and the first kidney transplant in 1966.

<sup>102</sup> The photos by L.J.A.D Creyghton are from the Hindenburg Project. Creyghton (Apeldoorn, 1954) shows photos of landscapes of the Hindenburg line where fierce fighting took place during the First World War. The landscape has largely recovered almost hundred years.

proportion. David Lindberg designed a temporary installation of eight by five meters in 2012 (**fig. 2**). This work is light and rotates even with a slight breeze. Because of the transparent synthetic resin (epoxy) the appearance of the work changes as daylight changes. As of 2019 the space contains sixty-six light tubes with the title *Moving Light* by Henk Stallinga. The thin and slightly curved tubes kind of create line drawings in the sky and show the daily changes of daylight (**fig. 3**).

### 3.3 Education at the LUMC hospital

#### 3.3.1 Honours course

In collaboration with Leiden University in 2018 the LUMC launched the course "Kijken is de (genees)kunst" for third-year bachelor students – both medical and non-medical. The course is aimed at students who want to sharpen their observation skills and learn to better deal with prejudice and ambiguity.<sup>103</sup> The ten-week Honors Class consists of lectures, seminars, assignments, interviews and a museum visit to Museum *De Lakenhal* in Leiden, supervised by art historians and doctors. In terms of content, themes such as observing, interpreting and responding are covered by teachers from medical, art-historical, architectural, artistic and philosophical disciplines. Topics such as symbolism, iconography and disease depicted in art are discussed, as well as the philosophy of looking and the art of mindfulness. The program also pays attention to the patient's perspective on the implementation of art in healthcare institutions. For example, with the concept of the 'healing environment', patients' experiences of art and architecture are analysed.<sup>104</sup> In the first two parts, 'observation' and 'interpretation', students apply the PROVOKE-method and the VTS to practical examples. The third part, 'responding', uses the method of Amy Herman for addressing bias and one's own reference frame. The course concludes with an exhibition in the LUMC Gallery.

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<sup>103</sup> Frank Willem Jansen, Sandrine van Noort, Marieke Barnhoorn and Marleen Eijkholt, *Kijken is de (genees)kunst* (course manual honours course Leiden University, 2021), 1.

<sup>104</sup> 'Kijken is de (genees)kunst', Leiden University, accessed on March 5th, 2021, <https://studiegids.universiteitleiden.nl/courses/104047/kijken-is-de-geneeskunst>.

## Conclusion

The main question that was formulated for this research was: why is there art in the UMC's in the Netherlands, specifically the LUMC, and what is its added value? To answer this questions it was broken down into three components. To answer thy UMC's in general have art collections, the history of hospital collections was analysed. Hospital collections are founded on the same principles as corporate collections: decorating the building, improving employees' wellbeing – in a hospital this concerns all visitors including patients and relatives – and influencing a company's image or identity. In the case of corporates this means that they engage in philanthropic activities because it can enhance a company's success and therefore also improves corporate image.<sup>105</sup> However, not exactly the same can be said about hospitals as they do not “sell” a product in the way most companies do.<sup>106</sup> It is also suggested that companies works of art use as symbols to communicate a company's identity.<sup>107</sup> Saying art is used to communicate corporate identity is dangerous to the autonomy of the work of art. The autonomy of art is a much debated topic in the art historical literature. Simply put it comes down to whether the arts can or cannot be used instrumentally, i.e. for other (or more) purposes than just their own – art for arts sake. In this debate Kees Vuys suggested that art is always an instrument, has always been and always will be. This is not necessarily something to oppose as it confirms arts value to society. Vuys suggests then that art is an instrument of experience. This suggestion fits with the current development of the relationship between art and the medical world. Though the scientific literature cannot yet agree what is the best format or method for art education in medical curricula, two important conclusions can be drawn. For one, art (observation) is beneficial to medical students, doctors, and patients. And secondly, looking at art improves observational skills and fosters empathy. In terms of methodology a good start has been made to find the best ways of teaching this skill to students. Last but not least, most of these abovementioned elements converge in the LUMC hospital and art collection. As set out in chapter three the LUMC has as its goal to make the stay of their patients and visitors as pleasant as possible. Art contributes to this. This corresponds to the occupational psychology principle from the post-war period. The collection was also build around the percent for art principle from 1951. The last principle,

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<sup>105</sup> Hans Hoeken and Lenneke Ruijes, “Art for art's sake? An Exploratory Study of the Possibilities to Align Works of Art With an Organization's Identity”. *Journal of Business Communication* 42(2005)3: 233-246.

