Anaesthesia – Where is the Art?

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PREFACE

It was clear from the start of this project that I was in trouble and might make a fool of myself. But I didn’t have the sense to stop; partly through obstinacy, but mainly because the subject was fascinating. Also, if I were afraid of making a fool of myself, I would never get out of bed in the morning. I went from text to text; increasingly desperate, looking for some way to hang Art and Anaesthesia on the same wall. I should have foreseen this as inevitable - attempting to research a topic in a field (two, if you include philosophy as well as art) in which I have received no training. This last point needs to be borne in mind by the reader – this booklet is not the work of an expert. While I have tried my best to provide references, much as I would in my own field, it is quite likely that I have misrepresented the views and wisdom of others, through ignorance. Also, other than the idiotic notion to start this project (and the mistakes), I cannot claim that any of the ideas are original to me.

Although not random, my selection of source material has not been as systematic as it might have been (if, for instance, I had known what I was doing), so I am sure I have left some important stuff out. My selection of illustrations has been governed by personal taste and the needs of the moment. I have deliberately emphasised the visual arts as they are better suited to the projected presentation accompanying the booklet. Examples are largely from Western European civilisation, as it is where the visual arts have been explored in greatest breadth and depth. The source of illustrations was the internet; every example was chosen from a vast available number, and I do not believe any copyright has been infringed. If it has, these images should not have been copyrighted in the first place; they should belong to everyone.
INTRODUCTION

This project was born of a request for a “State of the Art” lecture, a published reference to “the art of anaesthesia”, and my perverse habit of being hoisted with my own petard: – “Dean, these Friday morning meetings are becoming too intense. Can’t we have at least one every so often when the guys don’t feel they should take notes?” “Sure” he replied, “go for it.”

Thus armed with executive sanction and the desire to produce something out of the ordinary yet vaguely related to anaesthesia, but definitely without the need to take notes, I decided to pursue “the Art of Anaesthesia” by looking for “the art”.

In this age of computer-based access to information, I suspect that I am not alone in making “Google.SA” my first port of call with a previously unresearched topic. Upon entering the phrase “the art of”, the auto-complete program gave me the following list of options to complete my query:

- War
- Living
- Possibility
- Crochet
- Trolling
- Seduction
- War.pdf
- War quotes
- Sleeping
- Marriage

before smugly announcing the attainment of 1,160,000,000 results in 0.11 seconds.

Intrigued, I performed the same exercise using Google.com. Now auto-complete offered:

- War
- Shaving
- Racing in the rain
- Trolling
- Manliness
- Seduction
- The steal
- Marriage
- Computer programming
- Travel

Clearly, South Africa is holding its own in terms of interest in war, trolling, seduction and marriage, but sadly falling behind in the fields of shaving (mea culpa?), racing in the rain, manliness, the steal (surprisingly)\(^1\), computer programming, and travel. It is perhaps gratifying that we lead the field in possibility, crochet, and sleeping (although the presence

\(^1\) This reference is not without merit. It refers to a film about the corporate hijacking of an art collection in Philadelphia.
of crochet and absence of manliness in our résumé might be regarded as cause for concern in some sections of our society).

This exercise underlines the non-specific nature of the word “art”, which is nothing new. Romans used the word (ars, artis) to denote any skill (in any craft), the art of (any profession), science, theory, handbook, work of art, moral quality, virtue, artifice, fraud, perhaps even crochet (texendum); its most basic meaning being that something has been arranged or rearranged in some way. The concept of art as produced by “artists” in the modern sense of the term didn’t evolve until the 15th and 16th centuries. Using this dustbin term in a phrase such as “the state of the art” may signify nothing more than the most up-to-date way of doing whatever it is that we …er…do.

This is not to say that there is anything wrong in such usage, it’s just that it’s blindingly unhelpful. Also, while accepting the correctness of the phrase, modern usage of the term “art” implies something more – at least a glimpse of something “artful” that conveys “artistry” beyond the doing. We would be sadly disappointed if, having paid our hard-earned dollars, we enter the Metropolitan Museum of Art in New York to find only exhibits of the Arts of Shaving, Racing in the Rain, Manliness etc. instead of the anticipated splendours of Ancient Near Eastern Art, European Art, Modern Art etc. (although this take on art will be reviewed subsequently).

Surely there is more to the Art of Anaesthesia than just “doing what we do”. Can we compare aspects of anaesthesia to artistic tradition and find common ground that suggests similarities between what artists do (or have done) and what we do?

**OBJECTIVE**

To explore the grounds for reference to anaesthesia as an “art”, and if this is justified, to identify those skills or qualities by which such artistry may be judged.

Following the King’s advice to the White Rabbit, I shall begin at the beginning and go on to the end: then stop. Hopefully my arguments will have more substance than a pack of cards.
Initial investigation seemed promising. Type “anaesthesia” into any search engine and one is immediately presented with as many links to the world of Art as that of Anaesthesia. “BJA” refers as often to the British Journal of Aesthetics as it does the British Journal of Anaesthesia. Although there is no Anaesthetic definition of art (indeed, the Artistic definition of art proved elusive), it is reassuring to find Anaesthetics as a well-defined concept within the Arts. This perhaps suggests that there may be common ground between art and anaesthesia.

Alas, any similarities appear to begin and end in the dictionary.

The word “aesthesia” derives etymologically from the Greek “aisthesis”, which means perception. Hence anaesthesia becomes “without perception”. An anaesthetist would have no argument with this definition. But, although correct, it seems to sit uncomfortably within Art, and immediately begs to be qualified in some way. Pretty much in the same way that an anaesthetist would raise qualifications to the definition that he or she is a person who puts someone to sleep, an artist would say that there is a lot more to anaesthesia than a lack of perception. The term “esthetic” has hidden semantic weight derived from extensive philosophical enquiry and art history.

Aesthetics seems to go beyond the simple perception of an object, although it does deal with how an object is perceived. Inextricably linked with the term are concepts such as beauty (harmony, balance etc.), taste, and aesthetic judgement, all of which seem to an interested outsider to have very fuzzy edges, with no tangible scientific definition. Although aesthetic qualities of an object are inherent to it, and as such exist, they cannot be defined. As far as I can grasp, aesthetic judgement of an object is a subjective one, derived through a process of “disinterested contemplation”. While (according to Bell) one is supposed to bring nothing from life when making an aesthetic judgement, inevitably my subjective judgement is profoundly (if not totally) influenced by social and cultural norms. So my judgement is really learned behaviour. Indeed, social and cultural influences are so great that they influence everyone in society, reinforced and perpetuated by the opinions and behaviour of professional art critics, such that my opinion is not only not subjective, but also not truly mine alone, but shared as a universal value of society.

