



Figure 1: Lining the walls in a busy hallway at Penn State Hershey Medical Center is a series of 45 patient portraits.

Putting a human face on hospitals

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At a large university hospital, photographic portraits of patients, physicians, and employees are on display at a variety of sites. Portraits of patients taken outside the hospital with captions detailing their medical condition convey to hospital visitors and families that patients are valued as people, not just medical diagnoses. Portraits of physicians engaging in non-doctor activities displayed in clinic waiting rooms show patients their physicians are people just like they are. Portraits on display in intensive care units of patients who have survived catastrophic illnesses and have been discharged

give hope to patients, families, and health care workers. Portraits of hospital employees who do non-medical tasks demonstrate the hospital's belief that such workers are indispensable to its functioning. These unique displays of photographic portraits decrease stress and distress in a hospital environment and humanize patients and health care workers.

The science of medicine and the technology necessary for testing, diagnosing, and treatment can be dehumanizing and depersonalizing. The visual arts, especially paintings, have often been used in health care settings, and there are data suggesting they benefit patients by reducing stress,¹⁻⁵ and can bring about a greater sense of order.⁶ Through an informal literature review of how the visual arts—in the form of photographs of patients and health

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care workers—can be used in a medical center setting to benefit patients, families, health care workers, and trainees, no specific reports were identified.

Lining the walls at Penn State Hershey there are photos of people outside the hospital, at his/her choice of location—home, work, or recreation site (Figure 1). At the bottom of each portrait is a terse summary, in medical jargon, of the person's diagnosis. This juxtaposition of word and image draws attention to the humanity of the person in contrast to the medically worded description. Figure 2 is of a 75-year-old woman at the golf course, club in hand. She is not just someone with hypertension and aortic stenosis who was hospitalized once for the sudden onset of severe heart failure (as she might be described on rounds), she is a woman who looks forward to her bi-weekly round of golf with three of her friends. The combination of word and image shows patients and their families that the goal of health care givers at this hospital is to view patients as real people.

The word-image pieces are also reminders to health care workers and trainees that this is what professionals strive to do. A faculty observer of the exhibit noted, "The display captures the essence of humanistic medicine in the 21st century. The medical words and abbreviations



69M; S/P drug-eluting stent for 90% RCA stenosis

Figure 3: A retired physician.



75F; AF; HTN with flash pulm edema; mod AS; cath: o occl CAD

Figure 2: A 75-year-old woman at the golf course.

