



'The Doctor' revisited during the coronavirus disease pandemic

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Abstract

'The Doctor' is a painting by Sir Luke Fildes. Created in 1891, it depicts a doctor keeping watch over a young child at the bedside in a home environment. Commissioned by Sir Henry Tate, the purpose of the painting was to portray the status of the doctor in those days. It has been used extensively by the author in health humanities courses over more than a decade; this paper shows how the painting is relevant in the teaching-learning process even today, when the world is in the grip of a pandemic and the provider-patient relationship is strained as a result of the unprecedented healthcare burden caused by the COVID-19 virus.

Keywords: Artwork; COVID-19; Coronavirus; Health humanities; Medical humanities; Painting; Provider-patient relationship; Tele-medicine; The Doctor (painting)



Painting:
Sir Henry Fildes,
The Doctor, 1891

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Introduction

'The Doctor' painted by Sir Luke Fildes shows a Victorian doctor overseeing a critically ill child whose parents can only stand by and watch from the margins. Sir Henry Tate commissioned the painting in 1890 from Fildes and he left the subject to the artist's discretion. The artist recalled a personal tragedy - the death of his eldest son in 1877 - and Dr Murray, who took care of the child, became the inspiration for the doctor in the painting. Physically, the doctor in the painting is said to bear a resemblance to Fildes himself though the artist stated that his ambition was to put on record, through the painting, the status of the doctor in those times.[1] The finished painting was exhibited at the Royal Academy in London in 1891. I have been using this painting for over twelve years in different medical/health humanities sessions which I facilitate. The painting takes us back to Victorian England and provides a glimpse into the patient-doctor relationship of that era.

COVID-19

I was wondering about the scene depicted in the painting in today's uncertain times. The corona virus disease-19 (COVID-19) pandemic which reportedly originated from Wuhan, China, is ravaging the world and has spread to 210 countries and territories. [2] Most of the world is hunkered down in their homes and economic activity is at a standstill. Despite the enormous strides that the healthcare community has made since Fildes' painting, the irony is that each and every health care professional seems to be struggling with regard to management of ailing patients in this COVID-19 era. New information coming in is often contradictory, many pieces of information are still missing, and the pace of the epidemic is relentless.

When interacting with another individual in person, an element of fear is palpable. Is the other person harboring the virus; am I likely to get infected? This is especially true of the patient-doctor relationship. Faced with a disease which at present has no cure and no definitive means of prevention, doctors have to use personal protective equipment (PPE) . Thus, all that the patient

can see is a doctor in a protective gown, with a mask, goggles and a face shield. I am trying to visualize the doctor in Fildes' painting wearing full PPE and keeping a watch by the bedside of the child.

Viruses

The Victorian doctor did not have many diagnostic and therapeutic options available to him. Some critics also mention that Fildes' omitted the medical equipment available at the time from the painting because he wanted to focus on the relationship and not on the paraphernalia that supported it.[3] During the ensuing 130 years we have seen huge advances in medicine. Our knowledge of viruses, however, is still incomplete. These assassins enter human cells, hijack the cell's protein-making mechanisms to their own end, and insert their genome into ours.

Viruses are a simple life form on the borderline between living and non-living but with the potential to shut down humanity. We began to celebrate our 'premature' victory over microbes in the late 1950s and investment into developing newer antibiotics began to dwindle.[4] Antivirals are especially hard to develop as viruses attack and are ingested by the host cells and utilize the cellular machinery to replicate. The HIV/AIDS pandemic provided a fillip to develop newer antivirals.[5] But today in 2020, we may be in a similar situation as the doctor in the painting. We may have better diagnostic modalities but have only supportive treatments for COVID-19.

The child

COVID-19 is less common and runs a much more benign course in children but if the 'child' in the painting was suffering from the disease s/he would still be isolated and quarantined.[6] The child would be in a new, unfamiliar, and in some ways, a terrifying environment. The parents would most likely not be in the same room as the child and would be wearing at least a mask and, maybe, other PPE. As close contacts of a case, they would also have to be in isolation. For all these reasons, in today's scenario, it would be difficult to imagine a

scene such as the one in the painting. Impossible to tell at present if and when we will be able to revert to the kind of medicine we were practicing before COVID-19 came along.

Human to human contact

COVID-19 has changed the way we interact with other human beings. Instead of acceptance and empathy we are now afraid and suspicious. Throughout the day the main objective is to 'minimize' contact with others. As we retreat into our shells, the world outside become more and more a mirage.

For health professionals the situation is even more dire. The painting depicts a house visit by a doctor. House visits have become rare and bedside evaluations, once the cornerstone of diagnosis, has been modified by technology. Physicians often bypass the evaluation for immediate laboratory and diagnostic testing; however, patients expect some kind of bedside evaluation and 'therapeutic touch' which, if conducted in an expert manner, can have a positive effect.[7] The COVID-19 pandemic interposes PPEs as an important factor affecting the relationship. My fervent hope is that the condition will be transient and we can eventually return to a more 'direct' relationship.

Physicians have to provide medical care not knowing whether the patient is COVID-19 positive. The increasing number of sick patients requiring intensive care is straining health systems. The mental strain, too, is becoming too much to bear. Providing mental and psychological support to front line health workers is important during this challenging time. If working in a hospital or a group practice setting, then team leaders and healthcare managers must proactively take steps to protect the mental well-being of staff.[8] Strengthening teams, providing regular contact, and checking on well-being are important. Support measures must be continued even after the pandemic subsides.