<sup>106</sup> Though some people see the modern hospital as a “company” selling good care.

<sup>107</sup> Hoeken and Ruijes, “Art for art's sake?”, 237.

that of corporate identity and image is a little bit harder to align with the art collection of the LUMC because there are no underlying financial or commercial interests and this was also hard to find in terms of literature. However, it has been suggested that art improves the image of the Erasmus MC comparable to the way in which art contributes to corporate image.<sup>108</sup> The LUMC also constantly seeks a balance between the autonomous status of art and the functional use of art for clinical and medical purposes; for patients, employees, and medical students. This art historical debate remains relevant in this context as well, especially with the *Taboo*-exhibition because it purposely showed works that were too intense or controversial for the hospital context. Why could these works not be displayed at a hospital? Does that undermine their autonomy? Lastly, as the LUMC is an academic hospital it also fulfils an educational and research function. Again, the LUMC embodies this with their art collection. To highlight the cross-fertilization between art and science, there is collaboration with researchers for the subjects of exhibitions. Another example of the connection between art and science is the project space, located next to the LUMC gallery. Scientific research is one of the driving forces of the LUMC and that is why research is the starting point for these temporary art projects. And finally, the LUMC has an educational function for medical students. The first edition of the honours course was a success and was continued this year and hopefully will be for the years to come.

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<sup>108</sup> J M Visser, *Kunst als imago-versterker van het Erasmus MC* (masterscriptie kunstgeschiedenis Universiteit Utrecht, 2007), 8.

## Images



Figure 1: Linda Nieuwstad, *Chrysanthemum*, photoprint on synthetic material 90 x 60 cm, 2011.





Figure 2: David Lindberg, *Chinese Purple*, epoxy and foam combined with paper, oil paint and pigments, 16 meters, 2012.



Figure 3: Henk Stallinga, *Bewegend Licht*, light installation of 66 bended light tubes, 2018.



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## Appendix

### Overview of the method for information collection on relevant topics for this research

#### Publicaties over kunst(observatie) in het medische curriculum – overzicht artikelen:

Ook aantal artikelen en literatuur over kijken en observeren/ observatie in het algemeen (los van medische connectie)

Onderwijs – doelgroep

Observatie

Empathie/ vooroordelen

Methoden

Nummer	Jaar publicatie	Titel	Onderwerpen	Type bron
1	1992	Marianne Crijns – Huidziekten in de beeldende kunst		Boek
2	1998	Van Gijn – Onderwijs in de geneeskunst	<ul style="list-style-type: none"> <li>→ geen wetenschappelijk bewijs dat het ene type curriculum betere dokters voortbrengt dan het andere.</li> <li>→ een verzorgende humanitaire houding bij artsen is waarschijnlijk minder afhankelijk van specifieke trainingen dan van aangeboren persoonlijkheidskenmerken en voorbeeldfiguren.</li> </ul>	Artikel in NTVG
3	2001	Doley et al. – Use of Fine Art to Enhance Visual Diagnostic Skills.	<ul style="list-style-type: none"> <li>→ het formeel lesgeven van observatievaardigheden wordt nauwelijks opgenomen in het medische curriculum.</li> <li>→ eerstejaars Harvard Medical School opgedeeld in controle groep: kreeg klinische tutorials en werden onderwezen over lichamelijk onderzoek verrichten en YCBA groep: bestuderen van schilderijen</li> </ul>	Artikel Journal of the American Medical Association

