

“That Landscape Is Where I’d Like to Be ... ” Offering Patients With Cancer a Choice of Artwork

Daniel R. George, PhD, MSc; Claire de Boer, MS; Michael J. Green, MD, MS

From her hospital bed in the Cancer Institute, the patient turned her head to observe the painting displayed on the wall beyond her outstretched feet. Though the chemotherapy running through her veins kept her in a near-constant state of nausea, she found it calming to turn onto her side and settle her gaze on a watercolor image of sea turtles swimming in the ocean.



Drifters by Sharon Lennox Woelfling, Hershey, Pennsylvania. Watercolor. 33 × 41 cm. Used with permission from the artist.

“There’s just something about turtles—they relax me,” the woman told members of her health care team when they noticed her staring at the painting. She was later able to share that the creatures served as a steady reminder that if she could just get through her fourth treatment, perhaps she too could live to be 80, even 100 years old. The watercolor image stood in stark contrast to the object hanging next to it on the hospital room wall—a whiteboard filled with semilegible scribbles from her nurse about the day’s treatment plan.

For many patients in modern US hospital rooms, the whiteboard is a focal point of their care. On the board’s glossy surface, members of the health care team scrawl temporary messages to one another and, less frequently, use the board as a mechanism to engage patients in their care.¹ While the goals that have justified the widespread adoption of the boards over recent decades—improving teamwork, communication, and patient care through a common palimpsest—are commendable, whiteboards often display chicken-scratch medical jargon that can look serious and severe to patients. In many ways, inpatient whiteboards are a symbol of the “aesthetic deprivation” experienced by patients, families, and professionals in health care environments.²

Several years ago, a physician, social scientist, and arts specialist from the interdisciplinary Humanities Department at Penn State College of Medicine sought to transform the clinical space typically dominated by these sterile white rectangles by hanging framed artwork beside the whiteboards in inpatient rooms within our Cancer Institute. Rather than purchase corporate art or prints from works of Western masters, our arts specialist began to build a library of nearly 100 original paintings by established local artists whose high-quality work was potentially engaging to patients. We compensated artists for use of their art and created prints made from high-resolution scans called *giclées* that were placed in standardized metallic frames.

With the goal of strengthening the nexus between medicine and the humanities,³ we also decided to evaluate this “Arts in Health” program “intervention” and implemented a study design that randomized Cancer Institute patients into three groups: those who chose the artwork displayed in their rooms; those whose artwork was randomly selected by the study team; and those with no artwork in their rooms, only solitary whiteboards.

Though we found no differences in self-reported pain, anxiety, depression, mood, or satisfaction across the three groups, patients with artwork reported improved perceptions of the hospital environment compared with those without.

In interviews and focus groups with those who received artwork, patients tended to think of the whiteboards negatively, at times describing them as “overwhelming” and “confusing” fixtures in the room. For those in the “art intervention” groups, receiving a print—whether chosen or not—served as a valued aesthetic counterpoint. As one patient told us, “It was pleasant to have something to see that was more like home instead of the [white]board and all the machines and IV stands and stuff. It just made me feel a little cheerier.” Other



Hospital room. Photograph by Betsy Blyler. *Hide and Seek* by Erica Harney, Philadelphia, Pennsylvania. Oil, acrylic, pastel, silver leaf, graphite on canvas. 61 × 91 cm. Used with permission from the artist.

patients talked about their paintings not merely as pleasant distractions, but rather as objects that transported them. For instance, landscapes of Pennsylvania Dutch farmhouses, log cabins in the Poconos, backyard gardens, and sunsets along the Susquehanna River evoked thoughts of returning home to loved ones; wooded Appalachian hillsides and realist portraits of native freshwater fish from local streams invited reverie of recent vacations and symbolized the promise of returning to the outdoors after treatment. As one man who had chosen a nature painting remarked when we visited his room: “That landscape is where I’d like to be.” And of course, the woman with a particularly aggressive cancer offered poignant reflection on how her chosen watercolor of the sea turtles had become a powerful symbol that fixed her mind around themes of peacefulness, longevity, and survival during chemotherapy infusions. She told us: “Turtles are just these really cool creatures; very peaceful ... and it’s fascinating how long some of them have lived.... [I]t was a way to bring peace to my mind, calm me down.... I’d just, like, look at it and feel better about life and really everything.”