The Arts view of anaesthesia further thickens the plot. In the Arts, “anaesthesia” does not seem to be viewed solely as the absence of perception. It is also viewed as an antagonistic response to overwhelming aesthesia. Firstly there is a passive involuntary response to the excesses of “aestheticised experience” – a kind of numbing effect produced by overexposure to the visual output of worlds of advertising and the media, the svelte lines of our automobiles, the grace of our homes and interior fixtures and fittings, not to mention the aesthetic demands of fashion. Secondly there is an active, strategic response (within the visual arts) against this overwhelming affliction of “beauty”. It is argued (Welsch 1995) that these responses are reactions to the “aestheticisation” of reality. In effect, current “reality” as portrayed by the media is not found, but synthesised. One only has to consider television’s “soap operas” and “reality” programmes (the whole concept of
American hairdressers, telephone sanitizers etc., bereft of credit cards and cellular phones, “surviving” equatorial Africa or the Australian Outback is so patently absurd, but it is fed to and swallowed by millions of viewers on a weekly basis. In *reductio ad absurdum*, one can only conclude that what we call reality is becoming fictional in nature.

We need anaesthesia in art to halt this process and narrow the widening gap between art and life (that is real life, not popular culture’s portrayal of it). There is a rational need for anaesthesia, hopefully to balance the over-stimulation of the aesthetic and return to Kant’s doctrine of pure perception and the state of “disinterested contemplation” (Kant 1790). One can see the value of minimalist paintings here, where the absence of aesthetic stimulation helps redress perceptive balance (ill. 1)

**Ill. 1.** White on White. Kasimir Malevich, 1918

So there seems to be no common theme between Art and Anaesthesia in the way we use the term “anaesthesia”.
But, hang on a minute! Isn’t there something familiar about Welsch’s description of the aestheticisation of reality? It sounds remarkably similar to the pharmacological principles of habituation, tolerance and tachyphylaxis. We are familiar with receptor down-regulation due to persistent agonist stimulation, and we know that removing the agonist will permit receptor recovery. So here are some conceptual links between art and anaesthesia, however tenuous. Can we find more aspects of art that have common ground with anaesthesia and thus lay claim to Anaesthesia being an Art?

Eventually we will have to tackle the thorny issue of an acceptable definition of art that might include anaesthesia. But in the meantime we can look for similarities in more peripheral issues, such as training and character of the artists, aspects of how they interact with society, professional regulation and the histories of the respective disciplines.

HISTORY

Anaesthesia (in the Anaesthetic sense) has been around for only 150 years or so, whereas what we now regard as works of art have been discovered dating from 30000 years BCE.

Illustration 2 shows a small figurine found in Austria, generally regarded as 32000 years old. Although often referred to as the “Venus of Wallendorf”, it would be a mistake for us to think that we know what its purpose was. Such a title carries with it the implication that

IIl. 2. Female figurine of Wallendorf (Stone Age – 30-25000 BCE)
it was used for religious, or fertility purposes. The reality is that we know neither why this particular object was made, nor how it was used.

Greater mystery surrounds illustration 3, taken from the numerous paintings in a cave in Southern France, predating similar examples in the Dordogne by as much as 15000 years. If the dating estimates are correct these are the earliest examples of art yet to have been discovered. Evidence exists of two periods of occupation. Most of the paintings have been dated to 32-30000 BCE and others from a period between 27-25000 BCE. Other than the paintings, the latter period is marked by the remains of small fires (for light?) and the poignant imprint of a child’s foot. It is difficult to hazard even a guess as to the purpose of these paintings: there is no evidence of ritual or shamanic activity; the animals depicted are mainly not hunted for food. There is no evidence of cooking fires suggesting daily family routine, yet the caves were visited repeatedly - seemingly for the sole purpose of wall-painting (Spalding J. 2010)

![Ill. 3. Lions of the Chauvet cave (Stone Age - 30000 BCE?)](image)

The illustration on the cover of this pamphlet depicts the first administration of ether. In 30000 years time, given the inevitable intervening decline and fall of modern civilisation with the loss of all paper and electronic records (yet miraculous survival of this one easel painting2), our descendants will most likely conclude that the painting depicts the ritual throat-slitting of a bound victim by bizarrely dressed high priests watched by similarly clad congregation, perhaps for the capital crime of wearing khaki pants.

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2 Perish the thought!
The point here is that we can see two aspects of the art object. One is the subject matter (the event, concept, emotion, ideology etc.) being represented; the other is the artistic quality of the object itself. With the passage of time, we may lose sight of the significance of the representation but we are left with the quality of the artistry from which we can make an artistic judgement irrespective of the original purpose of the object. It does not matter that the original purpose of the object may not have had anything to do with our modern concept of “art”. Good examples of this are objects designed to provide focus for religious or meditative focus, such as icons or mandalas. Both have artistic value independent of their intended purpose. Similarly, a musician might write a piece dedicated to a woman, expressing his vision of her beauty in musical terms; the fact that we do not know the woman, or if we do and think she is as ugly as an old toad, does not prevent our appreciation of the work independent of its intended reflection of reality. This in no way argues against contemporary social relevance in art, but it certainly argues against making it compulsory.

Non-visual arts go back in time at least as far as rock-painting. Narration of unwritten histories, myths, and legends must have developed as art long before the written word. In preliterate societies “discovered” in recent times, the accounts of the past are related orally, and many cultures have produced intricate and sophisticated oral histories. Even the early written histories were probably a transcription of oral tradition. For example Homer (12th Century BCE) has been identified as an oral poet (or several) and early philosophical works (e.g. Empedocles, Parmenides) were written down not only in verse but with the same meter as used by Homer, suggesting original oral transmission. Widespread literacy is a relatively recent phenomenon. It has been argued that even Socrates (5th Century BCE) was illiterate; although the current take is that was literate but chose to use the oral tradition out of his contempt for the technology of writing. Other means of preliterate communication would have included dance (presumably with rhythmic or “musical” accompaniment), singing, and drawing or painting. Whilst some “play-acting” must have occurred in early story-telling, the origins of theatre are obscure, but must have been ancient as by the 6th Century BCE there was already an annual Dionysian competition for plays in Greece. Originally these plays were sung by a chorus until (if the rather dubious legend is to be believed) a man (possibly a priest) called Thespis stepped from the chorus and became the first actor (protagonist), assuming the role of an individual character and interacting with the rest of the chorus.