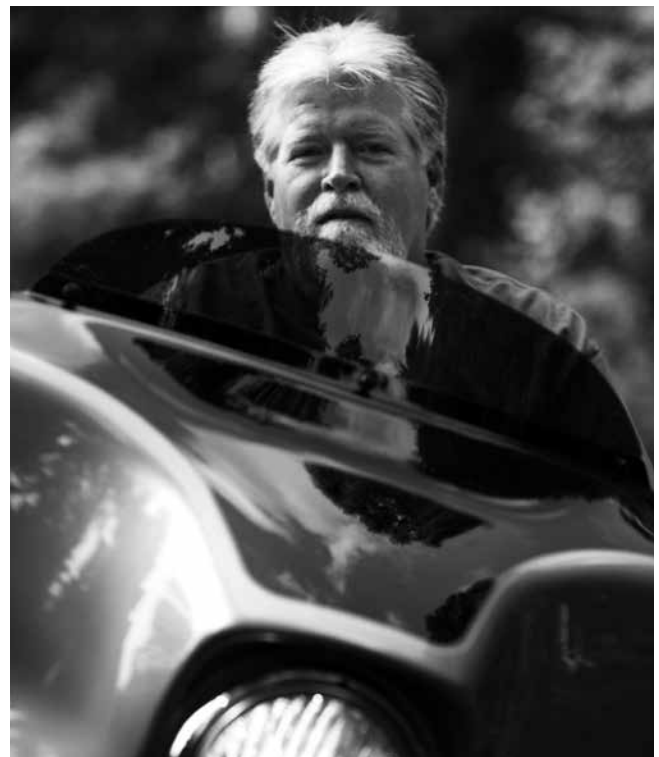


Figure 4. A heart transplant recipient who first presented with the following from his medical record. RM; 53M; 1993 diagnosed with nonischemic cardiomyopathy (presented with URI; EF20%; with treatment EF improved transiently to 50%; 2002 EF <20%; 2004 ICD, BiV pacer implanted; 3/2006 LVAD implanted, secundum ASD closed; 4/2006 transferred to HMC for multiple ICD firings, VF; 9/2006 ICD redo (lead malfunction); 9/2007 heart transplant; diabetes mellitus; atrial fibrillation; renal dysfunction.



Figure 5: A patient with a history of severe heart failure

constitute the patient's identity, but the image tells another story, a fuller story about the essence of an individual who just happens to contend with heart disease. By inviting patients to reveal themselves as they want to be known—as a biker, animal lover, drummer—the exhibit restores humanity to illness experiences that can depersonalize those who suffer.”

The golfer portrayed said, “I do feel very proud when people see my photo. They ask me why. I say that even though people have heart conditions they can play golf.”

Another patient, a retired physician, noted, “To see myself photographed simultaneously as a patient with cardiac disease and a person with a love for music reminded me of the wisdom of Sir William Osler, ‘The patient who has the disease is more important than the disease the patient has’” (Figure 3).

On permanent display in two of the cardiac intensive care units (ICU) are portraits of 10 individuals who have been discharged from the hospital after lengthy hospital stays for life-threatening illnesses. Placement of photographs in an ICU is different from in an art gallery—the photographs are hung on available wall space, with equipment and supplies in close proximity to the photographs.

The photographs of these individuals, after they had been discharged from the hospital, were made of them doing the things that made life meaningful to them.

One man, who was a heart transplant recipient, was photographed on his motorcycle. He was once confined to a hospital bed too short of breath to even walk in the hallway. He can now handle a Harley on a road trip (Figure 4).

Another person with a history of severe heart failure, is shown playing his trumpet (Figure 5). He now has enough breath to not just fill his lungs as he sits up in his bed, but enough breath to make beautiful music.

Accompanying each portrait is a brief description of the medical history written in a manner that the layperson can understand. These portraits-with-text are seen by families of desperately ill patients and by the patients themselves as they are transported to and from their rooms for procedures or testing. They are intended to provide a ray of hope: people like them have recovered, been discharged, and have gone on to thrive and lead meaningful lives.



Figure 6: Michael Farbaniec, MD, playing his saxophone.

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Dwight Davis, M.D.

Dr. Dwight Davis (ΑΩΑ, University of Rochester School of Medicine and Dentistry, 1995)



Beth Adams, D.O.

Beth Adams, DO, at home on her farm.

The text accompanying each portrait gives the individual story of the patient. The image-word combinations strike home to patients and families because they can identify with these stories.

Health care workers can become depressed caring for critically ill patients who appear to have little hope of survival.⁷ Seeing examples of success in medical care is meaningful to them. One health care worker said, “These stories and photos remind us that our daily work is having an impact on people who have lives outside of these four walls.”

In the waiting rooms of the cardiology outpatient clinics are portraits of the physicians who see the patients in these clinics. These portraits are not of the physicians in a hospital setting, in their white coats with their stethoscopes in their pockets. The physicians are photographed outside of work involved in activities they enjoy. The name of the physician is attached to each photograph. While patients wait to be called back to the exam rooms, they can see what their physician enjoys doing outside of caring for patients. And the physicians in that clinic who pass by the waiting area as they come to work are reminded that they are people just like those they care for. One photographed physician noted, “Having my picture up in clinic playing the saxophone has led to many conversations with my patients... Recently, a patient...called me to the waiting room to look at my picture. It was great to get out in the

waiting room and talk to my patient and other patients who were looking at the pictures of all of their providers in the midst of hobbies or with their families. People commented that it humanized their doctors and made it easier to talk to them. I think it creates an unspoken connection that says, ‘I am a person too and have interests outside of medicine that may be similar to yours’” (Figure 6).