			<ul style="list-style-type: none"> <li>10 min en vervolgens in detail beschrijven aan rest van de groep.</li> <li>→ voor en na het onderzoek moesten studenten sets van foto's met medische aandoeningen bekijken en zo veel mogelijk details opnoemen.</li> <li>→ resultaten laten zien dat er geen sig. verschil zit tussen de twee groepen bij de observaties van de 'pre-photo's' maar wel een significant verschil tussen de twee groepen bij de 'post-photo's' (na de cursus).</li> </ul>	
4	2001	Bardes – Learning to look: developing clinical observational skills at an art museum.	<ul style="list-style-type: none"> <li>→ educatieve samenwerking tussen geneeskunde opleiding en kunstmuseum leidde tot verbeterde empirische vaardigheden in het observeren plus toegenomen besef van emoties en expressies in gezichten.</li> <li>→ drie sessies met pre- en posttests</li> <li>→ er wordt nadrukkelijk tegen de studenten gezegd expliciet te beschrijven wat ze zien. Aangemoedigd om voorkennis te negeren.</li> <li>→ zowel museum als medisch personeel namen een verbetering in observatievermogen, interpretatie, omschrijving waar.</li> </ul>	Artikel Med Educ. → redelijk overeenkomstig met de Doley studie. Ook qua uitvoering (pre- en posttests)
5	2005	Reilly – Visual thinking strategies: a role for art in medical education.	<ul style="list-style-type: none"> <li>→ bespreken één specifieke methode voor het gebruik van kunst schilderijen als</li> </ul>	Artikel in Family Medicine

			<p>middel om bewustzijn te vergroten; VTS (visual thinking strategies).          → VTS is ontwikkeld door Abigail Housen, een cognitief psycholoog en Philip Yenawine, een kunst docent.          → Housen ontdekte dat 'thinking strategies' in vijf verschillende fases te klusteren zijn, gebruikte fase 1 en 2 om protocol te ontwikkelen          → VST stimuleert cognitief denken, teamwork, kritisch denkvermogen – ook bij medische studenten en personeel.          → erkennen het belang van KUNST over bijvoorbeeld illustratie, omdat kunst open staat voor meerdere betekenissen/ multi-interpretabel – faciliteert hierdoor een 'shared observational process'</p>	
6	2006	Shapiro – Training the clinical eye and mind: using the arts to develop medical students observational and pattern recognition skills.	→ dit onderzoek suggereert dat traditionale methoden beter 'pattern recognition skills' bijbrengen, terwijl 'arts-based teaching' meer inzicht geeft over relaties, het narratief, en empathie.	Artikel in Med Educ.
7	2008	Naghshineh et al. – Formal Art Observation Training Improves Medical Students' Visual Diagnostic Skills.		Artikel Journal General Internal Medicine
8	2009	Borleffs – Door onderwijs in medische humaniora worden studenten betere doktors.	→ academische vaardigheden van de dokter moeten breder worden opgevat, ook geschoold zijn op het gebied van de medische humaniora.	Artikel in Tijdschrift voor Medisch Onderwijs & NTvG

			<p>→ anno 2008 moet een goed dokter naast vakinhoudelijke en medisch-technische kennis ook over een soort metavisie beschikken.          → een brede visie die niet alleen van belang is voor de individuele vorming van de dokter, maar ook de patiënten ten goede komt.</p>	
9	2010	Ousager et al. – Humanities in Undergraduate Medical Education: A Literature Review.		
10	2011	Oderwalt & Schrover – Wat heeft kunst de geneeskunst te bieden?	<p>→ Empathie en inlevingsvermogen ontwikkelen.          → Kracht kunst is vooral vormend + hulp bij scholen van vaardigheden.          → Kijken naar kunst significant betere observationele en diagnostische vaardigheden medische studenten (uit Doley et al 2001).          → wel intuïtie maar weinig bewijs dat kunst effectieve bijdrage levert aan geneeskunde.</p>	<p>Artikel in NTvG.          → Pleit naar aanleiding van Doley et al. om dit ook in NL te doen.</p>
11	2011	De la Croix – Arts-based learning in medical education: the students' perspective.	→conclusie is dat arts-based learning/teaching techniques een belangrijke bijdrage leveren aan de medische educatie. Het kan dokters vaardigheden verschaffen die hun praktijk te versterken, effectiever communiceren,	Artikel Medical Education