The fact that “art” has a history of over 30000 years and that anaesthesia has been with us for only 150 years should not prevent us from comparing the two and trying to find “artistry” in anaesthesia. Indeed, in the visual arts, the recent popular take on the meaning of “art” had its origins only 100 years before administration of the first anaesthetic. Both disciplines have a history of development from humble beginnings as “mere” artisans either at the beck and call of the Church or State in the case of artists, or surgeons in the case of anaesthetists. And the progress of both disciplines has been associated with the creation of institutions intended to educate, regulate, and protect the interests of their members.
The first institutions to consider are those associated with the transfer of the acquired skills and knowledge of our disciplines from one generation to the next. Here the apprenticeship system has played an important role in both Art and Anaesthesia. It continues to maintain this importance”, although it has had a chequered fortune in Art.

The apprenticeship system must have been in place in some form or another throughout the undocumented early history of art. It was well documented by the Italian Renaissance when many bottegas, or workshops, were active. All three of the greatest of the old masters experienced the workshop system: Leonardo Da Vinci in Verrochio’s, Michelangelo Buonarotti in Ghirlandaio’s, and Raphael di Santi in Perugino’s.

To be successful, workshops had to be active versatile businesses. Although some specialisation did occur (for example Ghirlandaio specialised in fresco and seems to have “cornered the market” for a while), workshops would not refuse any paying job. Each was a small factory and could turn out sculptures in bronze, wood, marble and terracotta; wrought work in gold, silver and iron; tombstones, furniture, altars, flags and pennants, suits of armour, theatrical sets and costumes, cannon balls (although not cannon, which were often cast by bell foundries). All this was in addition to paintings on wood panels in oils or egg tempera, together with frames, or in fresco.

In addition to learning all the manufacturing skills, the apprentice would have to learn enough mathematics to calculate weights and measures, enough chemistry to deal with acids, solvents, pigments and varnishes, and basic metallurgy and the physics of the foundry. He would have to know the religious conventions of the time, symbolism in art, and the attributes of the different saints, all to build his artistic vocabulary. All of this would be in addition to studying the theoretical aspects of art such as the recently rediscovered science of perspective, the finer points of design and proportion and the accurate reproduction of the human figure. In addition to all this, whatever time he had would be dedicated to drawing, copying from life, sculptures, clay models, and his master’s works.

There seem to have been no academic requirements for entry into this system, although if he (always a he, never a she3) wished to achieve mastership he would need at least to read and write and have the basics of arithmetic. And he would have had to have shown sufficient aptitude and talent to ensure the master wasn’t wasting his time. Academic education beyond this would be reserved for boys destined to study at one of the Universities for a career as a lawyer or doctor, or to enter the church.

3 The exception to this rule (other than the daughters of artists, such as Artemisia Gentileschi, daughter of a Genovese nobleman, Amilcare, who not only ensured that his daughters had a good education but also arranged for Sofonisba to study with Bernardino Campi and then Bernardino Gatti in Cremona. Sofonisba completed her training and went to Rome in 1554, where she had the luck to meet Michelangelo who (uncharacteristically) took an interest in her and assisted with informal tuition. Aged 26, she came to the attention of Philip II of Spain and was appointed court painter and tutor/companion to his third wife, Elizabeth of Valois. After Elizabeth’s death (age 23) Phillip assisted, with a large dowry, Sofonisba’s marriage in 1571 to Don Francisco de Moncada, who died in Palermo in 1578. On her way to Genoa she met and fell in love with the ship’s captain, whom she married in Genoa and lived happily ever after. Honestly, you can’t make this stuff up!
The usual age to commence apprenticeship was about 13-14 years, but this was quite variable. Requirements were often set down in a contract between the father and the master. In return for his labour in the shop, the boy would receive instruction, board and lodging and some pocket money. If sufficiently talented and diligent he might become a master in his own right, receiving contracts for his work which he would execute within his master’s workshop initially before moving on to start his own workshop. If not, he would remain part of the workforce as a skilled artisan, assured of gainful employment.

Leonardo (1452-1519) was the bastard son of a successful notary, whose family owned a farm and several small properties in the country, and a property in Florence. Eventually, perhaps despairing of a son with little interest in book keeping and an obsession for nature and art, his father drew up a contract with Andrea Verrochio, whose bottega Leonardo entered in 1466 at the age of 13. He was to stay in the workshop for 11 years.

Michelangelo (1475-1564) was the son of a minor official with work connections to the Medici and pretensions to minor nobility. His father recognised his intelligence and arranged for Michelangelo to attend the school of a master who taught grammar, perhaps hoping a subsequently well-placed son might resurrect the family’s flagging fortunes. Unfortunately, Michelangelo showed no interest in school (although he became an accomplished poet), but was determined to become an artist. In 1488, at the age of 13, he was apprenticed to Ghirlandaio. He only stayed for 2 years, however, joining Lorenzo de’ Medici’s humanist academy from 1490 to 1492, where he developed his passion for sculpture.

The apprenticeship of Raphael (1483-1520) is undocumented. His father (court painter to the Duke of Urbino, Federico da Montefeltro) died in 1494, when Raphael was 11 years old. One has to assume that Raphael learnt a lot just hanging around his father’s workshop. Apparently his stepmother kept the workshop going after his father’s death (a common practice) and Raphael assisted. Then it was presumably taken over by Timoteo Viti who became court painter in 1495 and might well have assisted with Raphael’s education. There is widespread agreement that Raphael spent some time in Perugino’s workshop, spending at least one year as an assistant until 1501 when he was first referred to in contemporary documents as “master”.

There must have been many similar workshops throughout Europe, although descriptions of those in Italy are most easily found. Jan van Eyck (died 1441) had a well established workshop in Bruges, although his own training is a mystery. Many workshops were family businesses and might be dedicated to a single craft. Albrecht Dürer (1471-1528) commenced his training as a goldsmith in his father’s Nuremberg workshop at the age of 13. He had received a rudimentary education in reading, writing and arithmetic, but was already displaying remarkable graphic talent, witness his self portrait in silverpoint created the same year he commenced his apprenticeship (Ill. 4). The portrait represents one of the earliest examples of a drawing by a gifted artist drawn when still a child. It is interesting to compare it with Raphael’s self portrait (Ill. 5), also drawn when in his early teens. Both hint of the mastery to come.
The outstanding works of these great artists and others gradually led to a change in social attitudes to painting and sculpture. At the end of the 14th Century artists were regarded as just another form of skilled artisan, one that could turn his hand to just about anything. Towards the end of the 15th Century, while still capable of several artistic endeavours, individual artists were making names for themselves as something special and were actively sought by aristocratic and church sponsors. By the end of the 16th Century they have emerged completely from the category of artisans, and their work as painters or sculptors, of divinely-inspired genius, conferred on them much higher social status.

