

Thoughts on Spreading the Good News of Performing Arts Medicine

Quality control has been a primary area of concern to members of PAMA since its formation in 1989, and I know this concern is shared by many others. What does it take to be a performing arts practitioner or establish a credible clinic? Now, at a time when performing arts medicine is growing and developing around the world, there are some issues that need to be discussed, even if they are admittedly difficult or impossible to resolve.

While for many years we may have been teaching medical students, residents, colleagues, other therapists, and performers themselves whatever we ourselves claim to know about the health and pathology of performing artists, much of that information is based more on clinical experience than on scientifically verified information. That does not mean that the information is not useful or credible, but simply that much of it has not been tested. It is inconceivable to me that performing arts medicine, based on its essentially interdisciplinary nature, will ever have a training program, the end point of which will be board certification. Again, that does not in any way rule out the need for investigating the possibility for standardization of training programs. However, it is now and remains (for the foreseeable future) virtually impossible to regulate the content and level of any training undertaken in arts medicine. More critical is the inability to oversee and regulate the clinical practice of performing arts medicine.

Many, if not most, people in this field are frustrated performers with musical training, and some are even fortunate enough to be able to maintain dual careers, while others settle for serious amateur involvement. Whatever our level of artistic training, we are

all seriously invested in the arts and the artists. The opportunity to use our medical expertise in helping patients who are themselves performers represents a unique opportunity to keep a hand in both worlds; to use our vocations and avocations in harmony. My observation, based on three decades of experience, is that those who seek out performing arts medicine are excited by this aspect of their practices to a degree with which other specialties would have difficulty competing, and they conduct themselves conscientiously and with singular dedication. Inevitably, if rarely, there are people who misinterpret the mission of performing arts medicine and assume that through rubbing elbows with performers they will be rewarded not only with vicarious pleasures, but with fame and fortune as well. When these are their motivations, then performing arts medicine is the wrong place for them, and most soon realize it and drop out. However, some individuals who are genuinely interested have had limited experience, and as a consequence their expertise is similarly limited.

Unfortunately, the lack of scientific education and sophistication of many performers tends to make them medically naive and vulnerable when it comes to seeking medical care. They are often unable to discern competent, genuine interest in their welfare from being taken advantage of. This is quite understandable, for how many of us, as physicians and therapists, can vouch for the level of experience, expertise, and good judgment of someone who simply shows up at meetings or sends out announcements proclaiming themselves as performing arts medicine practitioners? Furthermore, as discussed earlier, what is or should be prerequi-

site to being a practitioner? Is it time to establish at least some guidelines, such as numbers of patients seen, years of experience, participation in a training program, or attendance at meetings?

I do not have the answers to these questions, but nevertheless they represent what I believe to be troubling issues that, in spite of being difficult to resolve, must at least be discussed in order to protect our patients and establish and maintain our credibility. Without any type of certification it is difficult, if not impossible, to impose enforceable standards of practice. For now I think the best solution is to actively engage in educating both patients and those who would be practitioners. Eventually incompetence is uncovered, but it should not be at the expense of costly medical mistakes and misjudgments that jeopardize performing artists' already fragile careers, not to mention put the hard-earned trust of performing arts medicine at risk.

I am bringing up this subject now because there is a current interest in, and probably also a need for, establishing a world-wide network of performing arts clinics and practitioners available to traveling performers. There is no question that this represents a potentially valuable service, but how the list is put together, based on what kind of information and with what kind of stamp of approval, if any, and by whom, needs discussion. While it should not set out to be exclusionary, it should truly represent whatever it purports to offer. International meetings, such as those in Mainz, Glasgow, and Aspen, provide the appropriate venues in which these issues should and can be aired.

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