Episode: Author Interview: “Art and Poetry in an NHS Hospital’s Elevator Bank”

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is writer and poet John Davies. He’s here to discuss his article, coauthored with Sue Ridge, Art and Poetry in an NHS Hospital’s Elevator Bank, in the July 2022 issue of The Journal, Arts-Based Research in Health Care. John, thank you so much for being on the podcast with me today. [music fades]

JOHN DAVIES: Thank you for inviting me to join you.

HOFF: To begin with, what’s the main ethics point that you and your coauthor are making in this article?

DAVIES: You know, Sue and I talked about this quite a lot, and there is one fundamental thing. It may seem very obvious, but it is simply to value people—patients, staff, medical professions, professionals—to value the people and their experience and let them express their feelings about their experience. It’s that very common thing with art that it allows people to voice the voiceless.

HOFF: Mm.

DAVIES: And one way that you can show people they are valued is by listening. So, the project aimed to demonstrate the therapeutic and aesthetic and social impact that an artist can have in a health care environment. And I think what was a great trigger for that in this project was Michael Rosen’s poem, which you included in the article—

HOFF: Mmhmm.

DAVIES: —These Are the Hands, which Sue was able to transpose into a photographic form. And with permission from all the senior people in the hospital to take photographs of the hands of all the different people who work there, many, many different skills, levels of the hospital staff and was able to be very inclusive. And I think that was a huge gateway for us to engage with the hospital population as a whole and just to let people know that they may be interested to know that they can download the book, our stories about the project. It’s a free download from my website, JohnDavies.net.

HOFF: I’d also like to take a moment to remind our listeners to check out the website. And as much as I do normally, I especially encourage it this month, since so many of the articles have a visual component to them. So, be sure to check out JournalofEthics.org so you can read and see all of the articles mentioned today. Moving on, what’s the most important thing for health professions students and trainees to take from this article?
DAVIES: I think it’s what Marshall McLuhan said that, “The medium is the message.”

HOFF: Mhmhm.

DAVIES: Blank walls, carelessly designed walls do not encourage health in a salutogenic way, in a way that really encourages people to seek health. I think a blank wall is like a blank face. It can be off-putting. It can be disheartening.

HOFF: Hmm.

DAVIES: But equally, carelessly designed walls. You know, I’ve been in a hospital where someone says, “Oh, turn left at the blue picture.”

HOFF: [chuckles]

DAVIES: But the blue, you know, that is, sure, it’s a great way of remembering where to turn left, but it’s not the way to use art in a hospital.

HOFF: Mhmhm.

DAVIES: It needs to have a much more systematic and more strategic approach.

HOFF: Mm.

DAVIES: So, I think patients and hospital staff and professionals, all levels, visitors benefit from thoughtfully designed environments. In the book that Sue and I have written about the project, architect Sue Francis describes the North Middlesex as an environment that celebrates compassion and responds to human scale, provides expression, even of difficult emotional journeys. So, it’s not bland and it’s not anodyne and it’s not sentimental. There is a real engagement with all the kinds of human experience that you can find in a hospital. Florence Nightingale made the important point about light and bringing light into a hospital.

HOFF: Mhmhm.

DAVIES: And the modern equivalent of that, in many ways, is to bring artists in because we can bring the outside in and freshen and reinvigorate a culture of health care institutions through empathetic engagement with patients, staff, and businesses.

I’ve got some research here that we did after the project was over, some years later with a sample of different people: patients, staff, and visitors. And it just shows that 80 percent of people thought the artworks were more engaging, created a more engaging hospital environment, over 50 percent thought the artworks contributed to a healing environment, and over 50 percent of patients found new things in the artwork every time they looked at them.

HOFF: And finally, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

DAVIES: Again, Sue and I have talked about this a lot, and in fact, it sums up what we do together. And the word is “collaboration. One thing I think we’d want to stress is the
importance of collaboration and the importance of time to let collaboration occur and develop. Collaboration here means not just the artists working together—and that has been for us very, very fruitful—but it’s also the fact that a big artistic project involves collaboration between the Medical Directorate and other interest groups, subcommittees. You get various levels of management and administration involved: HR, Health and Safety, Diversity, and so on. So, working in collaboration through an art project becomes a very empowering process for all involved. It means that people are brought up against perhaps some of their assumptions that they may not be aware of. It may bring them up against issues that need resolving within the hospital. And this is all really is a kind of side effect of doing the project, but it’s an important side effect. And from an arts point of view, it is something that we actively want to achieve.

It’s very difficult to infiltrate a hospital environment. We come in as artists, often in the cold, if you like, coming from the cold like spies in alien territory. And we have to find out who we need to talk to. And hospitals will often provide you with their usual suspects, you know, the person they always put up to do the TV interview or whatever. But in fact, it’s so important to collaborate with the people who don’t often get that and to really work hard to understand their point of view as well as others. [theme music returns]

HOFF: John, thank you very much for your time today and for and your co-authors’ contribution to the Journal this month.

DAVIES: Thank you very much too, Tim. I hope people enjoy the article.

HOFF: To read the full article as well as the rest of the July 2022 issue for free, visit our site, JournalofEthics.org. We’ll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.