This evolution was no doubt enhanced by Georgio Vasari’s (1511-1574) book “the Lives of the Artists” (first published in 1550), in which he extols the virtues of the artists of the Italian Renaissance, who he maintained had ultimately excelled the works of the ancients. The work makes much use of flowery language and superlatives and contains many inaccuracies, but it must be remembered that nothing like it had ever been written before. Single-handedly, Vasari created the discipline of Art History. He was a competent artist, lacking the flair of some of his contemporaries, although he never lacked patrons, who included Popes and Princes. He is best remembered for his architectural work in Florence. He was responsible for the loggia of the Palazzo degli Uffizi that links the Piazza Signoria to the north bank of the Arno (Ill. 6), and also for what is now known as the Vasari corridor that passes from the Uffizi Gallery parallel to the Arno, crosses above the shops

III. 4. Self-portrait. Albrecht Dürer, 1484

III. 5. Self-portrait. Raphael, c.1496?
of the Ponte Vecchio, and proceeds to the Pitti Palace. All to ensure the Medici Duke and Duchess of Tuscany could make the journey without getting their feet wet.

With passing time, apprenticeship was served not in a “workshop” but in a “studio”. Caravaggio (1571-1610) is said to have spent his apprenticeship in the “workshop” of Simone Peterzano in Milan in 1584, but his early time in Rome (1592-1596) was spent moving “from one studio to another” (Gash J, 2003). Another master of the early Baroque, Rubens (1577-1640) began his training in the “studio” of Tobias Verhaeckt in 1591, and later worked in Otho Venius’ “workshop” (Bauer H, Prater A, 2006). These words are often used to mean much the same thing. But one gets the sense of changing emphasis from an apprenticeship involving work on manufactured items to one of receiving more formal tuition dedicated to particular styles and techniques.

There was an accompanying change in attitude towards the originator of a work. Patrons were no longer content with receiving a generic workshop piece (although there had often been contracts that specified the amount and type of work to be done by the master alone) and increasingly work was demanded that was solely by the master. This underscored the developing concepts of “originality” and “genius”, further exalting the artist’s status.

Ill. 6. Loggia degli Uffizi. Vasari. (completed 1581)
The other institutional process was that of academicisation, which began in the Renaissance with the opening of art schools for painters and sculptors in the Italian city states (Florence 1563 (started by Vasari), Rome 1593, Bologna 1598) and then continued in France (1648) and England (1768). In many respects the academies reflected and contributed to the increasing wealth based on commerce of European nations and the increasing social and monetary value of art objects.

The academies gradually took over much of the training and education of artists, but beyond that they also would accredit and award commissions. They also began to regulate art, partly by controlling the works displayed in their galleries and partly through commissions, but also by the emphasis they placed on different types of art in their classes and directing public taste. For example, the French Academy of the 18th Century established a hierarchy of importance for paintings. These were, in descending importance:

1. History painting
2. Religious scenes
3. Portraits
4. Landscapes
5. Scenes from life, or genre
6. Animals
7. Still-life

(Osborne R, Sturgis D, Turner N. 2006)

This ranking system was used in judging prizes and awarding scholarships and to determine how much space would be allocated, and in what position, in the Salon exhibitions. It also determined the sale price of an artwork. The system was inherently conservative, placing great emphasis on the (surviving\(^4\)) art of Classical Greece and Rome. It also underscored the morality of a society sustaining the Ancien Regime of Louis XIV.

The control exercised by Academies in France and England was to persist until the 19th Century, when Europe was afflicted with periods of social unrest and revolution. The most violent upheaval was the French Revolution and subsequent Napoleonic War, through which the Academy managed to survive intact, albeit with politically directed changes of personnel, under the able command of Jacques-Louis David (1748-1825).

The art of the latter half of the 18th Century was “Neoclassical”, a reaction to the frivolity of the Rococo that had in turn been a reaction to the heavy religiosity of much of the Baroque. The Neoclassical attempted to distil all the principles of “great art”, and maintained that there could be only one “true style”, applicable to all artists of all times\(^5\).

The style of painting prized by the academies, in harmony with the age of reason, was to produce as perfect a visual rendition of the event as possible (for example, Ill. 7, showing David’s depiction of Marat’s body following his assassination). Emphasis was on line and composition (“disegno”) rather than colour and naturalism.

\(^4\) The surviving examples of classical art excluded easel paintings; they never survived. Although unlikely, it is amusing to speculate that in classical Greece the most important category of painting might have been still-life. Also, because there were no examples of classical artists available, the Neoclassicists decided to “promote” the works of da Vinci, Raphael, and Michelangelo to benchmark the classical standard. Finally, despite the far higher proportion of naked male statues surviving from classical Greece and Rome (statues of women were almost invariably clothed, their bodies considered to lack the perfection of the male form) the Neoclassical repertoire was peppered with pictures of naked women: but hey, this was Paris.

\(^5\) As we shall see later, this goal is contrary to the artistic canon.
The restitution of the monarchy could not reverse the social changes of the republic. Nor could the academies expect to continue in the way they had, although for most of the 19th Century they did (under new management – David was proscribed and, despite a general amnesty, chose self-exile in Brussels, but his ex pupils gained prominent positions in the Académie, sustaining the perceived importance of noble subject matter, line and perfectionism of finish). With the benefit of hindsight it is easy to see that the Neoclassical and the Academies were not going to last. In 1814 we can see, in the work of the Spanish painter Francisco de Goya y Lucientes (1746-1828) a much looser style and departure from the neoclassical approach (Ill. 8). Illustrations 7 and 8 show how art can be used overtly for political ends, both by those in power and those who oppose. 

Ill. 7. The Death of Marat. Jacques-Louis David. 1793
Neoclassicism was not so much replaced by Romanticism, as coexisted with it. Romanticism was a reaction against Reason and the Enlightenment’s studio-based perfectionism, emphasising line above colour. The lines were blurred, however, and some of the best “Romantic” paintings were produced in the style of Neoclassicism.

