










Meeting of medicine, art, and humanization in health: an experience report

Encontro de medicina, arte e humanização em saúde: um relato de experiência



Alane Andrade Soares¹  Jacqueline Mary Lacerda de Figueiredo¹ 
Letícia Maria Silva Evangelista¹  Victória Cavalcante Ferro¹ 
Vitória Marques Barroso¹  Isaac Vinicius Dantas Ribeiro¹ 
Jéssica Rodrigues Correia e Sá¹ 

¹ Faculdade de Medicina de Olinda. Olinda, Pernambuco, Brazil.

Abstract

Objective: This study aimed to describe an event regarding the relationship between medicine, art, and humanization in health. **Methods:** This experience report with a critical-reflexive methodology was based on the perspective of students from the *Liga Acadêmica de Medicina de Família e Comunidade*. **Results:** Participants were receptive to the event mediated by artists and health professionals, suggesting that art associated with medicine is a therapeutic tool that can be used in health promotion and disease prevention. **Conclusions:** The workshops and discussions were relevant to empower participants regarding humanized care and the need for comprehensive and interdisciplinary work.

Keywords: Medicine; Art; Humanization; Health promotion; Comprehensive health.

Corresponding author:

Letícia Maria Silva
Evangelista

E-mail:

evangelistaleticiam@gmail.com

Funding: Not applicable.

Research ethics

committee: Not applicable.

Received in 03/20/2024

Approved in 10/02/2024

How to cite: Soares AA, Figueiredo JML, Evangelista LMS, Ferro VC, Barroso VM, Ribeiro IVD, et al. Meeting of Medicine, Art, and Humanization in Health: an experience report. An Fac Med Olinda 2024; 1(12):114 doi: <https://doi.org/10.56102/afmo.2024.363>

Resumo

Objetivo: Descrever a experiência de um evento que tratou da relação entre Medicina, Arte e Humanização na Saúde. **Métodos:** Tratou-se de um relato de experiência, com abordagem crítica e reflexiva sob o olhar dos estudantes da Liga Acadêmica de Medicina de Família e Comunidade. **Resultados:** Nas mediações realizadas por artistas e profissionais da saúde, ficou evidente a receptividade dos participantes em relação ao tema, que trouxe a importante compreensão de que, em interseção com Medicina, a Arte é uma ferramenta terapêutica que pode ser utilizada na promoção da saúde e na prevenção de doenças. **Conclusões:** As oficinas e rodas de conversas foram importantes para a emancipação dos participantes sobre o cuidado humanizado e a necessidade do trabalho integral e interdisciplinar.

Palavras-chave: Medicina; Arte; Humanização; Promoção da saúde; Integralidade em saúde.

INTRODUCTION

For a long time, the biomedical model was the standard of care followed in the health field, characterized by the one-cause explanation of disease, biologicalism, fragmentation, mechanistic, and technicality of care. Although achieving solutions, this model is limited since it does not consider the individual, emotional, and collective aspects of the health-disease process¹. This methodology results in the hospital-centric view observed during medical school, in which humanistic, social, and dialectical care is neglected, hindering the development of communication skills and empathy needed for medical practice^{2, 3}.

In contrast, humanistic healthcare practices place the patient at the center of care, seeking to develop citizenship-oriented attitudes and values. This vision, more centered on the patient and less on pathology, gives the needed attention to the social, cultural, and emotional aspects of patients. The National Humanization Policy considers humanization in health as a way to improve the quality of care, strengthening the commitment of healthcare professionals and users of the health system using welcoming, ambiance, and extended and shared clinics⁵.

Historically, Hippocrates (460-377 B.C.) already propagated the idea of valuing the different forms of the health production process. In one of his quotes, the philosopher affirms the need for full assistance to the sick, correlating it with love for men or the art of love for caring⁶. In this sense, the complex art of medicine is the ability of the healthcare professional to understand the patient as another vulnerable being, considering the life context. This art requires a balance between empathy, serenity, and projection to counterbalance the understanding of the pathology. The incorporation of art and the focus on humanization redefine medical practice and the experience of the patient, revealing the profound interconnection between healing and the authentic expression of humanity⁷.

Considering the etymology, medicine and art are Latin words that means the art of healing and the technique of being and acting, respectively. In this sense, these activities are inseparable since medicine is one of the ways of exercising art. Their separation results in what is often observed in health care. Therefore, the reconnection of medicine with art is about reaching people and overcoming curative medicine⁸.

The Brazilian medical practices reflect how art and medicine combined produce significant results that cause pride and bring to reality an optimistic perspective, which only existed in idealization. Dr. Nise da Silveira brought an enriching example when she highlighted the therapeutic power of art therapy in medicine. Although much of what she did was linked to an art form, other areas still need to be explored⁹.

The medical course, following the 2014 National Curriculum Guidelines, seeks to promote a critical, broad, and reflective education that provides an ethical and humanistic understanding of the doctor-patient interaction during care¹⁰. However, medical education institutions are still resistant to adopting means that encourage skills improvement that better understand the individuality of each patient¹¹.