## An example of application of the PROVOKE-method to a work of art



- P: Centraal op het schilderij zien we een man in kostuum die bij een vrouw in de mond kijkt. Daarnaast is een aantal andere personen zichtbaar.
- R: De man in het kostuum kijkt waarschijnlijk in de mond van de vrouw omdat zij ziek is, of daar pijn heeft. Het zou dus kunnen gaan om een (tand)arts-patiëntrelatie. De personen links op het schilderij lijken te wachten, de oudere man rechts op het schilderij schrijft iets op. Het jonge knulletje op de voorgrond jaagt de kachel met een blaasbalg aan.
- O: Er staan veel potten in de kasten in de kamer, het zou dus misschien wel een apotheek kunnen zijn. Daarnaast staan boven de deur ook twee potten en een schilderij. Het lijkt alsof er op het schilderij een liefdesscène wordt afgebeeld. Er staat midden in de kamer -een beetje in het niets- een plant. Het lijkt alsof er op het kachelletje iets in een ketel aan het opwarmen is.
- V: Is de persoon in het kostuum op het schilderij een arts, tandarts of apotheker?  
Speelt de geschilderde scène zich in een kasteel af?
- Wat zou er met de vrouw aan de hand zijn? Heeft zij een plek links op haar bovenlip?  
Zou er een kies moeten worden getrokken? Of heeft zij een andere ziekte in haar mond?
- Wat zouden de mannen linksachter doen, wachten zij op hun beurt? Wat zou de man rechtsvoor doen, doet hij de boekhouding of schrijft hij een medicijn voor?
- Waarom zou de plant zo pontificaal midden in de kamer in het schilderij geplaatst zijn?  
Wil de schilder daar iets mee zeggen?
- O: Het schilderij is in 1752 in Venetië geschilderd door Pietro Longhi en heet *De Apotheker* (Il Farmacista). Het is te bewonderen in de Galleria dell'Accademia in Venetië.
- Het gaat hier om een typische achttiende-eeuwse apotheek. De assistent rechtsvoor schrijft een medicijn voor en de jongste assistent warmt een middelje op. De plant in de kamer is een aloë vera en verwijst naar zijn helende werking. De jonge vrouw heeft een erg laag decolleté en zou -in die tijd zo afgebeeld- een prostituee kunnen zijn (zie ook de liefdesscène op het schilderij aan de wand). De diagnose is daarom hoogstwaarschijnlijk syfilis. Hierbij ontstaat -zoals dermatologen bekend- meestal een harde zweer op de plek waar voor het eerste contact is geweest met de syfilispirocheet. Dit hoeft dus niet per se op de genitaliën te zijn, maar komt ook nogal eens voor op de lip of in de mond. In 1701 werd mercurium (kwikzilver) gebruikt als therapie, waarvan echter nooit genezende werking bewezen is. Het schilderij toont de vervaardiging van deze kwik op het kachelletje.
- K: We zien een prostituee met een syfiliszweer op haar lip die wordt behandeld door een apotheker.  
De mensen rondom dit tweetal zijn assistenten en wachtenden.
- E: -

\*\*Omwille van het oefenen met de PROVOKE hebben we bewust informatie over het schilderij niet bovenaan gezet.  
Informatie schilderij 2: *Pietro Longhi (1701-1785), Italië. De apotheker (1752), Arte de Belle Arte, Venetië, Italië.*

Is de persoon in het kostuum  
op het schilderij een arts, tandarts of apotheker?  
Speelt de geschilderde scène zich in een kasteel af?