What could never be replaced in post revolution France was the Aristocracy, the elite class of authoritarian arbiters of taste who during the Enlightenment had upheld the Neoclassical views and entrenched concepts of beauty endorsed by the Academies. They were succeeded by the burgeoning bourgeoisie who now took over the means of production and who acquired the wealth to provide artistic patronage. Gone were the Princes and Cardinals and in came the industrialists, well-to-do professionals, and successful traders.

Without aristocratic patronage, artists had to gain popularity among the now powerful bourgeoisie. Yet at the same time they hated them as tasteless, insensitive Philistines.

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6 Rousseau wrote: “if modern man is not the result of the development but the degeneration of original purity, then the battle against civilisation should be fought with new weapons, no longer taken from the arsenal of reason (which is a product of the same degeneration): the army of sentiment, nature and spontaneity”.

**Ill. 8.** The third of May, 1808, at Madrid. Goya. 1814
Also, following the increasing social status of artists that continued during the 17th and 18th Centuries, they might have regarded their current clientele as their social inferiors.

It is difficult to characterise Romanticism beyond its rejection of all that it perceived the Enlightenment to be. Under the enlightenment, man was a rational being and part of an ordered, lawful society and nature was the nature of celestial clockwork and mathematical precision. With Romanticism, life was subjectivism, emotions and creativity, imagination, sensitivity, spontaneity and freedom; nature was the wild expression of life itself. The two key elements were imagination and unbridled emotion. In a sense, whereas Neoclassicism in art lingered to the end of the 19th Century, Romanticism is still with us today.

“The joy, the triumph, the delight. The madness!
The boundless, overflowing, bursting gladness,
The vaporous exultation not to be confined!
Ha! Ha! The animation of delight
Which wraps me, like an atmosphere of light”

Prometheus Unbound. Percy Bysshe Shelley (1792-1822)
The combination of contempt for their bourgeois sponsors, ambivalence to the “real” society around them and increasing sensitivity to social injustice created a widening rift between artists and their audience. This led to phenomena such as the Aesthetic movement (Art for Art’s sake and two fingers to the Philistines) and a recurring desire to shock society (Courbet: l’origine du monde, Manet: Olympia and déjeuner sur l’herbe, Ill. 9).

During all this time the Académie persisted in its conservative, controlling ways, continuing to promote Neoclassical perfectionism. Ultimately the inevitable happened and artists whose styles were not acceptable to the Salon exhibitions created their own platforms for exhibition. A succession of innovative and experimental techniques led into the maelstrom of modern art of the 20th Century.

The Académie eventually lost control of artistic style and content, and instead of dictating to art, became more representative. Art training continued, although the concept of apprenticeship seems to have been weakened. Academies throughout Europe maintained the important functions of exhibition and criticism, and still awarded honours. Museums became major players in the purchase and exhibition of representative works, past and present, and the body of recognised art critics grew in influence. The critics replaced the academies in their “control” of the arts, but they did not speak as one voice. Although they did not always agree, they more often than not reflected society’s “take” on what constituted “Fine Art”, only every so often nudging it in one direction or another.

The other players that began to appear on the scene were the Universities and Colleges of Art that gradually took over as the principal source of “academic” art education.

The reaction against the academies and their emphasis on classical art studies, and the subsequent reorganisation of training in the Arts, seems to have disrupted the pattern of “workshop” training and apprenticeship. Also there is a thread within Modernist and Postmodernist views of art that historical methods of education and training are counterproductive to genius and freedom of expression. Juliet Aristides laments this break with the methods of the past (Aristides 2006). She argues that new art movements and progress in art have frequently been a reaction to prior traditions and, contrary to inhibiting expression, maintaining contact with our past can lead to innovation. She and other like-minded artists are rebuilding the relationship between our artistic past and future through the atelier movement. This is largely based in North America, but schools also exist in Florence and London. Closely associated with the movement is the artistic style of Classical realism. I hope this represents a point of departure, for while I applaud the attempt to restore the skills of artistry I see little point in resurrecting and maintaining a style originating in the late 19th Century.

But after 20-30 years of Post-modernist deconstruction it is difficult to see the direction in which our artistic future lies. Classical realism is a better point of departure than many.

There are many parallels we can draw between institutional support for Art and that for Anaesthesia. Both transfer knowledge at Universities. Anaesthesia’s Colleges and Societies perform a similar function to the Academies for setting and maintaining
standards and exhibiting work for peer review. Both disciplines are committed to improving their respective arts and do this through their institutions. Anaesthesia has the Wednesday M&M meetings, Art its body of critics. And we have both used the apprenticeship system; Anaesthesia still does.

All these support processes serve the interest of advancing and perpetuating the disciplines and moulding the anaesthetists/artists of subsequent generations.

THE CHARACTER of ARTISTS

It is common to refer to the “artistic temperament”, usually implying some sort of histrionic or extravagant behaviour. In many walks of life (Anaesthesia included) this sort of behaviour is discouraged, and often not tolerated. Why does society accept this behaviour in artists, even expect it?

The answer lies with the origins of artists’ upward mobility in Italian Renaissance society during the 16th Century. The major advances in their technology and skills during the 14th and 15th Centuries had already lifted artists from their roots as mere artisans. The application of perspective, geometry, anatomy and optics in the accurate depiction of structures and figures in artificially created 3-dimensional space suggested that painting (and sculpture) should be regarded as bona fide intellectual pursuits.

This might not have gone much further had it not been for the interest in and respect for classical texts that linked painting with poetry (which was already a recognised liberal art). The first of these Was Horace’s reference “ut pictura poesis”:

“Poetry is like painting: there are pictures that attract
You more nearer to, and others from further away.
This needs the shadows, that to be seen in the light,
Not fearing the critic’s sharp eye: this pleased once,
That, though examined ten thousand times still pleases.”

Horace, 18 BCE

The second reference concerns Simonides of Keos (556-468 BCE a Greek lyric poet) who is quoted by Lessing as saying that painting is silent poetry and poetry a speaking picture (Lessing 1766). In fact Lessing was quoting Plutarch (c.46-120), which is where the Italian Humanists found it. Apparently Simonides was a poet specialising in laments for the dead, satirical short poems and witticisms; the quote is probably one of the latter, not to be taken particularly seriously. However, in 16th Century Italy, any quote from the ancients had immediate authority.