Considering the need to provide spaces for dialogue on person-centered care, a group of students promoted the First Meeting of Medicine, Art, and Humanization in Health (MMAHH) to create an environment of holistic and transdisciplinary integration. This vision goes beyond the exact sciences, promoting dialog and reconciliation between the human sciences, art, literature, poetry, and spiritual experience¹². The concept of understanding the multidimensional human being can be associated with the work of the Brazilian educator and philosopher Paulo Freire, who highlighted education as a collective and interdisciplinary work with objectives aimed at the uniqueness of each patient¹³.

Therefore, addressing the patient fully and listening to their wishes, tastes, and ideas strengthens the doctor-patient relationship and helps with the health disease process and well-being. This relationship can be achieved with therapeutic activities that awaken the imagination and self-esteem, such as writing, music therapy, and play therapy. In this way, art and medical-humanistic content are stimulated so that they can be disclosed and reproduced. Thus, the present study aimed to report on the experiences and lessons learned from promoting an event involving medicine, art, and humanization in health. Practical activities were performed by students from the *Liga Acadêmica de Medicina de Família e Comunidade (LAMFC)* of *Faculdade de Medicina de Olinda*.

EXPERIENCE REPORT

This experience report described a two-day event performed in the Renildo Calheiros auditorium at the *Faculdade de Medicina de Olinda*. The event was conceived and organized by

LAMFC students and covered internal and external participants of the institution, including participants from outside the health field. The 1st MMAHH focused on artistic practices as therapeutic tools for humanizing health care.

The theme was chosen considering the lack of use of art as a care tool, as well as the need to apply an integrative and holistic vision in the health field. The event was aligned with the National Humanization Policy (*HumanizaSUS*); the activities followed the principles of welcoming and valuing the subjective, collective, and social dimension of patients and their autonomy and protagonism, as well as the integrality of care². Another pillar that permeated the 1st MMAHH was the dialogue advocated by Paulo Freire in his book *Pedagogy of Autonomy*, a source of problematization and critical reflection of the individual in the face of society¹¹. At the event, discussions and the various manifestations of art led to debates and questions about hospital-centered methods of care, which segment the patient into parts and diseases and exclude their complexity and totality. The mediators were invited by several means of communication, including personal invitations and social networks, with the aim of broadening thinking about art therapy. They were different areas of activity, such as psychiatrists who use different artistic manifestations in their professional and personal practices, popular education, art education, and music, with the aim of promoting an event with a better grounding in the theme. In addition, LAMFC students were distributed among the workshops and were trained to act as monitors and assist in the artistic activities.

The event was divided into workshops involving the public in the construction of discussions, allowing their immersion in the universe of care through art and its use as a therapeutic tool in individual and collective spheres. The workshops included activities to integrate and synchronize the participants; mandala workshops; exchanges of experiences with popular educators, painters, musicians, psychiatrists, academic educators, and students; clowning; and painting.

On the first day, the workshops encompassed reciting poems led by a medical student to remind us that art is found every day in small details, followed by an origami workshop with a popular educator who taught the importance of valuing popular knowledge for health promotion (Figure 1).

Figure 1. Materials produced in the origami and popular education workshop.



Image authorized by event participants.

After this workshop, a round table discussion with a psychiatrist discussed the importance of the cinematic arts as a way of expressing feelings, which are often difficult to put into words. The need for a unique, subjective, and personalized approach for each human being was evidenced, given their many specificities (Figure 2). At the end of the first day of the meeting, a mandala workshop was held, given by the LAMFC supervisor professor, in which emotions and intentions were expressed using this art, and experiences and creations were shared with the other participants.

Figure 2. Conversation round held on the first day of the meeting on valuing popular knowledge for health promotion.



Image authorized by event participants.

The second day was opened by a medical student who shared some of his experiences with music as a therapeutic tool in the hospitals where he did the internship.

Then, a workshop with a psychiatrist and painter proposed the creation of a self-portrait, entering into the universe of colors, strokes, and meanings behind each representation. A workshop was also provided by a clown therapist and psychologist, who performed a dynamic to emphasize the importance of the connection between the caregiver and the patient. At the closing ceremony, a doctor and musician shared his experiences with the liberating power of music.

Last, all participants could use the space to hear and be heard, express themselves, and feel the transformative power of the various artistic manifestations.

RESULTS

The significant results of the 1st MMAHH evidenced the importance and relevance of addressing the theme of art and humanization, especially in medical school. The event provided a favorable environment for integration between different areas of knowledge, congregating students, professionals, and members of the community in an interdisciplinary dialogue. The presence of participants from outside the health field enriched the discussions and promoted a broader and more inclusive view of issues related to health and humanization.

In addition, participants had the opportunity to improve their communication and empathy skills in the workshops and conversation circles. The safe environment provided allowed them to express their experiences, feelings, and perspectives, promoting a greater understanding of the needs and experiences of others.

The dialogs inspired by the Pedagogy of Autonomy (Paulo Freire) encouraged participants to take a leading role and be autonomous, as well as to be active agents in the moments they experienced¹². Moreover, the painting, music, and clowning activities provided moments of relaxation, creativity, and self-expression. These practices contributed to promoting the mental health and emotional well-being of the participants, offering a revitalizing break from academic and professional routines.