From our patients’ perspectives, the paintings also humanized the health care environment. Participants spoke about how their prints would often generate conversation among visiting family, friends, and members of the health care team. Rooms with artwork felt less sterile, stark, and lonely and spoke to “the soul-oriented aspects” of medicine that patients felt were too often systematically ignored. As one participant expressed, “There’s very little time to deal with what I will call the ‘personal soul.’ I don’t only mean that just from a reli-

gious standpoint, I mean that just from the mental part of what goes on. So anything that can help address that, and [the painting] does, is hugely important because while [it] can’t cure cancer alone, it certainly can’t hurt ... and it’s cheaper than a prescription for Prozac!” Another patient tearfully stated in response to choosing a picture: “It shows that rather than a regular hospital, this university really cares.”

But beyond the aesthetic and symbolic value of the artwork, patients in our “choice” group expressed a simple appreciation for being empowered to maintain control of one aspect of their environment during an otherwise miserable, incapacitating stretch of their lives. In fact, one key piece of feedback was that patients would have valued being able to choose multiple paintings throughout their stay, since the natural vacillations in mood and morale inherent to the cancer treatment process could be expressed through the particular iconography and color schemes of different paintings. It would follow that an increased ability to choose might also produce an appreciably greater sense of control. Relatedly, some patients who were assigned artwork told us that encountering the “wrong painting” in their room could be upsetting, again underscoring the value of choice. As one patient candidly remarked: “When I went into the room, it was a cowboy and Indian picture and I thought ‘Well, ugh.’” Another told us that her painting of an orchid “Used to make me mad.... I wish I could’ve said to somebody, ‘Can you take that painting down?’”

Based on this Cancer Institute experience, we are now embarking on an effort to install frames in every appropriate room in our hospital and expand our collection of local art from which

patients can choose. Unit frames are being placed centrally at the foot of inpatient beds, with whiteboards hanging to the side but still within our patients' line of vision. Given what we learned about the value of choice, we are adding more paintings of local landscapes and wildlife that may evoke personal memories, stories, and regional history, and growing our partnerships with area artists who know best how to speak to the experience of living in central Pennsylvania and capture an intimate sense of place. Our hospital's "Arts in Health" staff—four employees and two volunteers—have begun visiting patient rooms more frequently, five days a week, and reaching upward of 90% of patients with frames in their rooms. During these visits, staff members show them images of available *giclées* on an iPad and then retrieve the chosen piece from our portfolio to insert into the empty frame. Looking ahead, we plan to establish an online system where patients can view all of the available prints and request whichever image they desire for their room using a website that will notify our staff in real time to deliver prints to particular rooms. Our ultimate goal is to give all inpatients who may want small sources of beauty during an illness the opportunity to select artwork "on demand" throughout their stay.

Those of us who care about the role of the arts in medicine may be in the right place at the right time. In an environment where reimbursement is increasingly tied to patient satisfaction, we have an opportunity to advocate for using artwork as a humanizing salve for patients, families, and members of the health care team. Our experience suggests that we needn't tear down whiteboards, but instead build richer aesthetics

around them and give our sickest patients a degree of control over the environments in which they are healing, and an opportunity to engage artwork as a therapeutic resource during the physical, emotional, and spiritual challenges of inpatient treatment.

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Author Affiliations: Department of Humanities, Penn State College of Medicine, Hershey, Pennsylvania (George); Department of Humanities, Penn State College of Medicine, and Penn State Milton S. Hershey Medical Center, Hershey, Pennsylvania (de Boer); Departments of Humanities and Medicine at Penn State College of Medicine, Hershey, Pennsylvania (Green).

Corresponding Author: Claire de Boer, MS (cdeboer@pennstatehealth.psu.edu).

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