The Neoplatonists of the Renaissance spread the notion of divine inspiration. According to Plato prophets, musicians and poets (and now, by extension painters) were filled with supernatural power and “enthusiasm” (derived from entheism – possessed by a god). As if
that weren’t enough to turn their heads classical belief had it that certain guardian spirits (Latin: genius, -i) sent messages through selected human agents, such as artists. In Renaissance Italy this became associated with the Christian god, hence “divinely inspired”. Vasari’s Michelangelo became “il Divino”. Of course, it’s only reasonable that such divine activity should have its side effects and eventually artists (of all sorts) were expected to behave oddly, to the point where on occasions extreme, even criminal behaviour was tolerated.

The greatest Baroque sculptor Gianlorenzo Bernini had a passionate affair with Costanza Bonarelli, with whom he was “fieramente inamorato”. He carved the most stunning bust of her (Ill.10) that surpassed any previous work in terms of its sensual intensity. However, someone reported to him that she was being unfaithful to him with his brother Luigi. Pretending to leave town, he kept watch on Costanza’s house. Sure enough, he caught his brother leaving her house (she still in a night-dress). Gianlorenzo went ballistic, trying to kill Luigi with an iron bar and breaking 2 of his ribs. Later on at home he had another go, this time with a sword. Luigi took refuge in a local church. Failing to kick the door in, Gianlorenzo returned home. Later that day he sent his servant to Costanza’s house. Finding her in bed, the servant followed his instructions, slashing her face with a razor.

**Ill. 10.** Costanza Bonarelli. Bernini 1637
The outcome of all this was the arrest, trial and imprisonment of the servant and the incarceration of Costanza on charges of adultery and fornication. Luigi was exiled to Bologna (largely for his own protection). Gianlorenzo was fined 3000 escudi, a modest sum. But his patron Pope Urban VIII waived the fine on condition that Bernini married and settled down, in order to prevent a recurrence. The bride chosen for him was the daughter of a successful lawyer and the most beautiful woman in Rome, Caterina Tezio (Sharma, 2009).

Tough Justice.

There are other terrible examples from the art world that we could consider (Agostino Tassi’s rape of Artemisia Gentileschi, Caravaggio’s murder of a man over a game of tennis) and many more men and women of fine character. The point is that the artists’ human behaviour never affected their performance as artists. The man who had a woman’s face slashed also produced The Ecstasy of Saint Teresa (Ill.11), one of the greatest sculptures ever crafted. This being the case, it is pointless searching for similarities between artists and anaesthetists, for even if we find parallels in behaviour, it would have no bearing on whether or not anaesthesia can be considered an art.

![Image of The Ecstasy of Saint Teresa by Bernini](ill11.jpg)

**Ill. 11.** Ecstasy of Saint Teresa. Bernini 1647 - 1652

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7 I might point out that although I have known both saints and sinners in Anaesthesia, they were more of the everyday kind.
BITING THE BULLET

Before declaring a workable definition of Art that might include Anaesthesia, it is useful to recap what we can say so far about areas of common ground that we have identified or excluded.

It has been obvious from the outset that any similarities have to rest with the doing of what we do rather than what is done. This is not an artificial contrivance to enable us to include Anaesthesia as an Art but recognition of the reality that the Arts already encompass many different disciplines, such as painting, sculpture, literature, drama, and music all of which produce a wide variety of what is done.

Etymological considerations did not get us very far, but did identify conceptual similarities relating to the anaesthetic in both Art and Anaesthesia.

In comparing the histories of Art and Anaesthesia, we noted that our ignorance of the social relevance of a work, or the reference point in reality used by the artist, was no barrier to our judgement of a work as an art object. From this we can infer that any absence of social relevance in Anaesthesia is irrelevant to comparison. We also discounted the relative youth of anaesthesia as a barrier to comparison as the modern usage of the term “art” is little older.

Consideration of institutional support demonstrated the combined use of apprenticeship and academic training in both disciplines, the use of open discussion and criticism of works as a means of improvement, and that it is not necessary to sustain physical presence of a work to be able to judge it a work of art.

Finally, we have seen that the character and behaviour of people entering each discipline, although showing considerable disparity, is irrelevant to comparison of each with the other.

The clue to finding a robust definition of Art that not only encompasses the disciplines accepted as being within the Arts but also would include anaesthesia, lies in the institutional activity regulating practice, furthering training and stimulating improvement. These institutions are not there to support one piece of art or even a collection. They are there to support that body of knowledge and skills that constitute the Art in question.

Thus: an art is a body of knowledge and skills organised for the production of changes of a specific kind in matter of a specific kind. (Sparshott 1982)

On the face of it, this doesn’t seem to have moved us very far from the introduction. From “Art” being nothing more than “doing what we do”, all we now know is how we “do what we do”, that is by applying a body of knowledge and skills. Big deal!

But this is important, because there are different things that we do. These include sleeping, breathing, eating, defecating, walking, running away, procreating – all that we have in
common with animals, as part of nature. When we “do” Art, we are rising above nature by applying a body of knowledge and skills. We are not choosing a course of action at random, nor are we doing it in a way that is “hard-wired” into our behaviour (such as nest-building by birds). Another important element of our definition is that some sort of reasoning is involved. One does not choose an action at random, but because there is a good chance it may work by virtue of it having worked before, under similar circumstances. In doing this, we not only recognise the similarity in circumstances between past and present occasions but also identify and reproduce the apposite element of the previous success. To do this means that we can recognise the causal relationship involved; as Sparshott puts it:

“Thus, the reliability of one’s procedure and hence one’s art is coextensive with one’s ability to formulate general principles”

Ross Kennedy, in an editorial, refers to empirical learning (that is trial, error, and experience) in a wide variety of patients as part of “the Art” of anaesthesia (Kennedy RR, 2010). I question this. There are many “learning animals” that operate in this way, as anyone who has owned a dog will tell you. What makes humans different is our ability to transfer what we have learnt (empirically) in one set of circumstances to another – constantly refining and adapting technique as we go; our ability to formulate general principles. This ability is common to all arts including anaesthesia.

In the preface to “The Art of Anaesthesia”, Paluel J Flagg states that administration of an anaesthetic is more than a mere mechanical performance, it is an art (Flagg, 1916). This art is acquired by familiarisation with the laws that govern its administration (i.e. knowledge). But this knowledge is superseded by the ability to properly apply the laws (skill). This skill, he says, is what constitutes the essence of the art. He goes on to point out that the Art is not constrained within any particular mode of administration (shades of Cicero) and that:

“As one proceeds, one should try to formulate laws, and these one should strive to prove by the next case”

In other words, formulate general principles.

