

The Attraction of Performing Arts Medicine

Performing arts medicine has evolved to a stage where its practitioners must turn the focus of their attention from attracting patients to increasing the ranks of their members. This is necessary to expand the medical services offered and to assure continued availability of clinical care. In this issue of MPPA, David J. Goode and Sarah-Patsy Knight present the results of a survey they conducted that was aimed at gaining insight into the motivations and shared traits of physicians who make up the membership of the Performing Arts Medicine Association (PAMA). Assuming that the commitment of joining PAMA translates to the kind of professional qualities that one would wish to find in a practitioner of performing arts medicine, one can then set out to find others of similar interests and characteristics who have not yet discovered our developing subspecialty. I am certain that Goode and Knight would not vote to limit recruits to clones of the initiated, but this is certainly a good place to find the common threads that identify present and future practitioners.

A potential source of talent for performing arts medicine is the same headwater in which all the medical specialties fish . . . the medical schools and hospitals with students and house staff in training. Although elements of a suitable curriculum for our subspecialty are far from standardized—perhaps a healthy thing at this stage—an increasing number of institutions are eager to make available some clinical experience in performing arts medicine. The publication of the first textbook of performing arts medicine in 1990 attests to the acceptance of a distinct body of information about medical problems of artists. Another indication is the sponsorship of the Young Investigator's Award by PAMA.

Spurred on by my reading of Goode and Knight's paper, I decided it would be interesting to analyze the demographics of students who have spent a month in our clinic over the past several years. There have also been several resident physicians in the program, but many have approached this training in a less formal manner than the students. The student elective is open to fourth-year students, and 16 of them have chosen to spend a month or more in our clinic. Six students came from Northwestern University, and the others came from 10 different medical schools from coast to coast. Nine were men, 7 were Asian or of Asian descent, 11 had had serious musical training, and 1 was a former dancer. Five played piano, 2 guitar, 2 French horn, and 1 each clarinet, trumpet, and cello.

The specialties that these 16 students planned to pursue were internal medicine (5), physical medicine and rehabilitation (5), orthopedics (2), neurology (1), radiology (1), otolaryngology (1), and radiology (1). All involved with performing arts expected to continue to pursue these interests, ranging from amateur status to professional. Two of the students had each taken 2 years off, at different points in their medical careers, to be professional musicians. All of the nonpianists had played in orchestras or other ensembles throughout medical school, and they planned to continue doing so.

These are not extensive data, and I want to be careful in making extrapolations. However, I think the following statements can be made with some confidence. The extensive immigration to the United States from Asian countries in recent years has had a tremendous influence on both medicine and music. Many, in serious analogy, refer to the astounding academic and

artistic success of Asian students as being the late-century parallel to the success of the immigrant Jews at an earlier period. Although detailed statistics are probably available, anyone who is around medical schools can vouch for the striking number of Asians in the student bodies. The same observation can be made of any number of orchestras or music conservatories. Do not misinterpret these comments: the success of Asians in our society is altogether admirable and well deserved. They are making great contributions in many areas. My intention is to engage another potential of their multifaceted talents. Given the number of Asians currently in medical schools and serving on house staffs, I hope that, were Goode and Knight to repeat their survey in a few years, this change would be reflected in the membership of PAMA. To quote one of my students, "Every Asian has to take music lessons." This, and the obvious affinity for medicine of many Asian students, should yield a rich supply of highly qualified physicians for arts medicine.

Whether or not we can lure current medical students and trainees into performing arts medicine will depend on the efforts of those of us currently committed to the field. More schools must be approached to include appropriate courses in their curricula, and increased efforts must be made through PAMA and independently to develop innovative types of curricula that will demonstrate the attractiveness and stimulation of being involved in the forefront of an innovative medical discipline.

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