The 1st MMAHH proved to be a valuable and impactful initiative in the academic and human formation of medical students. By providing a space for reflection, dialog, and artistic expression, the event strengthened the values of empathy, integration, and patient-centered care, preparing participants for a more compassionate, holistic, and effective medical practice.

FINAL CONSIDERATIONS

The 1st MMAHH promoted the well-being and health of the guests, participants, and LAM-FC members and was a revolutionary experience in the traditional academic environment. The

event allowed critical thinking about these areas, given the prejudices and stigmas about the union between medicine and art. Despite being seen as sectors that do not work together, their union is a perfect match for therapy, as it promotes the transformation of ideas and feelings.

Thus, welcoming spaces, such as the 1st MMAHH, are suitable for building bonds, debating, and deconstructing concepts, which are essential for the human, social, academic, and professional training of health students. These spaces act as tools for perceiving oneself and others as human beings who need comprehensive care.

CONFLICT OF INTEREST

Nothing to declare

AUTHOR CONTRIBUTIONS

All the authors participated equally in the construction of this experience report and approved the final version.

REFERENCES

1. Roberto L, Cutolo A. Modelo Biomédico, reforma sanitária e a educação pediátrica. Arquivos Catarinenses de Medicina Vol. 35, n. 4. ISSN 1806-4280 [Internet], 2006. Disponível em: <https://www.acm.org.br/revista/pdf/artigos/392.pdf>
2. Maeyama MA, Cutolo LRA, Chaves MV, Barni R dos S. Projeto Sérgio Arouca: Relato de Experiência. Revista Brasileira de Educação Médica [Internet]. 2018 [cited 2022 May 30];42:47–56. doi: <https://doi.org/10.1590/1981-52712015v40n1e02312014>
3. Ribeiro JR, Poles K. Cuidados Paliativos: Prática dos Médicos da Estratégia Saúde da Família. Revista Brasileira de Educação Médica [Internet]. 2019 Jul;43(3):62–72. doi: <https://doi.org/10.1590/1981-52712015v43n3RB20180172>
4. Ferreira ER, et al. A humanização do atendimento na atenção primária à saúde / A assistência humanizada na atenção primária à saúde. Braz. J. Hea. Rev.2022;5(1):1680–1693. Doi: <https://doi.org/10.34119/bjhrv5n1-143>
5. Brasil. Política Nacional de Humanização PNH: Humaniza SUS. Bvsalud.org, p. [14], 2015 [acessado em: 28 jan. 2024]. Disponível em: <https://pesquisa.bvsalud.org/bvsmis/resource/pt/mis-37473>
6. Valderilio FA. Uma breve história da Arte na Formação de Médicos [Internet]. 2021 [acessado em 28 jan. 2024]. Disponível em: https://www.academia.edu/18661656/A_brief_History_of_Art_in_Medical_Education_Uma_breve_hist%C3%B3ria_da_Arte_na_Forma%C3%A7%C3%A3o_de_M%C3%A9dicos.
7. Eliana MVLT, Renata FB. Relação médico paciente com inspiração nas artes 2021 [Internet].

2021 [acessado em 26 fev. 2024]. Disponível em: https://repositorio.uniceub.br/jspui/bitstream/prefix/15149/3/Ebook_RelacaoMedicoPaciente_2021.pdf

8. Kamijo ED, Lima MVS, Pereira AP, Bonamigo EL. Escolha da medicina como profissão e perspectiva laboral dos estudantes. *Rev. bras. educ. med.* 2021;45(4); Doi: <https://doi.org/10.1590/1981-5271v45.4-20210093>
9. Magaldi F. Das memórias de Nise da Silveira no hospital psiquiátrico do Engenho de Dentro. *Mana* 2019; 25 (3). Doi: <https://doi.org/10.1590/1678-49442019v25n3p635>
10. Brasil. Resolução CNE/CES no 3, de 20 de junho de 2014 — Ministério da Saúde [Internet]. 2014 [acessado em 29 fev. 2024]. Disponível em: https://www.gov.br/saude/pt-br/acao-informacao/acoes-e-programas/pnsp/legislacao/resolucoes/rces003_14.pdf/view
11. Moreira JV, Almeida MJ de, Sanches L da C, González AD, Barreiros RN. A arte do palhaço na educação médica. *Rev bras educ med.* 2021; 45(3): 168. Doi: <https://doi.org/10.1590/1981-5271v45.3-20200519>
12. Kumagai AK, Wear D. “Making strange”: a role for the humanities in medical education. *Acad Med.* 2014;89(7):973-7. doi: <https://doi.org/10.1097/ACM.0000000000000269>
13. Miranda KCL, Barroso MGT. A contribuição de Paulo Freire à prática e educação crítica em enfermagem. *Rev Latino-Am Enfermagem.* 2004;12(4):631–5. Doi: <https://doi.org/10.1590/S0104-11692004000400008>