It follows then that if we are to find the artistry in anaesthesia (having now concluded that it is indeed an art), we need to seek it in the skills required to apply the knowledge, rather than the knowledge itself. The knowledge, however, has to be a given requirement as it is integral to anaesthesia as an art. Also, without it how can it be applied?

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8 “Nature, Mr Allnut, is what we are put in this world to rise above”. Rose Sayer (Katherine Hepburn) to Allnut’s (Humphrey Bogart) excuse that his drinking is “only human nature”. The African Queen. Dir. John Huston. Paramount Pictures. 1951.
9 With the most inappropriate and pretentious title, but excellent content nonetheless.
10 A good friend from school and college, a palaeological dental anatomist (go figure), once interrupted himself while trying to explain how I was to get back into his apartment during his absence. Thrusting the keys at me he said; “Here, take them. You’re a primate, you’ll figure it out”.

24
Harold Griffith, like other authors when writing of the “art” of anaesthesia, contrasted the “art” with the “science” of the discipline (Griffith 1951). Accepting that by the word “science” he means “knowledge” (I will not be sucked into defining science as well as art) then he too believed that artistry lies in the skills of the discipline. He is one of the few to attempt to define these skills. Firstly he laments the advent of new techniques that make the practice of anaesthesia too easy, leading to neglect of the “honourable art”. He endorses the apprenticeship system of learning, provided that sufficient senior staff available to permit adequate supervision. Then he states his definition of the art that:
“includes all that comprises the practice of the science of anesthesia. This means all the factors which influence the relationship of the anaesthesiologist to his patient, his colleagues, to surgeons, nurses, hospitals and to the community”

So, for Griffith the artistry of anaesthesia lay in interpersonal relationships. He does enumerate some practical points on how to make the anaesthetic experience easier for the patient. Briefly:

1. Never strap the mask onto a conscious patient
2. It’s wrong to use restraining straps
3. Pay attention to the correct size of apparatus and avoid trauma to the patient
4. Maintain a quiet operating room during induction
5. Don’t shine the light in the patient’s face
6. Don’t persist with a difficult spinal

He then goes on to elaborate on the importance of creating good relations in the hospital and community, for a happy and prosperous career.

Well, I must say that I was disappointed, reading this at a time when I had no idea myself where the artistry lay and was genuinely (nay, desperately) looking for an answer. How can his stated definition, even with the bons mots regarding patient comfort, explain his prior position that the introduction of new techniques had led to neglect of “the honourable art”? Was the introduction of intravenous induction agents and neuro-muscular blockade somehow associated with rampant moral decay and neglect of the social lubricants that led to a “happy and prosperous career”?

I refuse to accept that “artistry” in anaesthesia consists of membership of the local Parent-Teachers’ Association and the mastery of half a dozen recipes for patient comfort that a newly appointed Medical Officer could grasp in her first week of training.

Perhaps what we should be looking for is artistry in performance that leads to excellence in outcome. Even rejecting the Neoclassical perfectionist approach, surely one has to accept that the concept of artistry implies that some artists will achieve greater results than others by applying greater artistry. So sufficiently expressed artistry must lead to excellence. Can we discover artistry through seeking excellence?

Every few years since the 1980’s, as some sort of curious Postmodernist phenomenon, the medical establishment in the UK undergoes a convulsion of reorganisation of its teaching structures. All in an attempt to better its standards of patient care in a National Health System that was the envy of the world. What has emerged has been the concept of clinical excellence.

Recent calls for reform of postgraduate education have suggested that the training should be redesigned to further excellence rather than ensure competence (Department of Health 2008). Although the effects of excellence can be recognised through improved standards of care, it is not so easy to identify the individual elements of excellence that lead to improved standards. If these elements cannot be identified, they cannot be taught.
A recent study aimed to define excellence by questioning specialist anaesthetists involved in education, asking them to identify the attributes of an excellent anaesthetist (Smith, 2011). E-mails were sent to 110 Royal College tutors and 25 trainee members of the Society for Education in Anaesthesia, asking them to provide 6 factors which they felt were important characteristics of excellent anaesthetists. Of a possible 135 respondents, they received responses from 45 subjects (33.3%). Unless I’m missing something, either the instructions were garbled or not read, because they received 335 responses (range 2-12 per respondent, mean 7.4). They only managed to get 16 respondents to the second round that was intended to validate the categorical grouping of the initial responses and further refine them by ranking the categories. They managed to rope in a member of the Royal College of Anaesthetists’ Patient Liaison group to help.

To cut a long story short, the results are shown in table 1. Some of the results are to be expected – “strives for excellence”, for example is hardly surprising as a result of a study seeking important characteristics of excellent anaesthetists; others are not so easy to explain. I would have thought teaching should have played a more central role, particularly from a group of College educators. But it must be remembered that the final discussions involved only 12% of the subjects originally canvassed, so the conclusions from these results should be guarded. The authors seem to lose sight of this in the discussion, but they make some interesting comparisons between their results and existing guidance on training issued by organisations such as the General Medical Council, Royal College of Anaesthetists, and Royal College of Physicians and Surgeons of Canada (GMC 2006, The CCT in Anaesthetics 2009, and Frank JR 2009). One of the points they make is that there will inevitably be differences when there is a difference in emphasis between competence and excellence as training goals.

Most of the attributes identified by the study were personal qualities, an area that we selectively excluded in searching for our definition of art. It must be remembered, however, that our original search was led by interpretation of the act of doing the art, whereas this study is concerned with the nature of the doer. Also, although the personal qualities listed are not specific to an excellent anaesthetist, they are all qualities that would be expected to be used by the excellent anaesthetist, particularly good communication skills. One puzzling aspect of their results is that innovation and originality was the highest meaningful result, together with communication and clinical skills, yet research did not feature at all. This may be because of their selection of subjects, which was confined largely to educators and, as they point out this particular group might place little value on research activity. Which raises another issue; while any attribute of excellence cannot be subject (or sub-speciality) specific it may well be that excellence has sub-specialist areas within its own domain. Looking at the list of desirable attributes and the various areas of anaesthesia in which excellence might occur (clinical, teaching, research, administration, liaison etc.) there is a danger that in designing postgraduate education based upon excellence rather than competence one is attempting to create a generation of anaesthetists all of whom will be capable of donning masks and capes and leaping tall buildings.
Considerable work needs to be done to refine many if not all of these somewhat woolly attributes to crisply identified qualities that can be taught and tested. Presently this is not the case. If a desired attribute cannot be defined and described, it cannot be taught. If it cannot be taught, it cannot be tested. And if it cannot be tested, it cannot be used to determine someone’s promotion within the profession. My own feeling is that we should stick to a postgraduate educational system based upon acceptable competency, but create a professional environment in which excellence becomes a naturally emergent phenomenon.