Science fiction

In many ways the pandemic seems to be

out of the pages of a science fiction novel. I had read about strange microbes ravaging the planet while the 'remaining' humans retreat into safe bubbles for protection and to eke out their lives. Owing to the pandemic, the inactivity of humans has in many cases allowed nature to make a comeback. The air is cleaner, the water purer, and the streets of cities are beginning to look cleaner.

The consequences of COVID-19

In most of the world the economic effects of the pandemic are devastating. People are out of jobs and the economic gains of the last six decades are being quickly reversed. Individuals weakened by hunger and despair may be easy prey to mankind's old enemies. Diseases like tuberculosis, malaria, and dengue - among others - can make a comeback.

An important question I often ask my students to consider is what illness the child could be suffering from. In today's world, it could be COVID-19 even though, as mentioned previously, it is less common among children. Still, the rhetoric nowadays is all about the virus with very little being said of other illnesses that continue to ravage. Indeed, the speed with which the virus has spread, it has eclipsed other conditions.

Today, if the child in the painting had a febrile illness, s/he would be isolated and the family quarantined. The family's economic condition is likely to be impacted; the child's nutrition could be expected to suffer; further, being confined to the house, one could imagine the consequences of a lack of exposure to fresh air and sunlight. Reminiscent of the scene in the painting, our once globalized world has been broken into small circumscribed territories, and for many their world is now the four walls of their home.

The ideal physician

'The Doctor' was commissioned to provide a positive image of the doctor and cast him as a heroic figure. Even though it was not entirely realistic, it served the purpose then and it continues to work even today. Dr

Verghese, in a recent article, has examined the painting from the perspective of doctor attentiveness.[9] The doctor in the painting has already made his diagnosis, has prescribed treatment, and is now watching intently for signs of recovery. The strength of the doctor is that he is there with the patient and the family in the patient's home. Dr Verghese mentions that the importance of an attentive, thoughtful presence at the patient's bedside by the physician cannot be overestimated. Modern physicians are unable to provide this undivided attention and presence as they are torn between multiple requirements and demands on their time. The painting is a good avenue to explore the relationship of the doctor with a patient and the patient's family and to help health professions learners appreciate the importance of creating and sustaining a good provider-patient relationship.

The painting also showcases the dignity of the doctor. Violence against doctors, more recently in India, has been addressed in the literature.[10,11] Among the causes which have been mentioned are the poor image of doctors, the role of the media, a meager health budget, poor quality healthcare, vulnerability of small and medium healthcare institutions, lack of faith in the judiciary, mob mentality, low health literacy, high cost of health care, poor communication, and lack of security at healthcare establishments.

Doctors want to be treated with dignity and respect and be seen as playing an important role in combating disease and promoting health. Politicians and policy-makers often like to compare doctors to warriors especially with regard to the fight against COVID-19. I am not sure if doctors like this comparison. Most doctors expect to return home safe and sound at the end of the work day; this may not always be true in the case of warriors. This Victorian painting can serve as a base to analyze important issues impacting the patient-doctor relationship in general, and especially those specific to the current pandemic. Interactions between humans and the contraction of our world can also be addressed.

A virtual world and E-medicine

Many of our interactions have shifted to the virtual world, which did not exist in Fildes' time. We are able to communicate, collaborate and work virtually. The painting takes us back to a 'simpler' time when the relationship between the doctor, the patient, and the patient's family was direct. As mentioned previously, technology in some ways has interfered in the relationship. In other ways it has facilitated the same by enabling electronic communication between the doctor and the patient, enabling scheduling of appointments and consultations online, and ostensibly saving the patient's time.

The child in the painting and his/her parents would, in today's world, most likely consult the doctor using a computer and a webcam. With the advent of COVID-19, tele-consultations are becoming common and the interaction can take place with both parties sitting at their homes. Technology is also being used in the fight against the virus. Based on their cell phone location services, the movements of an infected person can be tracked and his/her interactions with others studied. I wonder what Fildes would have made of a tele-consultation and how the child would have fared today.

Online education and the Health Humanities

Even education is going online. Teaching-learning has transformed post COVID-19 with physical distancing rules in place; students and teachers log in from their homes and the interaction is electronic. While many learners are likely happy to study from home, movements are severely restricted, horizons scaled down, and students, teachers and others are under stress. There has never been a 'better' time to invoke the humanities in our activities. The humanities, through their ability to promote observation, reflection, and creativity, are recognized as being instrumental in helping learners take care of themselves and of others.[12] It is important to facilitate self-care during this difficult time.

Will the interaction between patient and provider be fundamentally changed?

Will face-to-face communication become rarer? Will telemedicine become the way of the future? Will robotic surgery replace traditional surgery? Will telepresence replace human presence? Will humans go about strengthening their 'bodies' to make them better at withstanding microbes and other environmental challenges? Will this involve genetic changes or combining human bodies with artificial and robotic implants? Will humans ultimately download themselves into computers and computer networks and live only virtually as some authors predict?

My fond hope is that there will be a post-COVID world where we have effective treatments and a vaccine offering a level of protection against the virus. I believe doctors and even patients may use masks for some time to come but the masks can be made translucent so that human emotions on the face are clearly seen and the interaction continues to be a personal and important one.

Revisiting 'The doctor' in the year 2050, thirty years from now will be an interesting exercise and a recapitulation of important changes (developments?) in the patient-doctor relationship since the 1890s.

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