In another busy hallway outside the main hospital cafeteria hangs a permanent rotating display of eight ancillary workers at the hospital whose jobs are not directly related to health care (Figures 7 and 8). Each is deliberately dressed in business attire and each holds an object representing their job in the hospital. The person’s name and job title is attached to the bottom of the portrait. The images

are large, 20 inches x 30 inches, framed to 30 inches x 40 inches. These workers take great pride in their portraits. They, and the other hospital workers see this display as representative of the institution's belief that their roles are just as important as others in the hospital. Often, the emphasis in hospitals is on those who deliver health care, and especially on the health care leaders, but the infrastructure of a hospital is also essential. A hospital could not function without those who mop the floors, fix the leaking pipes, and drive the buses. These portraits demonstrate that the hospital values all who work here, and reminds staff that it takes a full team to run a good hospital. One faculty member said, "Every time I walk down the hall outside the cafeteria I see people stopping to look at the photos of ancillary staff who enable the work of the medical center to go smoothly.

Having their work celebrated in this way is an honor for the unsung heroes among us."

The worker photographed in a suit, holding two giant wrenches, said that when he sees his portrait, "I think of the years of service and what I've accomplished...I'm happy with where I am in my career. My name on the photo gives me pride in what I do for the organization" (Figure 7).

The art of the photo

The patients and physicians were all photographed at their homes or at other places of their choosing, such as a recreational site. As the photographer, I drove as far as an hour and a half to the chosen site and spent at least a half an hour with the individual, making them comfortable with me and my equipment. My intention was not simply to



Figure 7: Hospital maintenance worker.

make a photograph, but to receive the gift of their image from each person. Each person was given a copy of the displayed photograph.

The ancillary workers were photographed in a studio, either at my home or at the hospital. Each brought one or more objects associated with their job. Each was instructed to dress in business attire, and each was told that it was my desire to display them photographically in the same fashion that department heads and deans are displayed. All were given a photograph for their personal use.

The accompanying text for each of the displays was carefully chosen. For the patient portrait series, the text was very limited and technical in nature, deliberately not understandable to the layperson. It was designed to characterize the hospital situation in which the patient may be seen as one-dimensional, only as a patient, not as a person who lived outside a hospital setting.

The text displayed on the portraits of former patients in the ICU described the medical issues of the patient; it was designed to be understood by the layperson, and it added important context to the image.

The text for the ancillary worker photographs and for the physician photographs was very limited. For the ancillary workers, only their name and hospital job titles were added to the photos, and for the physicians, only their name was added to the portrait. Additional text was not required.

Logistics of the exhibits

The hospital administration has been very supportive of this project. There is a person designated by our humanities department to procure art for hanging in the hospital.

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This person was enthusiastic about the project, and supported it in discussions with hospital administration.

The initial patient portrait project had an official opening that was covered by the press. Several of the photographed patients were present at the unveiling. The exhibit hung for several years and received so much affirmation that the administration decided to hang the exhibit, in another location, on a permanent basis. The positive response to the exhibit spilled over into support for the additional portraits. As the photographer, I have taken personal responsibility in the design of the exhibits, with counsel from artists. I have been responsible for their maintenance and personally financed the initial exhibits. Over the years, the administration has taken financial responsibility for printing, matting, and framing expenses.



Figure 8: Hospital painter.

A calming effect

Many hospitals display artwork in hallways and in patient rooms, thinking that the scenic images may reduce stress in patients, families, and health care workers. Penn State Hershey Medical Center displays this kind of artwork, but also portraits of patients, health care workers and other hospital employees. Viewers are drawn to portraits of people, arguably more than to landscapes or abstract art.

Stress levels are high in hospitals and seeing portraits of patients and physicians can humanize the patient-physician relationship. And, portraits of ancillary workers demonstrate that this hospital values the work of all employees.

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