Table 1. Most highly ranked attributes in second round exercise

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Number of times ranked in top 3</th>
<th>Number of times ranked 4th</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Strives for excellence’</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Innovative / original</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Clinical skills</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Good communicator</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Liked and respected</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Flexible</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Leadership</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>‘can do’</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Knowledge</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Judgement</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Organisational efficiency</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Enthusiastic / keen</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Caring</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Alert</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Calm</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Teaching</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Aware of limitations</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Experience</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
<td><strong>12</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>
But even competency assessment has its problems. While experienced consultants are generally very good at assessing trainees’ progress through observation, often the individual components of the exercise cannot be identified. There is always a danger that a verdict of “competent” is derived from the assessment result of “no signs of incompetence observed” and the two are not necessarily the same.

In the past, so much of our acquisition of competence came from a baptism of fire in exposure to overwhelming workload and frequent emergency calls. The errors made in achieving such competence are no longer tolerated by society and globally workload patterns are changing. This has been highlighted particularly in the UK with repeated changes to the training system and imposition of the European working time directive (Spargo 2005). The way we assess competence has been questioned and some thoughtful work performed on how a subjective assessment system can be improved as a measurement tool (Greaves 1997 and 2000). Using a process of structured interviews of consultants and trainees, Greaves and Grant (Greaves 2000) attempted to break down “intuitive” (my word, not theirs) processes of trainee assessment into identifiable components of anaesthetic practice. These might then be used to standardise assessments of competence through observation that although still subjective, might be more reproducible and semi-quantifiable. Table 2 lists the 16 qualities they identified.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>The qualities on which competent practice is based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Anticipation</td>
</tr>
<tr>
<td>Skill</td>
<td>Organisation</td>
</tr>
<tr>
<td>Perception</td>
<td>Flexibility</td>
</tr>
<tr>
<td>Confidence</td>
<td>Responsiveness</td>
</tr>
<tr>
<td>Prudence</td>
<td>Good manner</td>
</tr>
<tr>
<td>Vigilance</td>
<td>Assertiveness</td>
</tr>
<tr>
<td>Fluency</td>
<td>Good management</td>
</tr>
<tr>
<td>Decisiveness</td>
<td>Good communication</td>
</tr>
</tbody>
</table>

It’s interesting to see considerable overlap with the attributes ranked for the description of excellence but the most noticeable thing is that the qualities for competence are couched in much less woolly terms. Some of the deficiencies in one list can be made up by combining components in the other. For example “liked and respected” as a desirable personal quality for excellence is broadly equivalent to “good manner” and “decisiveness”, without the implication that there’s some sort of popularity contest. Innovative / original is missing from our competency list but that is to be expected for a trainee assessment.

If we examine our two lists, one for excellence, the other for competence we see that, with the exception of the skills and knowledge (which relate to our art), all the other attributes or qualities are non-specific. These are the skills and knowledge of everyday life and they comprise the artistry we use to apply the knowledge and skills of any art, including anaesthesia.

*Thus the artistry of the anaesthetist lies in her ability to apply the arts of everyday life to the skills and knowledge of anaesthesia.*
John Dewey (1859-1952) was an American philosopher of the school of pragmatism; that is a belief in an empirically based theory of knowledge. He rejected dualism and its associated concept of enquiry represented by a mind passively observing the world and creating ideas that might correspond to reality. Instead he favoured enquiry by a process of active human intervention with the environment through experimentation to test hypotheses.

Dewey’s theory of aesthetics is the only one to explore the art of everyday life (Dewey 1934). In it he shifts the emphasis of an art process away from its physical end-product to the process in its entirety. Now the fundamental element is no longer the art work, but the development of an “experience” that affects the observer’s life and creates an encounter between the artist and the observer.

“An experience for Dewey is a basic unit of life that is characterised by a pervasive quality that unites it into a distinguishable whole. Suffering, grieving, enjoying...are all such experiences. They have an immediate and consummatory quality that not only unifies the elements of the experience, but brings about the view that they have had “an experience”, an unforgettable moment in their lives.”

(Novitz 2001)

Art derives from such everyday experiences. Two examples are given:

1. The delight of the housewife tending her plants
2. The intelligent mechanic interested in doing his job well and finding satisfaction in his handiwork, caring for his materials and tools with genuine affection, is artistically engaged.

Both these examples are of people performing some utilitarian activity. While utilitarian activities do not preclude artistry, any artistic involvement is generally peripheral to its utilitarian purpose. The artistry in the above examples is the delight of the housewife, and the satisfaction and affection of the mechanic. All these processes are peripheral to the utilitarian need.

Sparshott emphasises the skill required (in which pride is taken), which extends art beyond an art object (or well-maintained motorcycle). Coming full circle to our introduction (page 4), the view of art as a package of knowledge and skills clearly includes trolling, and seduction (and anaesthesia). The artistry lies in how we troll and how we seduce and how we anaesthetise.
One final reference is to Donald Schön (1930-1997) and his concept of reflective practice, which is the process of reflection on action to develop the continuous learning. It relates to our earlier discussion of a human’s ability to apply prior learning from experience to a brand new set of circumstances. In new situations, particularly under pressure of time, the experienced practitioner will often figure out a solution without significant conscious processing of her knowledge from previous dissimilar circumstances (reflection in action). Unless we take time out to reflect on what has happened and how the problem was solved (reflection on action) we are not sufficiently integrating the experience, not truly learning from the event and not contributing to the training of others who have not yet met the situation. Also, we need to analyse our perception of events to consider alternative ways of handling the situation, or even avoiding it altogether. This too should be included in our canon of the art of everyday life.
CONCLUSION

Anaesthesia is an art, consisting of a body of knowledge and skills specific to the art of anaesthesia. The artistry of anaesthesia lies in our application of the art of everyday life to our practice that, while peripheral to the immediate utilitarian need, allows us to build on our knowledge and skills and to transfer such artistry to the next generation of practitioners.

The concept of application of effort in the way we do something - desire for excellence, pride in accomplishment etc. - rather than the actual doing of it moves us into the area of high art.

But ultimately what gets into museums is nothing else but an artificial construct of society.

We are all artists.
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