Art in Medical Education: Especially Plastic Surgery

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Abstract. The importance of art studies in the training of plastic surgeons has not been well recognized. Presently, very few medical schools offer courses on art or include it in the humanities. Because the study of art is a great experience that helps to develop the trained eye, the inclusion of art in medical education is recommended. For plastic and aesthetic surgeons, art knowledge can greatly add to the development of surgical skill. Courses in drawing, modeling, and casting are recommended along with lectures or seminars on art appreciation.

Key words: Art Education — Plastic Surgery Residency Training — Aesthetics — Proportions — Art

The closeness between art and science has long been recognized although the relationship is difficult to define. The end goal of both art and science aims to improve the education, comfort, and enjoyment of people. We accept that both art and science require study, thought, reasoning, talent, and discipline, and both subjects are best learned through years of study and largely through visual impact. Today educators agree that art is an important part of life, and art knowledge contributes to a broad education.

I have long believed that medical education should include a modest understanding of the principles of art and art appreciation, for the love of beauty and an aesthetic sense are qualities that increase the social value of any individual. Educators have now established that man has a need for self-expression from “the cradle to the grave,” and there is a fundamental desire in most of us for some form of self-expression.

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Fig. 1. Michelangelo’s David; an example of perfect head and body proportions
creative activity. Psychologists and psychiatrists add that art and art therapy are known to reduce tension and stress. The use of art therapy in the treatment of the mentally ill has long been accepted. Hippocrates, father of medicine, was known to have said, “Where there is love of humanity there is also a love for art.” Understanding art can add a new dimension to any life; therefore, the teaching of art should be encouraged.

In 1936 the American Physicians Art Association was formed in California with 30 physician members; in 1990 the APAA had 1500 members with branches in many large cities. I believe this is evidence that physicians find art activity one satisfying way to express their creative talents. For many years the American Medical Association included a physicians’ art exhibition during its annual convention. These exhibits were popular events and helped develop some serious and talented physician-artists. The APAA continues to have annual art exhibits in alliance with the Southern Medical Association.

In 1972 I published the paper “Art as an Avocation for Physicians.” It urged physicians to develop a hobby or some form of art expression such as drawing, painting, sculpture, or crafts. However, the suggestion of including art studies in a medical curriculum was unacceptable to deans and faculty members because of rigid time schedules in medical colleges.

In recent years medical education in the United States has undergone important changes and departments of humanities have emerged in many medical colleges. This exposes students to new subjects such as philosophy, ethics, religion, the dying process, humanistic values, holistic medicine, and fine arts. These subjects have been added to help develop a more complete and more practical approach to training physicians in both science and cultural subjects. It should be mentioned that the American Society of Plastic and Reconstructive Surgeons continues to have annual art exhibits in conjunction with its annual meeting. The quality of art work produced by plastic surgeons continues to improve and amaze us. This project has grown in size and quality to demonstrate that some plastic surgeons are truly artists who can create beautiful objects. Yet, as a group, plastic surgeons have not

Fig. 2. The head is generally divided into three parts. Front view shows relative size of features in upper, middle, and lower sections

Fig. 3. The head profile shows the relative size and position of the nose and the ear, in the central third of the face