
From the Editor

“Everybody wants to get into the act”—?

Many of my editorials have been concerned with the many problems and uncertainties faced by performing arts medicine as a subspecialty. On this occasion I had intended to address a matter brought to mind by one of Jimmy Durante's most famous lines: “Everybody wants to get into the act.” That is the mixed blessing that comes from the increased visibility and acceptability by ‘popularizing’ the subspecialty. However, following discussions at the September 1990 “Playing (Less) Hurt” conference in Minneapolis, I decided to turn this around: Does everybody really want to get into the act?

Many performing artists have welcomed the advent of clinics designed to serve their special needs and have subscribed to their services with enthusiasm. Although the level of their medical care is almost assuredly improved over what it had been 10 years previously, are these performer-patients aware that much of the current advice they receive is more empirical than proven? Many patients, performing artists and others, assume that when a therapy is prescribed it carries certain guarantees. Similar to most people, musicians want to be taken care of, to be made well, and usually are not motivated to question a medical authority. Physicians are not immune from having excessive confidence in their medical degrees. However, in reality this training grants neither clairvoyance nor other extraordinary powers. Therapists should honestly discuss the

basis, whether strong or flimsy, of a therapeutic rationale and not reinforce their patients' unrealistic expectations with potentially unfulfillable promises.

At the Minnesota conference there was a lively discussion concerning musicians' apparent reluctance to take the initiative for injury prevention, tending to react only when a tangible injury is at hand. One attendee, himself a retired orchestra member, pessimistically intoned that there are too many ‘characters’ (individuals) within each orchestra for any attempt at group exercises to be successful. Another musician suggested, not in jest, that if 15 minutes of exercise time was incorporated into the allotted rehearsal time, players would more willingly participate. Perhaps it's time that I lost some of my idealism, but is money really the only motivation that works?

How, then, can we persuade performing artists that only with their partnership will the potential quality of performing arts medicine that they so richly desire and deserve be achieved? For performing arts medicine to avoid the pitfalls of becoming more of an art form than a science requires a commitment from the artistic as well as the scientific communities.

Undoubtedly there are a number of tactics to implement in order to assure the needed artistic cooperation. I would like to suggest that a portion of the responsibility for this artistic complacency belongs to health care providers. In our enthusiasm to offer care and

advice to these patients, we may be unwittingly reassuring as to the reliability of our medical advice. It is as irresponsible for practitioners of performing arts medicine to endorse unproven health strategies as it is for artists to unquestioningly believe that “the doctor knows best.” Both patients and therapists must accept many of these proffered guidelines for good health as what they are—largely speculative.

Musicians are reasonable people. Most are appropriately concerned about their musical health, but they may be unresponsive, in part, because they do not have all of the available information, are misinformed, or are frantically busy. In some cases they selectively filter out information with which they are provided because it is unpleasant news. A part of our medical responsibility toward these vulnerable artist-patients is education, including information to help them differentiate between that which is both rational and well-intentioned but unproven, and that which is based on scientific evidence. It is critical that we continue to search out and provide verified therapies in order for performing arts medicine to effect the improved level of medical care that musicians, dancers, and other performing artists want and need. We must help performers understand this goal so that they are willing to team up with us and “. . . get into the act.”

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